

HHK VOLUNTEER AND STAFF MEETING Nov 6

Volunteer & Board Meeting
Sunday, Dec 4 · 2:30 – 3:30pm
Google Meet joining info

Video call link: <https://meet.google.com/dzx-fmgr-ubq>

In Person: Joanne S., Zoe B., Jim P., Ginger C., Kii J., Caitlyn, Koa, Danise, Mary B., Karin
Online: Madison C. Cole P.

***New information in bold or highlighted - -**

1) Participant Counts (Nov 1 - Nov 30 , 2022):

141 lessons (46 therapeutic = 33%) in weeks and closed 4 days for workshop and holiday - 11 new riders - 7 interisland, 1 mainland, 0 international

Corporate Sponsorship Letter Campaign

United Way Campaign has now ended time to get corporate sponsorship for “Ducks in the Ditch”, “Poop Drop”, and possible visiting instructor housing.

PLEASE HELP SPREAD THE WORD ON OUR :

Amazon Smile: “Equine Therapy Inc, Lihue HI”

SUBSCRIBE TO OUR WEBSITE TO GET ALL MAILINGS and read prior meeting agendas on the volunteer tab (scroll to the bottom)

Time to submit your 2023 volunteer/employee packet.

Ground Programs:

Mounted Program:

Carriage Program: Need to continue to work with Lollipop, Jellybean, and Rowdy. Ivan to begin the training process. Chip will no longer be part of the driving team.

The certification workshop will be pushed back so as to allow time to get Ivan and his cart up and running and staff time to get their hours. I do encourage incorporating “showmanship” (utilizing the words and getting solid “STANDS” every time they are handled) and ground driving for all.

The new arena rails have been installed. Now we need to make sure the new arena is root and rock free with a pack dirt surface.

CAMP Dec 19-23

3 stations . 1hr 15 min per station. Need commitments from station leaders and aids ASAP.

*December camp t-shirt: horse colors & body types & signs of a healthy horse

*June: gaits of the horse & grooming and tack

*March: spring cleaning - - any of the above

*July Camp t-shirt: Emotions of the Horse, and conformation of the the horse (with skull and hoof)

*October camp t-shirt: mythical horse-like creatures & evolution of the equine

2) Paid Staff Updates & Refresh:

UNTIL FURTHER NOTICE: THERE WILL BE NO TROTGING, CANTERING OR GALLOPING OUTSIDE OF THE ARENA. No CANTERING when riders of lower ability are in the arena. HORSES ARE TO BE KEPT AT A WALK ON THE POND TRAILS.

UNTIL FURTHER NOTICE: THERE WILL BE NO STAFF/VOLUNTEER RIDES WITHOUT GINGER PRESENT/UNDER THE GUISE OF A LESSONS, STAFF TRAINING, OR HORSE SCHOOLING.

PATH FACILITY ACCREDITATION ANDREA - Do you have anything to report? Delayed until after Driving Workshop

Next PATH submission deadlines: We have grant funding to pay for 1 more CTRI. (We also have funding to pay for Driving cert in Nov/Feb)

Accepting applications through March 10, 2023 for June 3-18, 2023 testing.

Accepting applications through June 16, 2023 for September 9-24, 2023 testing.

Accepting applications through September 2, 2023 for November 25-December 10, 2023 testing.

***Lesson Plans- **THIS MONTH FOCUS:**

Dec	Epilepsy	Seizure	SMART GOALS
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NEW EMPLOYEE MANUAL AVAILABLE ON WEBSITE > VOLUNTEER > ALL THE WAY AT BOTTOM -- ALL VOLUNTEERS & PAID STAFF SHOULD READ IT - - NEED TO SIGN LAST PAGE THIS IS DIFFERENT THAN THE VOLUNTEER MANUAL located on our website www.healinghorseskauai.org > VOLUNTEER > VOLUNTEER MANUAL and make sure that you submit a new 2023 Volunteer Application to Ginger -- updated manual with PATH policies coming January...last page must be signed and submitted to Ginger

Instructor Staff: is expected to have the horse groomed and tacked, and horse leader and sidewalker **debriefed** prior to the arrival of their student for mounted lessons. Tardiness is unprofessional and no longer acceptable.

DO NOT HAND FEED TREATS - USE BOWLS-AND DO NOT DO IT EVERY TIME--HORSES ARE STARTING TO ANTICIPATE AND GET NIBBLY

Instructors make sure helmets are being put away properly

Please read and follow the arena rules sign

Reminder to practice emergency dismounts with 1x each client this month, so they are not scared when done for real.

