



HOOOT MAIL

A NEWSLETTER FOR THE NYC EARLYLEARN COMMUNITY

AUGUST 26, 2015 ATTACHMENTS INDEX

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Application For Child Care Subsidy

Read instructions CS-925A for assistance when completing this application and for information on what documents are required.

PLEASE PRINT IN ALL CAPITAL LETTERS

New Change/Recertification Reopen

OFFICE USE ONLY	Case #:	Application Date:
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Section 1 APPLICANT	Last Name <i>(Please include any aliases or maiden names in parentheses):</i>					First Name:					M.I.:		
	Home Address:					Apt. #:	City/Borough:		State:	ZIP Code:			
	Is this a temporary address? Yes No If yes, does family currently reside in <i>(check one)</i> :					Homeless Shelter		Doubled-up with another family		Hotel/Motel	Car, Bus, Train	Park, Campsite	Other
	Telephone (Work):					Telephone (Home):			Telephone (Cell or Other):				
	Do you receive Cash Assistance? Yes No					CA#:		What is your primary language?					

Please fill out the information below for your entire household. List yourself first, followed by everyone who lives with you.

Section 2 FAMILY MEMBERS	Last Name <i>(Include any aliases or maiden names in parentheses)</i>	First Name	M.I.	Relationship	Does This Person Need Child Care?	Does Child Have Special Needs?	Is Child US Citizen / Legal Resident?	Both of Child's Parents Reside in the Home?	Date of Birth MM/DD/YY	Sex	Ethnicity Hispanic or Latino	Race <i>(See legend below)</i>	Social Security Number <i>(Optional)</i>
	1.			Self						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	6.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Race: 1 Native American or Alaskan Native 2 Asian 3 African American/ Black 4 Native Hawaiian/Pacific Islander 5 Caucasian/ White												

For additional family members, please attach a separate sheet. Include information for any spouse/other parent of the children applying for care who lives in the home.

OFFICE USE ONLY Family Size:

Section 3 EMPLOYMENT	Applicant's Employer Name:				Address:				City/Borough:				State:	ZIP Code:		Tel#:	
	Regular Work Schedule	Sunday from to	Monday from to	Tuesday from to	Wednesday from to	Thursday from to	Friday from to	Saturday from to	Total hours per week	Does job have a rotating shift? Does job require O/T?	Yes No Yes No						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>					
	Spouse/Other Parent's Employer Name:				Address:				City/Borough:				State:	ZIP Code:		Tel#:	
	Regular Work Schedule	Sunday from to	Monday from to	Tuesday from to	Wednesday from to	Thursday from to	Friday from to	Saturday from to	Total hours per week	Does job have a rotating shift? Does job require O/T?	Yes No Yes No						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>					

Section 4 CHILD/ FAMILY NEEDS	What is your reason for requesting a Child Care Subsidy?					Note: Families requesting a Child Care Subsidy and are receiving protective/preventive services or are employed foster parents are eligible for child care without regard to income and do not need to complete this application. Refer to application instructions for details.
	Employment Vocational Training Educational Activities <i>(excluding degree programs offering higher than an Associate Degree)</i> Receiving Domestic Violence Services					
	Is there a non-custodial parent available to provide child care? Yes No					



Please complete income information for yourself AND anyone applying with you. See instructions for documentation requirements. PLEASE PRINT
(This includes children in need of care, their parents, step-parent and any other children under the age of 18 in household.)

Section 5 OTHER INCOME EARNINGS	Item					Gross Income	OFFICE USE ONLY	
							Type of Documentation	Monthly Calculations
	Applicant: Job earnings before deductions. Weekly Bi-weekly Semi-monthly Other					\$		
	Spouse/Other Parent: Job earnings before deductions. Weekly Bi-weekly Semi-monthly Other					\$		
	Alimony and/or child support (received). Weekly Bi-weekly Semi-monthly Other					\$		
	Unemployment and/or worker's compensation. Weekly Bi-weekly Semi-monthly Other					\$		
	Net income from self-employment and/or rental income. Weekly Bi-weekly Semi-monthly Other					\$		
	Benefits: Social Security, SSI, Disability, Retirement and/or Pensions & Annuities. Weekly Bi-weekly Semi-monthly Other					\$		
Other Income/Benefits (check all that apply): Cash Assistance (CA) Housing voucher or cash assistance Medicaid SNAP Other federal cash income programs (such as SSI).					\$			
Total Income					\$			

