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| logo_forms | | Wisconsin Department of Public Instruction  **CONTINUING EDUCATION ACTIVITY REPORT**  PI-2453 (Rev. 09-11) | | | | **INSTRUCTIONS:** Complete and submit annually to your library system validator along with the Annual Summation of Continuing Education Activities, Form PI-2454. Refer to the *Certification Manual for Wisconsin Public Library Directors* for assistance. | | | | | | |
| Name *Last, First, Middle* | | | | | | | | | | |
| Mailing Address *Street / PO Box, City, State, ZIP* | | | | | | | | | | | |
|  | | | I. CONTINUING EDUCATION ACTIVITY DESCRIPTION | | | |  | | | |
| Title of Program  From Plexiglass to Physical Distancing: Library Spaces in 2021 | | | | | | | | | | |
| Description of Program  Now that COVID-19 cases are in decline and community members are getting vaccinated, library leaders are considering ways to safely expand in-building services. In preparation, the Brown County Library created “Chapters” in 2020, a guide that recommends safety measures for the library to employ as it gets closer to a post-pandemic time. Known for his humor, creativity and resourcefulness, Curt will talk about steps that Brown County’s nine locations (large and small) have taken since March 2020, what practices they plan to keep in place, what “Chapter” they are in currently – and where they hope to be in the fall, and what to do with all that plexiglass. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  4/15/2021 | | To *Mo./Day/Yr.*  4/15/2021 | online | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  WVLS, NWLS, SWLS | | | | | | | | | | |
| Category *Check one, attach written summary if applicable*  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*  B. Noncredit Continuing Education  C. Self-directed Continuing Education | | | | | | | | | | |
|  | | | | II. SIGNATURE | |  | | | | | |
| **I HEREBY CERTIFY** that the information provided is true and correct to the best of my knowledge. | | | | | | | | | | | |
| Signature of Participant  ⮚ | | | | | | | | | Date Signed *Mo./Day/Yr.* | | |