***Train Volunteers in every skill you ask of them- be honest about what is expected, Observe Performance, Provide Leadership, Lead by Example, Engage, Encourage, Educate and Empower, know their motivation, check in with them, show compassion, Let them know that "Yes" is great, but "No" is ok -

discourage burnout by making sure they have a positive WORK - HOME/FAMILY - VOLUNTEER balance, Create a Community

3) ALL VOLUNTEER & PAID STAFF -

Safe positioning when picking feet (human hip to horse shoulder/hip, human facing toward horse rear end, bend at waist, continues contact with horse as sliding hand down leg and back up leg down back hip and other leg - - hold hoof at toe)

!!!!!! Do not share grooming tools, always visually check girth areas for dirt/sores

**** Horses should be held during grooming and tacking if not tied

+++ cell phones off, eyes up, focus on task, show on time for briefing and stay for debriefing

Sidewalking Staff: there are different holds: over the thigh, cuff, heel/ankle,

*don't push rider off center or put pressure on the knee; when no hold needed side walker still remains within arm's reach with hands out of pockets and eyes are always on rider;

Allow wait time before repeating instructions to rider; practice emergency dismount at least 1 time with each rider (Make it not scary)

As sidewalkers support the participant's performance and position in the saddle, instruct them to ask the horse leader to bring the equine to the center of the arena and halt if:

- A sidewalker needs to carefully switch sides, one at a time, with another volunteer
- A sidewalker needs to tie their shoe or step away from the equine for any reason
- A sidewalker notices the participant appears to be ill or in pain
- There is a safety concern

*Role during an Emergency: your rider (if your rider is down keep horse away from your rider - and following commands of the instructor (get medical kits, phone, open gates, etc.) once instructor assume control of rider)

Horse Leading Staff: avoid a horse that crowds space (have knuckle at the ready for horse "reprimand" self), stay in the zone- no tugging; how to hold crop, how to turn

Common Mistakes: Leader too far back, lead wrapped around leader's hand, leader holding lead in only one hand, Leader too far forward, leader holding lead too close to the horse's head and putting too much pressure on the lead, leader walking backwards.

*Role during an Emergency: your horse...get them to a stop and away from downed rider then follow commands of instructor

Checklist

- - - instructor make sure your crew knows this before each lesson

Individual has a clear knowledge of

- ___ Positions & duties of a sidewalker & a horse leader & instructor
- ___ Proper Helmet fit.
- ___ Tack check before mounting... girth & helmet check
- ___ Mounting procedures from mounting ramp (rider waits on ramp) vs. block (rider on ground not block until asked to step up on the block & the horse is standing quietly.)
- ___ Proper dismount..(both feet out of stirrups before dismount)
- ___ Mounting procedures from Mounting ramp
- ___ Safety procedures in the arena, spacing, & awareness
- ___ Use of cell phones during riding session
- ___ Safety stirrups, what they are for & how to put them on the saddle

___ Location of first aid kit for Humans & Equine

Words

Words first - then leg and arm aids : <https://fb.watch/fO-alOzviu/>

Please use the following words when working with the horses:

“Walk on please” - any time you want them to move forward

“Whoa” - any time you want them to stop

“Easy, Easy” - any time you want to slow down

“Back” - any time they are reversing

“Come” - when pulling them into you

“Over” - when moving all 4 feet sideways

“Spin” - when they are moving hind legs in a circle but not the front (as in Parelli “Driving the Hind” or in mounted “Turn on the Fore”

“Turn” - when they are moving the front legs in a circle but not the rear (as in Parelli “Driving the Fore” or in mounted “Turn on the Haunches”

“Trot Trot” - to ask for the trot

“Can - ter” rising up on the “ter” - when asking to canter

“Gee” when turning to the right

“Haw” when turning to the left

*****FIRST AID KIT - was it check? (Ginger, Shakti, Andrea)?**

First Aid Refresher:

Month	Awareness Month	First Aid Review	Pedagogy Review
Dec	Epilepsy	Seizure	SMART GOALS

What is Epilepsy: Epilepsy is a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations and sometimes loss of awareness.

What is a Seizure: From the Mayo Clinic :”A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in your behavior, movements or feelings, and in levels of consciousness. Having two or more seizures at least 24 hours apart that aren’t brought on by an identifiable cause is generally considered to be epilepsy. There are many types of seizures, which range in symptoms and severity. Seizure types vary by where in the brain they begin and how far they spread. Most seizures last from 30 seconds to two minutes. A seizure that lasts longer than five minutes is a medical emergency.

Seizures are more common than you might think. Seizures can happen after a stroke, a closed head injury, an infection such as meningitis or another illness. Many times, though, the cause of a seizure is unknown. Most seizure disorders can be controlled with medication, but management of seizures can still have a significant impact on your daily life. The good news is that you can work with your doctor to balance seizure control and medication side effects.”