Section 6 PROVIDER	If you qualify for a Child Care Subsidy funded by the New York State Child Care Development Block Grant, you have the option to choose: Center Based Care, Informal Care or Family Child Care. Provide below the name(s) and address(es) of preferred provider(s). You may list additional choices on an attached sheet.			
	Name:	Program # (if applicable)	Name:	Program # (if applicable)
	Address:		Address:	

Section 7 CERTIFICATION	1. I understand that the information contained on this form will be used to determine my or my family's eligibility for services/subsidy. I understand that by signing this application form, I agree to any investigation to verify or confirm the information I have given or any other investigation in connection with my request for child care assistance. I will provide additional information if requested.	3. I agree to inform the agency immediately of any change in my income, living arrangement, household composition or address where care is provided, who is providing child care, provider fees and/or hours for which child care is needed. New York State and Federal Laws provide that any applicant may be fined, jailed or both if found guilty of obtaining child care assistance/subsidy by concealing or falsifying information.	other services, additional applications will be required. However, this application and any information obtained as part of an investigation of this application may be shared with any City, State or Federal agency to which you apply or have applied for any other assistance or benefits.
	2. The social security numbers (if provided) will not be released as they are confidential under federal law and can be released/used only for the purposes specified in federal law.	4. I understand that this application is used only for the expressed purpose of child care subsidy. To obtain other assistance such as SNAP, Medicaid, Cash Assistance, or	5. I certify under the penalty of law that all the information I have supplied on this form is true and correct.
	6. I understand that the availability of Child Care Subsidies is dependent on funding, and if there is no available funding, my child maybe be placed on the waiting list.		
Please provide the signature of the parent/caretaker who is applying for child care assistance or the signature of an authorized representative.			
Signature Parent/Caretaker: _____ Date: ____/____/____ Signature Authorized Representative: _____ Date: ____/____/____			
Print Name: _____			

Section 8 OFFICE ONLY	Authorized Days and Hours of Care:								Enrollment Application Completed by (print and initial):				Date: ____/____/____																																											
	<table><tr><td>Sunday</td><td>from</td><td>to</td><td>Monday</td><td>from</td><td>to</td><td>Tuesday</td><td>from</td><td>to</td><td>Wednesday</td><td>from</td><td>to</td><td>Thursday</td><td>from</td><td>to</td><td>Friday</td><td>from</td><td>to</td><td>Saturday</td><td>from</td><td>to</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								Sunday	from	to	Monday	from	to	Tuesday	from	to	Wednesday	from	to	Thursday	from	to	Friday	from	to	Saturday	from	to																						ACS – Eligibility Approved by (print and initial):				Date: ____/____/____	
	Sunday	from	to	Monday	from	to	Tuesday	from	to	Wednesday	from	to	Thursday	from	to	Friday	from	to	Saturday	from	to																																			
Parent Fee (initial):								Length of Eligibility from ____/____/____ to ____/____/____				Codes: RFC: PR: FS:		Date: ____/____/____																																										

You may obtain information on your rights and responsibilities online at <http://otda.ny.gov/programs/applications/4148A.pdf>



DIVISION OF EARLY CARE AND EDUCATION

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION FOR CHILD CARE SUBSIDY

Dear Parent/Caretaker(s),

The following instructions are provided to assist you in completing your application. Please read the instructions very carefully. When completing your application, please remember to print clearly in block capital letters (A, B, C) using blue or black ink. Or, you can complete the form electronically, save it, and print it.

This Application must include supporting documentation such as proof of income, proof of address, and proof of employment. Required documentation is indicated in the shaded boxes throughout these instructions.

OFFICE BOX

Gray shaded boxes are for office use only. Please **do not write** anything in these sections.

