

**Capital District Child Care Council Education Conference
Presenter Request for Proposals
October 12, 2015
Desmond, Albany, NY**

Mail or email completed form and resume(s) by April 30, 2015

Capital District Child Care Council, 91 Broadway, Menands, NY 12204

Attention: Lynn M. Siebert

Email: lsiebert@cdcccc.org • Phone: 518-426-7181x322 • Fax: 518-426-9649 • Website: www.cdcccc.org

Presenter _____ **Professional Title** _____

Employer _____ Employer City _____

(Please list exactly as it should appear in the final program) ___ Please Check if you are a NYS Early Learning Credentialed Trainer

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work _____ Fax _____

Email _____ (w) _____

***CO-PRESENTER** _____ **Professional Title** _____

Employer _____ Employer City _____

(Please list exactly as it should appear in the final program) ___ Please check if you are a NYS Early Learning Credentialed Trainer

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work _____ Fax _____

Email _____ (w) _____

*** Only one Co-Presenter will be listed in the final program.**

TITLE OF PRESENTATION: _____

All Presentations will be 1.5 hours in length.

Write *two* sentences that provide a *short, specific* description for the conference program. Space is limited. If a longer description is submitted, CDCCCC reserves the right to edit. Please type or print legibly.

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Presenter/Main Contact _____

The information requested below is used to categorize each workshop to help attendees choose those workshops that best meet their needs. ***Please select the areas in each of the categories that best describes the primary focus of your presentation.*** Please submit this proposal by **April 30, 2015**

1) NYS Core Body of Knowledge – Please select the CBK area(s) that best describes the primary focus of your training.

Please check no more than two.

- | | |
|---|---|
| <input type="checkbox"/> Child Growth and Development (1) | <input type="checkbox"/> Health Safety and Nutrition (5) |
| <input type="checkbox"/> Family and Community Relationships (2) | <input type="checkbox"/> Professionalism and Leadership (6) |
| <input type="checkbox"/> Observation and Assessment (3) | <input type="checkbox"/> Administration and Management (7) |
| <input type="checkbox"/> Environment and Curriculum (4) | |

2) OCFS State Licensing Requirements - Please select the OCFS area(s) that best describes the primary focus of your training.

- Principles of childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline
- Nutrition and health needs of children
- Child care program development
- Safety and security procedures, including communication between parents and staff
- Business record maintenance and management
- Child abuse and maltreatment identification and prevention
- Statutes and regulations pertaining to child care
- Statutes and regulations pertaining to child abuse and maltreatment

3) Age/Modality

- Infant
- Toddler
- Preschool
- K-3
- Family Child Care
- SACC/Afterschool

4) Room Set Up

- Theater
- Movement Space (limited to active sessions)
- Round Tables (limited for hands on crafts)

5) Session Topic

- STEM
- Social/Emotional Wellness
- Nutrition
- Guidance
- Safety/Supervision
- Special Needs
- Arts/Crafts
- Literacy
- Physical Activity
- Program Management/Leadership
- Health
- Other, please explain _____

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You will receive notification by email: 1) when we receive your proposal; 2) when final acceptance is determined. Notification will not be available until May 2015. If you must withdraw your proposal, please do so prior to this date.

___ I understand that A/V equipment needed for the presentation is the responsibility of the Presenter. CDCCCC WILL NOT BE RESPONSIBLE FOR ANY OF THE A/V COSTS OR ARRANGEMENTS.

___ I would like CDCCCC to arrange for local equipment rental which would be billed to me. If yes, what equipment do you need rented? _____

___ I have attached a resume or brief outline of education and experience in the early childhood and/or school-age field.

___ I will submit electronic copies of all handouts to CDCCCC by August 1, 2015 for display on the Council's website.

___ I will provide sufficient quantities of handout materials for session attendees. The Council will notify you of approximate numbers two weeks prior to the conference.

Presentation Conditions: Please place a checkmark next to option A or B

- a) ___ I chose to waive the honorarium to receive one free admission as the lead presenter. OR
- b) ___ I chose to accept the \$100 honorarium

CDCCCC OFFICE USE ONLY

Date Received ____/____/____

Date Reviewed ____/____/____

Follow-up call made on ____/____/____

Accepted

Not this year

Date ____/____/____