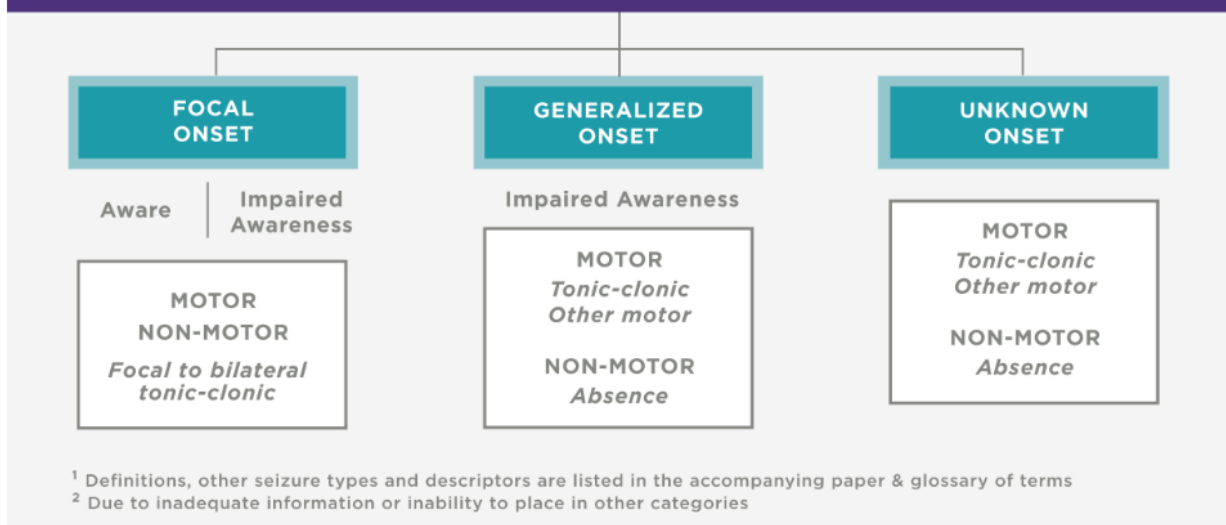
Some common triggers: Stress and lack of sleep are common triggers. Others include strobe lights, excessive heat, and even menstrual cycles.

*Not all seizures are caused epilepsy.

Types of Seizures: from <https://www.epilepsy.com/what-is-epilepsy/seizure-types#How-are-seizures-classified-now?>

“NEW” CLASSIFICATION OF SEIZURE TYPES BASIC VERSION ¹

* from International League Against Epilepsy, 2017



There are now 3 major groups of seizures.

Generalized onset seizures:

These seizures affect both sides of the brain or groups of cells on both sides of the brain at the same time. This term was used before and still includes seizure types like [tonic-clonic](#), [absence](#), or [atonic](#) to name a few.

Focal onset seizures:

The term focal is used instead of partial to be more accurate when talking about where seizures begin. Focal seizures can start in one area or group of cells in one side of the brain.

- **Focal Onset Aware Seizures:** When a person is awake and aware during a seizure, it's called a focal aware seizure. This used to be called a simple partial seizure.
- **Focal Onset Impaired Awareness:** When a person is confused or their awareness is affected in some way during a focal seizure, it's called a focal impaired awareness seizure. This used to be called a complex partial seizure.

Unknown onset seizures:

When the beginning of a seizure is not known, it's now called an unknown onset seizure. A seizure could also be called an unknown onset if it's not witnessed or seen by anyone, for example when seizures happen at night or in a person who lives alone.

- As more information is learned, an unknown onset seizure may later be diagnosed as a focal or generalized seizure.

How are different symptoms during a seizure described?

Many different symptoms happen during a seizure. This new classification separates them simply into groups that involve movement.

For generalized onset seizures:

- **Motor symptoms** may include **sustained rhythmical** jerking movements ([clonic](#)), muscles becoming weak or limp ([atonic](#)), muscles becoming tense or rigid ([tonic](#)), brief muscle twitching ([myoclonus](#)), or epileptic spasms (body flexes and extends repeatedly).
- **Non-motor symptoms** are usually called [absence seizures](#). These can be typical or [atypical absence seizures](#) (staring spells). Absence seizures can also have brief twitches ([myoclonus](#)) that can affect a specific part of the body or just the eyelids.

For focal onset seizures:

- **Motor symptoms** may also include jerking ([clonic](#)), muscles becoming limp or weak ([atonic](#)), tense or rigid muscles ([tonic](#)), brief muscle twitching ([myoclonus](#)), or epileptic spasms. There may also be automatisms or repeated automatic movements, like clapping or rubbing of hands, lipsmacking or chewing, or running.
- **Non-motor symptoms:** Examples of symptoms that don't affect movement could be changes in sensation, emotions, thinking or cognition, autonomic functions (such as gastrointestinal sensations, waves of heat or cold, goosebumps, heart racing, etc.), or lack of movement (called behavior arrest).