Please indicate at the top whether you are submitting a new application, or requesting a change of status/recertification or requesting reopening of your case

SECTION 1 – APPLICANT

STOP –

- ***If you receive child welfare services, Preventive or Protective, or you are an employed foster parent you should ask your case planner to make a Child Care Subsidy Referral using form ECE-001.***
- ***If you receive cash assistance, you should contact your Human Resources Administration (HRA) JOB Center for child care assistance.***

The applicant is the adult parent or caretaker requesting care. Unless otherwise noted, this section must contain the following information for the applicant only:

- 1) Last and First Name. Please put any aliases or maiden names in parentheses.
- 2) Address (home).
- 3) Indicate if address is temporary. Check “YES” only if the family is currently living in a homeless shelter, or doubled-up with another family, in a hotel/motel, in a car/ bus/ train, or in a park/ campsite/other.
- 4) Telephone Numbers – work, home, and cellular/other (if applicable).
- 5) Cash Assistance Status. (If you are a CA recipient, you should apply for child care through your Human Resources (HRA) Job Center worker).
- 6) Primary Language.

DOCUMENTATION: Include (1) of the following as proof of address: 1) Utility bill (gas, electricity or telephone), 2) Rent receipts, 3) Section 8 award letter, 4) NYCHA certificate 5) Municipal IDNYC.

SECTION 2 – FAMILY MEMBERS

Unless otherwise noted, in this section you must:

- 1) List the last and first name of everyone who lives with you and any aliases or maiden names in parentheses.
- 2) Fill in your relationship with everyone living in the home (e.g. self, spouse, my child's parent, child, adopted child, foster child, sister, mother, etc.).
- 3) Check “YES” or “NO” to indicate whether this family member requires child care.
- 4) Check “YES” or “NO” to indicate whether the child needing child care has a special need. If yes, you should contact the Special Needs Review Unit at 718-254-7354 to request a Special Needs Application.
- 5) Check “YES” or “NO” to indicate whether the child needing child care is an U.S. citizen or legal Resident.



- 6) Check "YES" or "NO" to indicate whether both of the child's parents live in the home.
- 7) Fill in the Date of Birth, Sex, Ethnicity, and Race columns for everyone who lives with you. You may choose multiple Race categories for a single person.
- 8) Fill in the Social Security number (SSN) for your family members. SSN is optional. .
- 9) Attach a separate sheet for additional household members (if there are more than six).

DOCUMENTATION: Include (1) of the following to verify the identity of all children under 18: 1) Copy of a birth certificate, 2) Baptismal record, 3) Passport, 4) Alien registration card with your signature on the copy.

SECTION 3 – EMPLOYMENT

In this section, include employment information for parents and/or the step-parent in the household.

- 1) Employer's name, address and telephone number.
- 2) Indicate the regular scheduled work hours for each day of the week.
- 3) Check to indicate whether your job has a rotating shift and/or requires overtime.

SECTION 4 – CHILD/FAMILY NEEDS

1. Please, check the appropriate box to indicate your reason for requesting a Child Care Subsidy.

- Employment
- Vocational training, or educational activities (excluding four year college)
- Receiving Domestic Violence Services

Note: *Preventive and Protective Service – Families, including employed foster parents, requesting child care for protective/preventive services are eligible for child care without regard to income and do not need to complete this application (see Section 1) .*

- 2) Check "YES" or "NO" to indicate whether there is a non-custodial parent available to provide child care

DOCUMENTATION (You must document any reason for care other than employment independent of income documentation):

REASON FOR CARE (Section 4):

Include (1) of the following if you are applying for child care for a reason other than current employment:

- 1) Employment –Paystubs/Income Verification Form (see Section 5)
- 2) Vocational Training, Educational Activities (excluding degree programs offering higher than an Associate Degree)– Vocation Training Verification Form - CS-1082.
- 3) Receiving Services for Domestic Violence – Domestic Violence Referral Form

SECTION 5 – EARNINGS AND OTHER INCOME

Please include income/benefits information for yourself AND anyone applying with you. (This includes children in need of care, their parents, step-parent and any additional children under age 18 in household.)

