



QUALITYstarsNY Readiness Workshops

All workshops are held at Child Care Resource Network’s offices, 1000 Hertel Avenue, Buffalo, NY 14216 and are facilitated by Gayle B. Nixon. For more information, please contact Gayle B. Nixon at gnixon@wnychildren.org or 716-877-6666 ext. 3018.

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!

	February 22, 2012	6:30 to 8:30 pm
	March 21, 2012	6:30 to 8:30 pm

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.

	April 26, 2012	6:00 to 9:00 pm
--	-----------------------	------------------------

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.

	May 8, 2012	6:00 to 9:00 pm
--	--------------------	------------------------

To register for these workshops, check the boxes for the workshops you would like to attend, please return this form to
 Jennifer Schreiber
 Child Care Resource Network
 1000 Hertel Ave.
 Buffalo, New York 14216

QUALITYstarsNY Readiness Workshops Registration Form

<i>Contact Information</i>			
First Name	Last Name		
Street Address	City	State	Zip
County	Home Phone	Work Phone	Email

<i>Program Information</i>
Your Program Name: _____
Your Program Modality: please check one. <input type="checkbox"/> Child Care Center <input type="checkbox"/> Family Child Care <input type="checkbox"/> Group Family Child Care <input type="checkbox"/> Other, please explain: _____
Your position: _____
Number of Children in Your Program: _____
Ages of Children in Your Program: check all that apply. <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School Age

Do not mark below this point, for facilitator use only.
 Facilitator: Mark only the workshops for which the participant has registered.

<i>Intro to QSNY</i>	<i>Self-Assessment</i>	<i>First Steps</i>
Attended <input type="checkbox"/>	Attended <input type="checkbox"/>	Attended <input type="checkbox"/>
Didn't Attend <input type="checkbox"/>	Didn't Attend <input type="checkbox"/>	Didn't Attend <input type="checkbox"/>
On Site <input type="checkbox"/>	On Site <input type="checkbox"/>	On Site <input type="checkbox"/>