

**kennewick, WA**

**Developmental disabilities administration**

**Continuing education**

**Training**

Thursday, March 22nd, 2018 3 CEUs 9:00am – 12:00pm



**Supported Living and**

**Group Home Provider**

**Agency / Personnel Investigation Training**

Supported Living and Group Home providers are required to conduct their own investigation when there is an allegation that an employee may have perpetrated abuse, neglect or exploitation. Additionally, providers can benefit from conducting personnel investigations to determine whether employees may have violated company policies.

This course will equip learners with the knowledge and tools necessary to understand their role and to conduct a complete and timely investigation.

This class is free and is DSHS approved for 3 CE credits.

Class size limited to 30 participants

**Presenter: Maleia O’Brien**

**Unit Manager, DDA Special Investigations Unit**

**Directions**

From I-82 E Take exit 113 for US-395 N toward Kennewick/Spokane/I-182N

Continue onto US-395 N for 1.5 miles

Use the left 2 lanes to turn left onto W 27th Ave

Keep right to continue toward S Union St

Turn right at the 2nd cross street onto W 24th Ave

Destination will be on the left

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L&I Large Conference Room – Rm R230

[4310 W 24th Ave, Kennewick, WA 99338](https://www.google.com/maps/dir/Kennewick,+Washington/4310+W+24th+Ave,+Kennewick,+WA+99338/@46.1980107,-119.1763764,14z/data=!3m1!4b1!4m14!4m13!1m5!1m1!1s0x54987854e7f54da3:0x787d7dadae8c8ae0!2m2!1d-119.1372338!2d46.2112458!1m5!1m1!1s0x5498784880a4edb9:0xc62ffb7a779c7c36!2m2!1d-119.1796594!2d46.1880453!3e0)

Class starts promptly if you are late you may not be admitted.

For Questions: Call Sandi Miller at 360-407-1537. Do not call to register, use form attached.

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**Developmental Disabilities Administration**

**Supported Living and Group Home Provider Agency / Personnel Investigation Training**

**Registration Form**

Participants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide Email, Fax, or Address to send confirmation notice: (Email is preferred)

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Phone number in case of last minute changes to training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please register early as space is limited and the training sessions fill quickly. Registration ends two weeks before date of training. We will email/send a confirmation.**

**Please tell us at least two weeks in advance if you need a special accommodations** by writing it in the space below. We need two weeks to process your request. If you don’t receive a confirmation of this request please contact us. For accommodations, you can call Sandi Miller at 360-407-1537.

I need this special accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send this registration form via email:**

[**Millesj@dshs.wa.gov**](mailto:Millesj@dshs.wa.gov)

**Sandi Miller, Developmental Disabilities Administration**

**Additional classes are listed online at** <https://www.dshs.wa.gov/dda/dda-provider-training>

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| |  |  | | --- | --- | | **Who Should Attend?**  This workshop is for DDA contracted providers who are responsible to conduct or oversee agency and personnel investigations to include; Supported Living, Group Homes, Group Training Homes, Alternative Living, Companion Homes,  State Operated Living Alternatives, Crisis Diversion/Supports, Community Intermediate Care, County Day Programs, Behavior Support Providers and Community Crisis Stabilization Services. | Please fill out, if you can, the below information:  Name of Company/Employer:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Company/Employer:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | --- | --- | |  |  | |
|  | Please fill out, if you can, the below information:  Name of Company/Employer/AFH:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Company/Employer/AFH:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Individual Providers, can attend, but CEUs do not apply. IPs go through the Training Partnership for CEUs. |