For unknown onset seizures:

- **Motor seizures** are described as either [tonic-clonic](#) or epileptic spasms.
- **Non-motor seizures** usually include a behavior arrest. This means that movement stops – the person may just stare and not make any other movements.

Glossary of new and old types of seizures

There are many different types of seizure, but the following glossary can help you understand the difference between some of the more common terms:

New and old terms

Generalized absence seizure (new term) > Petit-mal (old term)

Description: You lose consciousness for a few seconds, but don't fall over (read more about [absence seizures here](#))

Focal atonic or generalized atonic (new term) > Drop attack (old term)

Description: Your muscles suddenly go limp.

Generalized onset tonic clonic (new term) > Grand mal (old term)

Description: You lose consciousness, fall to the floor and experience convulsions (read more about [tonic clonic seizures here](#))

Focal or generalized myoclonic (new term) > Myoclonic (old term)

Description: You jerk briefly (read more about [myoclonic seizures here](#))

Focal or generalized tonic (new term) > Tonic or drop attack (old term)

Description: You stop what you're doing, your body goes stiff and you may fall over

Focal impaired awareness (new term) > Complex partial (old term)

Description: You become unaware of your surroundings, examples include picking at your clothes or smacking your lips (read more about [focal impaired awareness seizures here](#))

Focal aware (new term) > Simple partial (old term)

Description: You are fully aware of what is going on around you, but may feel 'frozen' or unable to move

WHAT DO WE DO at HHK..

If the client has an emergency action plan: follow the steps.

If the client has no emergency plan: Call 911. Cushion heads. Remove hazards. Monitor ABC's. Do not give anything to eat or drink.

If someone is having a seizure, DO:

- *TIME* the seizure with your watch (or phone stopwatch)
- *LOOK* for medical identification
- *PROTECT* from nearby hazards
- *LOOSEN* ties or shirt collars
- *PLACE* folded jacket under head
- *TURN ON SIDE* to keep airway clear

If someone is having a seizure, DO NOT:

- *DON'T* put anything in the mouth
- *DON'T* restrain

- *DON'T* try to hold the tongue (it cannot be swallowed)
- *DON'T* try to give liquids during or just after a seizure
- *DON'T* use artificial respiration, except in the unlikely event that a person does not start breathing again after the seizure has stopped
- *IN INDIVIDUALS WITH A DIAGNOSED SEIZURE DISORDER* CALL an ambulance *ONLY* if the seizure lasts longer than 5 minutes or another starts soon after the first

Q: What should I do after someone has a seizure?

Reassure the person when consciousness returns. Allow them space until they begin to become reoriented with their surroundings.

Rescue medication such as Ativan may be required in some instances.

Medical Conditions Review: Diabetes - SEE ABOVE

FROM THE STANDARDS MANUAL, PATH ED CTRI BOOKS -

Participants With Seizure Disorder

Epilepsy is another name for seizure disorder. Seizures are caused by abnormal electrical activity in the brain. There are several types of seizures including tonic-clonic, absence and atonic seizures, among others.

Tonic-clonic seizures, previously known as grand mal seizures, involve loss of consciousness as well as full-body convulsions.

Absence seizures, previously known as petit mal seizures, do not involve loss of postural control. The individual may stare into space and may not respond to questions or directions.

An individual who experiences an atonic seizure, also called a drop seizure, suddenly loses consciousness and falls but does not convulse.

Seizure medications cause side effects for many individuals, including double or blurred vision, dizziness, nausea, drowsiness, fatigue, headache, weight gain and tremors as well as mood and behavior changes.

Uncontrolled seizures over a period of time may result in brain injury, which can be characterized by difficulties in the areas of motor, cognitive, socialemotional and/or communication skills.

Considerations for EAA

- An individual with an uncontrolled seizure disorder cannot ride, for safety.
- An individual with a controlled seizure disorder should be monitored carefully if they are accepted to ride. An emergency plan should be prepared in case the participant does have a seizure in the equine setting, and all personnel should be trained in the emergency plan and appropriate first aid measures. The participant will be at increased risk for seizures any time seizure medications are adjusted or reduced.
- Be aware of any seizure medication side effects that the participant may experience. • An individual who has recently had a seizure may be inappropriate to ride that day. An appropriate recovery period must be provided after a seizure.
- Incorporate the participant's choices into the riding session when possible.
- For more information about working with participants who have sustained a brain injury as a result of an extended period of uncontrolled seizures, see the section titled "Participants With Brain Injury" (PATH ED page 68).

STANDARDS MANUAL

Seizure Disorders/Epilepsy

Seizures are a disruption of brain function manifested as impairment by loss of consciousness, abnormal motor activity or sensory disturbances. Seizures may arise as a primary disorder (e.g., epilepsy), or seizures may be secondary to brain insults (e.g., brain injury, stroke, cerebral palsy, disease, tumor).