- 1) Earnings – Applicant/Spouse/Other Parent:
 - a) Check one box to indicate whether you are paid weekly, biweekly, semi-monthly, or other.
 - b) Provide your gross income per pay period (pre-tax income).
 - c) Include documentation (see below for a list of acceptable documentation).
- 2) Other Income – Applicant and/or other parent living in the home and/or children under 18 living in the home:
 - a) If you receive alimony and/or child support, unemployment and/or worker's compensation, have a net income from self-employment and/or rental income, indicate how frequently you collect that income.
 - b) Provide your pre-tax income from each source and indicate how frequently you collect the income.
 - c) Include documentation for each income source.
- 3) Benefits – Applicant and/or other parent living in the home and/or children under 18 living in the home:
 - a) If you receive Social Security, SSI, Disability, Retirement and/or Pensions and Annuities, and/or other income/benefits, indicate how frequently you collect that income.
 - b) Provide your pre-tax income from each source and indicate how frequently you collect the income.
 - c) Include documentation for each income source.
- 4) Other Income/Benefits – Applicant and/or other parent living in the home and/or children under 18 living in the home:
 - a) Check all applicable boxes to indicate whether you collect specific income/benefits.
 - b) You do not need to include documentation or specific amounts.

DOCUMENTATION:

Include all of the following for yourself AND anyone applying with you to verify your income/benefits:

1) Employment

Pay Stubs

- Bi-weekly or Semi-Monthly - last two (2) current and consecutive pay stubs (if pay does not fluctuate); last six (6) current and consecutive pay stubs (if pay fluctuates)
- Weekly – last 4 current and consecutive pay stubs (if pay does not fluctuate); last 12 current and consecutive pay stubs (if pay fluctuates)

CS 1069 Form - Referral to Employer for Income Information (accepted only when pay stubs are unavailable or insufficient)

2) Unemployment – Benefits Rate Letter

3) Self Employment

- a) Business and Personal income tax returns are required if you are self-employed (IRS 1040 and schedules C and SE for sole proprietorship, and IRS 1040, 1065, Schedules K-1 and SE for partnership)
- b) Notarized statement of income if self-employed less than three months
- c) Accountants statement if self-employed between three months and one year

4) Social Security, Disability, Retirement, Pensions, Annuities, Worker's Compensation, SSI – Copy of recent checks, or current award letters

5) Cash Assistance ID Card



SECTION 6 – PROVIDER

- 1) If you qualify for a Child Care Subsidy funded by the New York State Child Care Development Block Grant, you have the option to choose center-based care, informal care, or family child care.
- 2) If you know the name/ address of the provider/program where you would like to enroll your child please indicate the name, address, and ACS program number (if applicable).
 - a) Center Based Care – Child care and education in centers that care for groups of children together in classrooms. Please note that center based care programs operated by religious schools or in public schools on their premises do not have to be licensed or registered.
 - b) Family Child Care – Care by a licensed provider for a small number of children in his/her own home.
 - c) Informal Care – Friends, relatives, or neighbors caring for one or two children. Please note that informal care providers do not have to be licensed or registered.

SECTION 7– CERTIFICATION AND SIGNATURE

Please read the certification section carefully and sign. If the applicant is completing the application for someone else, he/she must sign his/her own name.

SECTION 8 – For Office Use Only

Do not complete this section. Staff in determining your family's eligibility for care will use this.

You may obtain information on your rights and responsibilities online at:

<http://otda.ny.gov/main/programs/applications/414A.pdf>

EarlyLearn Child Care Application Checklist

Forms:

- ☐ **CS 925 (ECE 012) – Application for Child Care Subsidy**
- ☐ **ECE 008 – Notice of Eligibility For Child Care Service and Fee Agreement**
- ☐ **ECE-014 – History Sheet**

Citizenship/Residency Documents:

- ☐ **Copy of US Birth Certificate** (for all children in the household under age 18)
- ☐ **Copy of Alien Registration Card** (if the child was not born in the US)
- ☐ **Copy of Social Security Card (optional)**
- ☐ **Proof of New York City Address**
- ☐ **IDNYC**

Income/Reason for Care Documents:

- ☐ **If employed, Pay Stubs and/or CS 1069**
- ☐ **If self-employed, Current Income Tax Forms (ex. 1040, Schedule C, Schedule SE)**
 - ☐ **If self-employed less than one year, notarized statement/accountant statement**
- ☐ **If attending educational/vocational training, ACD 1082**
- ☐ **If receiving SSI, Worker's Compensation, Unemployment Benefits, etc., proof of income documentation (i.e. award letter or recent check stubs)**

REFERRAL TO EMPLOYER FOR EMPLOYEE INCOME INFORMATION

To be Completed by Employee

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I (employee's name) _____, give permission to my
(Print)
employer, _____,
(Print the company's /organization's /employer's /owner's name.)
to release my employment/income information to the NYC Administration for Children's Services.

Employee's Home Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Employee's Signature: _____ Date signed: _____

To be Completed by Employee's Supervisor, Personnel or Payroll Department

Note: The Administration for Children's Services may contact you by telephone to verify employment/income information.

The individual named above is requesting/receiving publicly funded child care services. To make a financial eligibility determination, it is necessary to verify income for the last three (3) months.

"GROSS INCOME" column.

Period of Employment: Start Date: ____/____/____ End Date: ____/____/____ (leave blank if still employed)

Type of Work: _____

Regular Employment Schedule

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Gross Income: \$_____ Income is paid [] weekly [] bi-weekly [] semi-monthly [] monthly

Gross Hourly Income: \$ _____

Gross Payroll Information for the Past Three (3) Months

Please list overtime, if any, in the appropriate column.

Service employees must receive a combination of tips and wages as set forth by the New York State minimum hourly wage law. If the amount earned in tips cannot be verified and/or documented, 15% of gross income will be calculated and added.

PERIOD ENDING		HOURS WORKED	GROSS INCOME	OVERTIME	TIPS	OTHER EARNINGS	
						AMOUNT	TYPE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

Business/Employer's Name (please print): _____

Business Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Tel. No: ()** _____

Federal Tax ID #: _____

I swear and/or affirm that all of the financial information I have given related to the employee named above is true and accurate.

Signature: _____ **Title:** _____ **Date Signed:** ____/____/____

The Bronx Library Center invites you to

A Community Education & Resource Fair

Meet representatives from a variety of organizations and find out about free services and programs for you!

Activities include: Hotspot Lending Events @ 11 am & 2 pm, sign up for free computer classes @ 1 pm, make an appointment for NYCID, get citizenship applications. Learn about health insurance, safety net benefits, ESL classes, career services, childcare services, fire safety, services for the homeless, the disabled, new immigrants, and more ...

August 28, 2015, Friday @ 11 am - 3 pm

Participating organizations include: ♦ New York Public Library ♦ IDNYC
♦ Hispanic Federation ♦ NYC Fire Department ♦ Department of Homeless Services
♦ Sanctuary for Families ♦ Single Stop ♦ NYC Commission of Human Rights
♦ Part of the Solution, ♦ NYC Childcare Consortium and many more ...



New York
Public
Library

Bronx Library Center
310 East Kingsbridge Road
Bronx, NY 10458
Tel: 718-579-4244
www.nypl.org

FREE ADMISSION!



EVENT INFORMATION

PLACE: 179TH STREET
between WALTON AVE
& BURNSIDE Ave.

DATE: SATURDAY
August 29, 2015

TIME: 12NOON TO 6PM

CONTACT: Tee Lawton
at
646-463-9917

Mount Hope Housing Inc. Annual

back to school



Block Party



FESTIVITIES

- Food
- Music
& Entertainment
- Face Painting
- Bouncy castle
- Voter
registration
- Health

Sponsors



State Senator Gustavo Rivera

(D-District 33)

Councilman Fernando Cabrera C.D 14

Victor M. Pichardo (Assembly member 86 A.D)

Yudelka Tapia (Female District Leader 86 A.D)

Bernice Williams (State Committee) 86 A.D

Bronx Borough President Ruben Diaz Jr.

Montefiore
THE UNIVERSITY HOSPITAL FOR
ALBERT EINSTEIN COLLEGE OF MEDICINE



Present

BACK TO SCHOOL

Literacy & Health Fair

Saturday, August 29, 2015

11:00 a.m. - 3:00 p.m.

