

Attention child care center
directors and family care
providers!



QUALITYstarsNY Readiness Workshops

Introduction to QUALITYstarsNY

Have you heard of QUALITYstarsNY and are wondering what it's all about? Do you want to know more? This workshop will introduce participants to QUALITYstarsNY. Participants will become familiar with the standards and proposed indicators. This exciting initiative will be rolling out across New York State. This 2 hour workshop is an opportunity to be proactive. Prepare now!

X	When:		Where:		Facilitated by:		
	5/17/12	6-8	CAPC	518 Davidson St Watertown, NY	Angie VanWormer	avanworm@capcjc.org	315-782-4900

Self-Assessment: Preparing for Program Improvement

Are you interested in improving your program's quality? Do you want to gain more confidence in the self-assessment process? This 3 hour workshop will provide practical methods for self-assessment including using ERS and the QUALITYstarsNY standards in assessing your program and developing and improvement plan.

X	When:		Where:		Facilitated by:		
	5/19/12	9-12	CAPC	518 Davidson St Watertown, NY	Angie VanWormer	avanworm@capcjc.org	315-782-4900

First Steps for Quality Improvement

Are you familiar with self-assessment and ready to implement a quality improvement plan? This 3 hour workshop will link self-assessment with QUALITYstarsNY standards, connecting across standards in order to leverage quality improvement. You will learn methods of engaging others in a quality improvement effort and make informed choices in planning and implementing improvement activities.

X	When:		Where:		Facilitated by:		
	5/19/12	1-4	CAPC	518 Davidson St Watertown, NY	Angie VanWormer	avanworm@capcjc.org	315-782-4900

TO REGISTER FOR THIS WORKSHOP, CHECK THE BOXES OF THE WORKSHOPS YOU WOULD LIKE TO ATTEND,
FILL OUT OTHER SIDE OF THIS FORM AND RETURN TO

Community Action Planning Council

Attn: Angie VanWormer

518 Davidson Street Watertown NY 13601

Registration forms must be received at least five days prior to workshop date.

A minimum of 10 participants is required for each workshop.

QUALITYstarsNY Readiness Workshops

Participant Information

First Name		Last Name	
Street Address	City	State	Zip code
County	Home Phone Number	Work Phone Number	Email Address

Program Name: _____

Program Modality	1. Center	<input type="checkbox"/>	Explain: _____
	2. Family CC	<input type="checkbox"/>	
	3. Group FCC	<input type="checkbox"/>	
	4. Other	<input type="checkbox"/>	

Position: _____

Number of children in your program: _____

Ages of the children served
(check all that apply)

Infant	<input type="checkbox"/>
Toddler	<input type="checkbox"/>
Preschool	<input type="checkbox"/>
School-age	<input type="checkbox"/>

Do not mark below this point, for facilitator use only.

Facilitator: Mark only the workshops for which the participant has registered:

Intro to QSNY		Self-Assessment		First Steps	
1. Attended	<input type="checkbox"/>	1. Attended	<input type="checkbox"/>	1. Attended	<input type="checkbox"/>
2. Didn't Attend	<input type="checkbox"/>	2. Didn't Attend	<input type="checkbox"/>	2. Didn't Attend	<input type="checkbox"/>
3. On site	<input type="checkbox"/>	3. On site	<input type="checkbox"/>	3. On site	<input type="checkbox"/>