The severity of seizures ranges from extremely mild and barely noticeable, to moderate or severe with complete loss of control. Seizures may have specific triggers such as sounds, light or smells that precipitate the seizure activity. Frequency of seizures varies widely and cannot always be predicted. If a seizure disorder is noted on the Health or Medical History form, the Professional Association of Therapeutic Horsemanship International Center should obtain additional information as to the following:

- Type of seizure
- Typical aura (pre-seizure sensations or behaviors)
- The typical motor activity during seizures
- The post-seizure behavior and duration
- The average duration of seizures
- The current frequency of seizures
- What to do should a seizure occur at the center

If the medical form indicates a history of seizures, determine how long it has been since the last seizure. The longer it has been since a seizure occurred, the less likely it will re-occur, but it can.

Consult with the participant's MD to determine the likelihood of seizure recurrence, particularly if the seizure activity was of the 'atonic' or 'drop' kind. Know the tolerance of the equine, staff and participant in case seizures should occur, and have an emergency plan in place with rehearsals as necessary. Center staff should be trained in the correct first-aid procedures for a seizure.

Precaution:

- If the motor activity, change in postural tone, loss of motor control or alteration in consciousness is minor and is unlikely to frighten or injure the equine, participant or staff
- Seizure medications may cause drowsiness or photosensitivity (see Medication).
- Sensitivity of the equine to seizure activity
- Availability of appropriate equine

Contraindication:

- Recent seizure activity accompanied by strong, uncontrollable motor activity or atonic or drop attack seizures due to their sudden and complete loss of postural muscle tone
- A change of frequency or type of seizure until the condition is evaluated
- Inability to manage a participant during an emergency dismount should a seizure occur

Why might working with Horses for good for Seizure Disorders:

Exercise helps people to stay fit and healthy. If you have epilepsy, this may help to reduce the number of seizures you have. Exercise can also improve mood and relieve stress. As stress is a common trigger for seizures, exercise may help to prevent seizures for some people. (EpilepsySociety.org)

But must partner with suitable horse, use safety equipment (helmet, safety stirrups, *inflatable air vest), dismount at onset of “aura”.

*Some horses are intuitive and can sense the rider’s impending seizure - similar to an alert dog.

Also see Chapter 7 “Cognitive and Learning Disabilities” of the Comprehensive Guide pg.160 for even more types and classification

A small bit on the tremors from Parkinson's research with bicycles (substitute working walk or trot): exercise triggers an optimal environment in the brain—by increasing factors that support the development of brain cells called neurons, activating your immune system, and improving the function of the power-producing mitochondria in your cells...exercise causes the brain to be ‘smarter’ in how it uses dopamine, a chemical responsible for transmitting signals between the nerve cells of the brain. The researchers found that the brain learns to use the dopamine in a more efficient way...complex and variable sensory input during dynamic cycling increases sensory feedback from the periphery and subsequent activation of the basal ganglia circuits. Activation of these circuits could enhance central motor processing. Accurate voluntary movement requires somatosensory input from the periphery. Peripheral receptors, such as joint receptors, golgi tendon organs, muscle spindles, and cutaneous receptors, send information from the limbs to the cortex. Several studies have identified proprioceptive impairment in PD, specifically in muscle spindle responses, load sensitivity, and kinesthesia (12, 32–35). This suggests that deficits in peripheral afferent input or sensorimotor integration likely contribute to abnormal motor output in individuals with PD.

Pedagogy Refresher: SMART GOALS

Set goals : these can include physical, cognitive, social/behavioral, life skill and other goals.

Create steps to achieve goals = objectives

Lesson Plan your objectives with WHATS-WHYS-HOWS (broken down with more task analysis into component parts)

Select Teaching strategies to support learning styles

Start lesson with the known and build/progress to the novel with practice and progression

Post Lesson Reflection

Goals and Objectives



Specific

Involves a clearly defined, observable skill



Measurable

Includes quantitative mastery criteria



Attainable

Presents an optimal degree of challenge



Relevant

Relates to horsemanship and builds upon current skills



Time Bound

Includes a date for expected mastery

FIGURE 5.4

Attainability think of the following graphics:

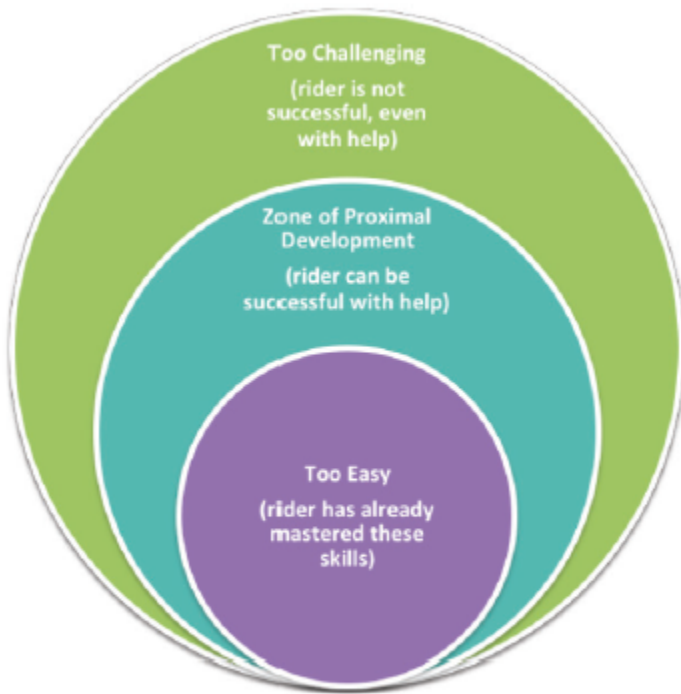
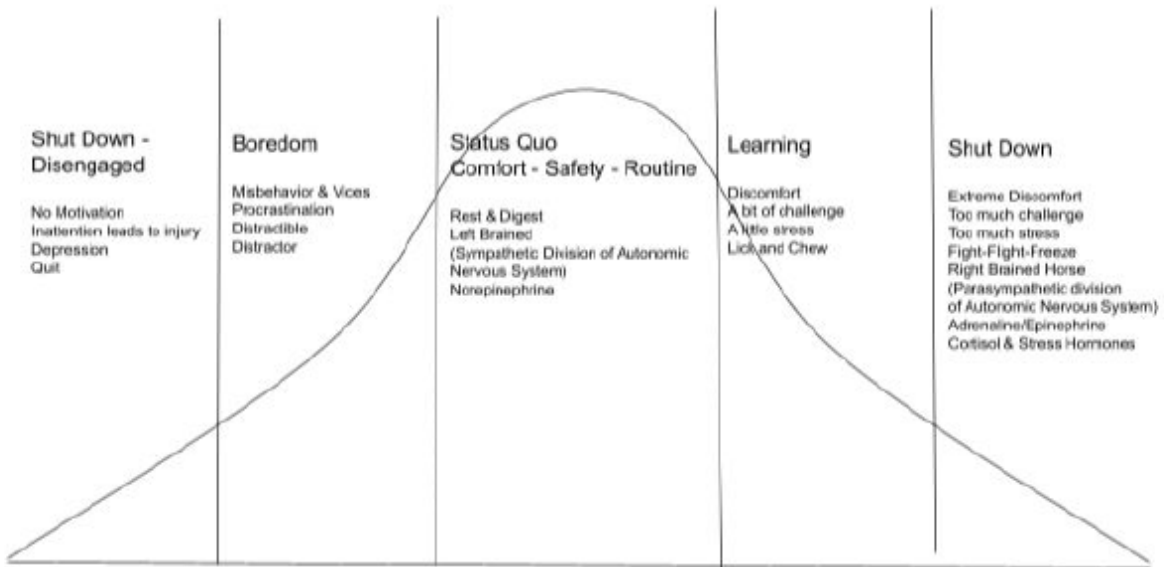


FIGURE 5.5 THE ZONE OF PROXIMAL DEVELOPMENT



Emergency Dismount

During riding sessions, the instructor performs rider mounts and dismounts. However, in certain situations, the instructor may ask volunteers to perform an emergency dismount as follows:

- When an instructor calls for an emergency dismount, the horse leader halts and heads the horse.
- The sidewalker(s) informs the rider of the emergency dismount and makes sure the rider has removed their feet from the stirrups.
- To perform the dismount, the sidewalker places their arms around the rider's waist and gently guides the rider off by bringing the rider's hips to the sidewalker's hips while bringing the rider safely away from the horse.
- Horse leaders must keep the horse a safe distance from the rider.
- Once the rider is dismounted, the sidewalker awaits further direction from the instructor.

PATH Standards Review:

Must have policy for the purpose of risk management planning, is there written evidence that general health and safety concerns have been identified and that there are established written procedures to respond to possible accident and emergency situations unique to the center and its services, related to each of the following categories:

These are available in our Policy Manual on our website - VOLUNTEER TAB - in fine print here

Other Standards: must complete application with liability and sign handbook; must wear ASTM-SEI helmet while mounted, driving or vaulting & proper clothing and footwear; assessed for ability to work with particular client/equine; oriented to role and needs, offer guidance and don't assume they understands or are familiar with the methods, but validate prior knowledge, what to do at our facility with manmade, and environmental hazards; fall standards and adaptive tack, age related concerns
Training to include

1. Orientation to the facility, specialty programs and equine-assisted services in general?
2. Volunteer and personnel responsibilities?
3. Emergency procedures?
4. Confidentiality issues?
5. Safety rules and regulations?
6. Introduction to population served in program?