Public School 18

502 Morris Avenue

(Between E.145th & E. 148th Streets)

Health Information will be provided.

Rain or Shine

For Additional Information Contact:

Monica Major 718-590-3515

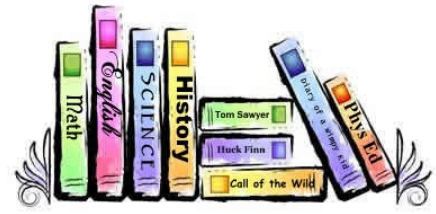


**123
ABC**



Literacy & Health

Design Your Very Own Book



Fitness activities will be available for all ages !!!



ZUMBA

ZUMBA

ZUMBA

#NOT62



Information will be provided on:

**Bullying
Mental Health
&**

Importance of Speaking and Reading to Children

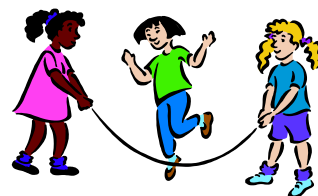
Information and demonstrations will be available for children of all ages from OPK enrollment to college and career readiness.

Our 5th annual

STV 2015

with a *TWIST!!!*

STOP THE VIOLENCE



Saturday Aug. 29, 2015

11 am to 3 pm

A Community Health and Education Fair & Back-To-School Backpack Giveaway!



Location: New Jerusalem United Methodist Church

484 Knickerbocker Avenue (corner of Menahan St.)

**FREE
FOOD**

FREE!
1 hour Zumba
class

10am to 11am

Men & Women
invited
FREE!

This *one-day event with long-term intent* offers our youth a day of fun, recreation, free food, information, sustainable alternatives to violence & crime, Health and Educational options .

Knowledge is power and with power we
can overcome anything!

JUST COME AND HAVE SOME FUN!!!!

**For more information please call
Ujima Community Working Together
(347) 495-3113**

This is a collaborative event: Ujima Community Working Together, Inc., New Jerusalem United Methodist Church, Bushwick Community Partnership and our networking partners and that includes you!



Find us on Facebook
Facebook.com/UjimaCWT



Follow us on Twitter
Twitter.com/UjimaCW@UjimaCWT



NYC Children's Services is the City's agency responsible for child welfare, juvenile justice, and early care and education services dedicated to protecting, supporting and promoting the well-being of our City's children, youth and families each and every day.

BACK TO SCHOOL EVENT

**FRIDAY, SEPTEMBER 4 2015
12:00PM TO 2:00PM**



NYC CHILDREN'S SERVICES

The promotion of education among all those that we serve is critical to the future success of our children and young people. From early care and education, to college and vocational attainment for our young people, education ensures that they have the skills and knowledge to succeed.

**FREE SCHOOL
SUPPLIES FOR ALL
AGES!**

**DON'T MISS THIS
OPPORTUNITY!**

**FREE RESOURCES
FOR CHILDREN
AND PARENTS!**

**GAMES AND
PRIZES!**

**FREE
REFRESHMENTS!**

**NEW YORK CITY
CHILDREN'S SERVICES**

2554 Linden Blvd
Brooklyn, NY 11208

Friday, September 4, 2015
12:00pm to 2:00pm

Come to the Fourth Annual Brooklyn Children's Resource Fair!

Join us for a range of health, education and recreation resources for children and teens with disabilities, their families and service providers.

This free event will take place on the Plaza*
at Central Library. Se habla español.

Saturday, September 26
11 am – 3 pm

Central Library
10 Grand Army Plaza
Brooklyn, NY 11238

Booth Registration

Are you interested in setting up a free booth or activity at this year's Brooklyn Children's Resource Fair? Contact agerolami@bklynlibrary.org or 718.253.4948 by September 12 for more information or to register.

*In case of rain, the resource fair will be held indoors.



The Child's Place for Children and Teens with Special Needs is partially funded by Coordinated Outreach Library Services aid from the New York State Education Department, administered by the State Library's Division of Library Development. Additional funding is provided by The Joseph LeRoy and Ann C. Warner Fund, Stop & Stor Charitable Fund and through endowment funds established by The Joseph LeRoy and Ann C. Warner Fund and the Ilma F. Kern Foundation.