We do not mount individuals under the age of 4, individuals with atlantoaxial instability (certain clients with Down's Syndrome, arthritis, etc); and spinal fusions/cervical ossification due to risk of catastrophic injury.

4) Events: /

Upcoming Events: Birthday Parties: 12/16???

Santa Photos 12/18 - - **-need to print new sticker**

Winter Camp 12/19-23 horse colors & body types & signs of a healthy horse

Daily Topics: Need 10 different activities for 3 different stations (3 groups of 15). Please email hkwebsite@gmail.com with confirmed volunteer days

CAMP BRAINSTORM

Theme:	ART & CRAFT	MINI & GAMES	ARENA & BARN
Dec 19 - Mon Vocabulary	Ornaments (color & markings) 50 ornaments Acrylic paint	Friendly/Porcupine (back/hind/fore) Vital Signs - Horse & Human Stethoscopes-alcohol wipes Thermometers Driving - Hitching Worksheet	W-H-W Tack improv

<p>Dec 20- Tue Body Language, Herd Dynamics, Communication</p>	<p>Horse Shoe - Picture Frame () 50 horseshoes Cardboard - pre-cut Plastic - pre-cut Brads/slip pins Twine/string Pictures / Polaroid</p>	<p>Porcupine (back/hind/fore)</p> <p>Immunizations & Fecal Testing Gloves of Rice, Colored Water, needle, syringe, karo syrup tubes, Microscope, connected laptop, paracount kit, fecal float Image of an unthrifty horse</p> <p>Driving - Hitch demo</p>	<p>Steer - Direct rein (vs neck vs open)</p> <p>Rein board communicating with hands</p>
<p>Dec 21- Wed Gait, Leading, Tie</p>	<p>Soda Bottle Stick Ponies (gaits) 50 2 liter bottles, bamboo poles, eyes, ears, nose mouth, glue, rope/twine // Jointed Pony Pic Pac Animation</p>	<p>Yo-yo/Drive</p> <p>Wounds and Wraps - Horse & Human wrap, ace, splint, sling, gauze, diaper, -Use Colored Wraps to teach the gaits</p> <p>Driving - M/DS, W-H-W</p>	<p>Backing</p> <p>Bridle a kid</p>
<p>Dec 22 - Thur Anatomy</p>	<p>?? Key Chain ?? () Rings, Beads, plastic twine</p> <p>PET ROCKS</p>	<p>Drive (hind & fore)</p> <p>Bone Worksheet - Horse & Human comparison Paint the horse</p> <p>Ground Driving a friend - cones (timing the turn)</p>	<p>Transitions within gait</p> <p>Lunge a friend</p>
<p>Dec 23 - Fri Hoof/Teeth</p>	<p>Tie dye(health &) t-shirts, tie dye kits, gloves, zip locs, rubber bands, fabric markers</p>	<p>Circle</p> <p>Float Video Horse / Human Dental Worksheet Clay to Make Skull with teeth</p> <p>Driving - cones</p>	<p>Trot - seated/posting</p> <p>Bathing</p>

Training Day Jan 7 & 8

Next Meeting:

Sunday Jan 15 - LOOK FOR THE SAVE THE DATE EMAILS in case there are changes

??Ideas for collaborations with other non-profit organizations - please share.
If you are involved in other organizations, how can we collaborate? "It takes a Village"

KORE Surf, Easter Seals, Rotary Club (West Kauai, Poipu, Kauai, Kapaa, Hanalei), Lions Club (North Shore, Koloa, Kauai, East, West), Kiwani Club, Key Club, Kauai Veterans Assoc/Ad/Council,, Business Associations (Lihue, Kapaa, West), United Way/HTLA Charity Walk,, Neighborhood Centers, YMCA, YWCA, Assisted Living Facilities, County Council, Hawaii Community Foundation, Kauai Area Agency on Aging - RSVP, Master Gardener, Humane Society, Kauai Path, Canoe Clubs, Hina Mauka, Habitat, Heart Assoc., Red Cross, Salvation, Children's Theatre, Historical Society, Food Bank, Scouts

5) Feeder Update / Volunteer Update

SEE NEW FEEDER AND VOLUNTEER CHECKLIST EACH TIME YOU COME

	MORNING	EVENING
SUNDAY	Derrick	Lucho/Mary B
MONDAY	Candice (sub Mary Z)	Christina
TUESDAY	Dusty	Mary Z
WEDNESDAY	Jim	Mike
THURSDAY	Nadine	Martine/Chris
FRIDAY	Theresa	Laura
SATURDAY	Mike	Mary Z

6) Horse Update

NO HAND FEEDING TREATS WITH CLIENTS - USE BOWLS - DISCOURAGES NIPPY BEHAVIOR

Grazing:What to get them to graze the opened front acreage. Need to run temporary hot tape and truck water to the front.... More land clearance help requested. **Any volunteers to run tape?**

7) Public Relations Update:

Events: First Saturday: back on - ANA

Media:how do we increase followers

Website: videos to match the words posted under VOLUNTEER on website

Facebook: need 2 posts a week (auto scheduled is fine) Wed at noon and Friday afternoon

Instagram: need 3 posts a week (M/W/F)

Twitter:

TIKTOK: ???