¡Lo esperamos en la cuarta feria anual de recursos para niños de Brooklyn!

Únase a nosotros para compartir una gran variedad de recursos de salud, educación y recreación para niños y adolescentes con discapacidades, sus familias y cuidadores.

Este evento gratuito se llevará a cabo en la Plaza* en la Biblioteca Central. Se habla español.

**Sábado 26 de septiembre,
11 am – 3 pm**

Biblioteca Central
10 Grand Army Plaza
Brooklyn, NY 11238

Inscripción de stands

¿Está interesado en poner un stand u organizar actividades gratuitas en la feria anual de recursos para niños de Brooklyn? Para solicitar más información o inscribirse, envíe un correo a agerolami@bklynlibrary.org o comuníquese al 718.253.4948 hasta el 12 de septiembre.

*En caso de lluvia, la feria se realizará en un ambiente cerrado.



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July 2015

Dear Early Childhood Director:

I am writing regarding Diller-Quaile's **tuition-free Teacher Training Program in Early Childhood Music**. I hope you will consider enrolling your teachers in this college level program.

For the fall 2015 semester we are offering the Level I course at a new time:

**Early Childhood Music Level I (EC 101/501) will meet weekly on
Wednesdays, September 16, 2015 - January 20, 2016, from 12:45-2:45 p.m.**

Early Childhood Music Level I (EC 101/501) prepares teachers to lead early childhood music experiences in day care centers, Head Start programs or other early childhood educational settings. Through course readings, discussions, and active participation in group music making experiences, course participants gain an understanding of the musical development of children from infancy through age six, while developing their own innate musicality. Over the course of the semester, teachers will increase their knowledge, skills, and abilities to implement, lead, and assess developmentally appropriate, engaging, and meaningful music experiences in their early childhood program. Additionally, course participants learn to play beginning recorder pieces and are introduced to music notation. Previous music training is not necessary.

Founded in 1920, Diller-Quaile's mission is to develop the innate musicality in each individual, inspiring participation for a lifetime. The School's distinctiveness lies in the philosophical premise that there is music in all of us.

Diller-Quaile's teacher training courses have been evaluated and recommended for **undergraduate and graduate credit** by the University of the State of New York, New York State Board of Regents National College Credit Recommendation Service. Participants who successfully complete course requirements may be able to transfer two recommended credits to fulfill degree requirements at colleges and universities. The Diller-Quaile School of Music is accredited by the Accrediting Commission for Community and Precollegiate Arts Schools.

If you plan to register teachers for the fall semester, please complete and return the provided application form by Friday, September 4. The course begins Wednesday, September 16. Enrollment is offered on a first-come, first-served basis. We will contact you to confirm registration. If you have questions, please visit our website at www.diller-quaile.org or call 212-369-1484, ext. 22 or ext. 45.

Thank you for your interest and support.

Sincerely,

Kirsten Morgan
Executive Director

APPLICATION FORM

Please return this form by Friday, September 4, 2015.

Fax or mail form to:

Jyni Ekins
Assistant to the Executive Director
The Diller-Quaile School of Music
24 East 95th Street
New York, NY 10128

Fax: 212-369-1483

Phone: 212-369-1484, ext. 22 or ext. 45

Day Care Center: _____

Phone number: (_____) _____
Area Code Extension #

Director's Name or Primary Contact Person: _____

Email address: _____

Day Care Center Address: _____
Street

City State Zip Code

Curriculum Fee:

Courses are **tuition-free**; however, there is a \$90 fee per student for curriculum materials, which include course texts, a hand drum, and recorder. We will send an invoice to your day care center when registration is confirmed. Do not include payment with this application form.

Enter names of applicants in the provided space. The fall 2015 course is 15 weeks in length excluding school closures for holidays/vacations.

Early Childhood Music Level I (EC 101/501)

Wednesdays, 12:45 - 2:45 p.m., September 16, 2015 - January 20, 2016

1. _____ 2. _____



[NYSaeyc](#) is happy to announce upcoming dates for the New York State Core Body of Knowledge Training Series for Trainers Parts 1-4. The series is broken in to 2-Part, 2-day sessions and must be taken consecutively.

This series examines the beliefs, content and organization of the Core Body of Knowledge (CBK) developed by New York Works for Children (NYWFC) and how it relates to professional development.

Eligibility Requirements

Participants must meet a minimum of one of the following:

- Hold the approved trainer type designation of Content Specialist Trainer or Level 1, 2 or 3 Trainer with New York State Early Learning Trainer Credential from the New York State Association for the Education of Young Children
- Be in process with the New York State Association for the Education of Young Children for the approved trainer type designation of Content Specialist Trainer or Level 1, 2 or 3 Trainer with New York State Early Learning Trainer Credential
- Have an Active Aspire Profile and meet the minimum requirements for the approved trainer type designation of Content Specialist Trainer or [Level 1, 2 or 3 Trainer](#) with New York State Early Learning Trainer Credential
- Have an Active Aspire Profile, hold the role of Director and provide professional development to your direct care employees.

Session Descriptions

Part 1 & 2

Participants will explore how the CBK is to be used as the foundation for professional preparation and development of New York's early childhood workforce and how it fits into the broader scope of training protocols. The CBK can also provide a framework for supervisors and trainers to evaluate performance of individual staff and supports the planning of professional development to ensure that it is intentional and relevant to the strengths, interests and needs of each teacher. The workshop will include a review of materials; small group discussions; and hands-on, interactive activities to help trainers develop meaningful professional development opportunities.

Part 3 & 4

Participants will build upon the work completed in Part 1 & 2 of the series that focused on using the CBK as the foundation of professional preparation and development of New York's early childhood workforce and training protocols. In Part 3 & 4, participants will identify areas of expertise to develop trainings, work dynamically within a small group to implement all the aspects of the training development process, and have an opportunity to engage in peer review of the trainings that were developed and presented.

Part 5 & 6

Building on parts 1-4, part 5 & 6 will dig deeper into the actual intentionality of planning a high quality professional development session that is responsive to participant needs and aligned to the CBK. Part 5 will involve unpacking and debriefing the choices, methods, priorities, and modifications that were used by the facilitator in the presentations of parts 1-4. Part 6 will provide participants the opportunity to engage in facilitator supported self-reflection and review of participants' own previously developed and presented professional development session.

Part 1 & 2			
Date	Time	Location	Cost
September 16-17, 2015 <i>(Trainers Only)</i>	Day 1 10:00am-4:30pm Day 2 9:00am-3:30pm	New York City <i>TBD</i>	\$200
October 5-6, 2015	Day 1 10:00am-4:30pm Day 2 9:00am-3:30pm	Rochester <i>Child Care Council, Inc.</i>	\$200
October 8-9, 2015 <i>(Directors Only)</i>	Day 1 10:00am-4:30pm Day 2 9:00am-3:30pm	New York City <i>TBD</i>	\$200
October 26-27, 2015	Day 1 10:00am-4:30pm Day 2 9:00am-3:30pm	Albany <i>NYSAEYC/ECLC Offices</i>	\$200
Part 3 & 4			
Date	Time	Location	Cost
November 4-5, 2015	Day 3 10:00am-4:30pm Day 4 9:00am-3:30pm	New York City <i>TBD</i>	\$200
November 12-13, 2015	Day 3 10:00am-4:30pm Day 4 9:00am-3:30pm	Rochester <i>Child Care Council, Inc.</i>	\$200
December 10-11, 2015	Day 3 10:00am-4:30pm Day 4 9:00am-3:30pm	Albany <i>NYSAEYC/ECLC Offices</i>	\$200
Part 5 & 6			
Date	Time	Location	Cost
<i>Check back for dates in 2016!</i>			

For additional information and to register please go to: <http://nysaeyc.org/training-for-trainers/>

Please contact me with any questions. Please feel free to share this information with any trainers in the field or directors who provide training to their staff in the field.

Sincerely,

Avril Mills
Professional Development Coordinator
NYSAEYC
230 Washington Ave. Ext.
Albany, NY 12203
518-867-3517
amills@nysaeyc.org
www.nysaeyc.org