All posts from official site must have @Hawaiihta, @hawaii, @KauaiVisitorsBureau, @Kauaidiscovery,#VisitKauai, #ParelliFoundation

Those in picture must have a signed photo release on record

Applied for loads more grants - cross your fingers. Grants applied for to fund:

Lesson Programs- instructor pay, tack, feed, insurance, vet, farrier,
Mini Program: instructor education, instructor pay, halters, feed, insurance, vet, farrier care
Driving Program: horse and carriage
Veteran Program: scholarships/stipend equipment, tack,
Foster Youth Programs: scholarships
3-steps Capital Improvement: 1- Covering: arena & stalls 2- Off-grid Solar powered office with roof 3-
pasture and fencing from 10 acres SEE WEBSITE SHARE GO FUND ME LINK

8) Projects

Three Steps Forward Capital Campaign - testimonials spread word

Front acreage pastures: Volunteers to clear hot tape & run new tape on front pasture areas

Make mini carriage (see last May's agenda) - writing grants for wheelchair accessible carriages for Chip & Rowdy to pull but will need custom build for Lollipop & Jellybean

Pond trail t-post signage - once all the new t-post are in (from pallets and wire: e.g. A-Z (w/braille); 0-9 (w/braille); phonetic alphabet (w/Morris); colors w/shapes; Letter & semaphore, etc) --- Does anyone have a GLOWFORGE or similar laser engraver/cutter?- have a lead ...Kelly V...think Zoophonics to start

'Stall'port Project: Maybe two more for parent stall and mini's at end of arena

Container Project: still need a coat of GacoFlex

Gravel Stall and Drive:

Pasture Management: need to get highway acreage fenced/hot taped ASAP -

Bridge across Canal - discussion underway (asking for culvert install so bridge can go over)

Compost: construction - needs now to be spread into medicine wheel

Please dump manure only in active pile... the one without the cones

Sensory Riding Trails: looking to clear 15+ wide path around entire perimeter, lay wood chips on trail with bermuda grass seed mixed in to establish soft footing not muddy trail & then plant trees and hedges and separate from pastures with interior pastures (Hawaiian, canoe, horse safe edible, and botanically interesting: variety of colors, shapes, textures, smells) for riders to enjoy --- Jim has planted 2 Lonomea and many Loulu palms already (and had to fence them off) and several more palms

Medicine Wheel: looking for gardeners to come on regular basis, a few plants (red ground cover, white/silver ground cover), aerial photo to HTML to create a meet the plants page on website, plant labels (ideally with QRL codes that link to website plant page)-- need to spread composted manure

PATH & Other Certifications: NEED TO RECRUIT A FEW MORE INSTRUCTOR PROSPECTS

PATH CTRL: awaiting update from testing center on Kauai - did email PATH again and now that they aren't accrediting this year there might be a shot for exemption

CPR & First Aid - looking to put together a small (2-4 person course), cost \$30, time 7 hrs (combination of online and in person)---videos are uploaded and ready to go...

9) Hopes and Dreams: need list/ wish list/ to do list

Volunteers: Side-walkers, Horse-leaders, Feeders, Facility Maintenance Crew (with regular hours)

Lightweight Tack-- for Chip and Rowdy

STALL PANELS & CARPORT - get them painted and installed

Tree & Rubbish Removal--- in progress - - need a trailer to dump convoy - - any takers

Native Hawaii Trees and Shrubs to Border Cleared Trails - in progress

Fencing - in progress

Off-Grid Solar System to Power Office --- working on grants to create a stellar system but grants are never a sure thing--- we have a lead on KIUC wired in

Clear Span Building to Cover Arena and Stalls --- price jumped to about a million - - - we will back burner this one for a bit

Tractor Attachments --- working on grants as we speak

Solar Powered Pond Aerators--- any teachers out there want to make this a long term school project

10) Next Volunteer Meeting- January 15 - LOOK FOR THE SAVE THE DATE EMAIL

*Projects:

Sew Helmet Liners: XS - Red; SM - Orange; MD - Yellow; LG - Green; XL- Blue

<https://www.thesprucecrafts.com/helmet-liner-free-sewing-pattern-2978116>

Adobe Illustrator: AlphaNumeric Banners for printing

“Sew” Aprons out of feed bags

Prep sew - horse dolls for spring camp