

# REGIONAL EARLY CARE EDUCATION

## Conference Planning Guide



Family Nutrition Bureau / Early Childhood Services  
3401 Pan American Freeway, NE \* Albuquerque, NM 87107  
(505) 841-4856 or 1-(800)-328-2665, [www.newmexicokids.org](http://www.newmexicokids.org)

2017



# TABLE OF CONTENTS

## Introduction to RECEC

|                    |   |
|--------------------|---|
| Vision and Mission | 5 |
| Abbreviations      | 6 |

## Planning the RECEC

|  |    |
|--|----|
| Scheduling a Conference                              | 7  |
| Getting Started                                      | 8  |
| Facility   | 9  |
| Tips for Planning and Conducting Successful meetings | 10 |
| New Mexico Child Care Training Requirements          | 12 |
| RECEC Requirements and Guidelines                    | 14 |
| Seven Competency Areas                               | 15 |
| Training Hours                                       | 16 |
| Topics and Presenters                                | 19 |
| New Mexico Trainer Registry                          | 20 |
| Workshops at a Glance                                | 21 |
| Packet Set-Up  | 22 |
| Pre-Registration and Registration                    | 23 |
| Nutrition Breaks                                     | 24 |
| Refreshments   | 25 |
| Audiovisual and Conference Equipment                 | 26 |
| Certificates of Training                             | 27 |

## During the RECEC

|                        |       |
|------------------------|-------|
| Conference Assignments | 28    |
| Workshop Hosts         | 29    |
| Sponsor Checklist      | 30-31 |

## After the RECEC

|                    |    |
|--------------------|----|
| Evaluations        | 32 |
| Conference Summary | 33 |

## Table of Contents for Forms

|             |       |
|-------------|-------|
| F-1 to F-35 | 34-70 |
|-------------|-------|



## ***Vision***

The Regional Early Care Education Conferences (RECEC) strive to be a positive influence in the lives of New Mexico's children by improving the quality of care, overall health and safety of the child care environment, and by empowering communities to educate and support New Mexico's childcare providers.

## ***Mission***

RECEC are a collaboration between state agencies and community organizations that provide an educational venue for adult learners to improve child development practices and increase compliance with state and federal program regulations and policies.

RECEC provide consistent and appropriate research-based training by qualified trainers on current and emerging childcare issues, trends in child development, and CACFP specific training.

**RECEC are essential in achieving the following outcomes for child care providers:**

1. Build competency in the areas of child care and child development.
2. Incorporate best practices related to child development.
3. Develop and foster a sense of professionalism.
4. Increase compliance with CACFP requirements, registration requirements, and licensing regulations.
5. Bring together local, state, and national community resources.
6. Address, define and clarify the business aspects of a child care operation with regard to administration, communication, and CACFP regulations.
7. Provide support and guidance for childcare providers within communities in New Mexico.
8. Promote quality of care, value human dignity, and respect cultural diversity.
9. Continue to strengthen health promotion efforts within New Mexico communities.

# ABBREVIATIONS

**CACFP:** Child and Adult Care Food Program

**CCSB:** Child Care Services Bureau

**CYFD:** Children, Youth and Families Department

**FNB:** Family Nutrition Bureau

**ECS:** Early Childhood Services

**OCD:** Office of Child Development

**RECEC:** Regional Early Care Education Conference **TTAP:** Training and Technical Assistance Program **USDA:** United States Department of Agriculture

**WAAG:** Workshops at a Glance

## USDA Nondiscrimination Statement

For all FNS nutrition assistance programs, State or local agencies, and their sub recipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
  - (2) Fax: (202) 690-7442; or
  - (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).
- This institution is an equal opportunity provider  
2015

## SCHEDULING A CONFERENCE

The State RECEC Coordinator schedules dates of the RECEC Conferences for the next year. This document is emailed to all of the Home Sponsoring Organization directors for review. The schedule is finalized at the Annual Outreach Workers' Conference.

1. The State RECEC Coordinator emails the tentative schedule to:
  - a. Family Nutrition Bureau chief, Nutrition Program Manager, Homes and Centers Program Manager and Homes staff.
  - b. Child and Adult Care Food Program Home Sponsors
  - c. Training and Technical Assistance Programs (TTAP)
  - d. Child Care Specialists (CCSB) and Licensing Supervisors
  - e. Regional Team Members and other partners such as Department of Health (HKHCC) and other interested agencies
2. The RECEC Coordinator will keep all interested parties updated of changes in dates and locations. Dates will also be published in the Visionary four times annually.



# GETTING STARTED

## *1 - 2 months prior to conference:*

1. The RECEC Coordinator initiates the first meeting between the CACFP Sponsor and TTAP to discuss and coordinate tasks. This is usually done through a “conference call.” Securing a facility is your first step.
2. CACFP Sponsors coordinate the conference and contact community partners such as Training and Technical Assistance Program (TTAP) staff to do presentations.
3. The RECEC Coordinator or CACFP Sponsor director will determine subsequent meetings to finalize the training and WAAG (agenda).





# FACILITY

1. Confirm facility and complete form. (See forms p. F-2)
  - A. CACFP RECEC Coordinator/Sponsoring Organizations will decide how many participants to plan for and the number of rooms to reserve (30 people or fewer per classroom is best). Attendance can be planned by reviewing previous year's attendance data and current participants in the CACFP.
  - B. In choosing a facility, make sure there are adequate accommodations for:
    - The general session speaker (if applicable) and all presenters
    - Refreshments
    - Registration
    - Room arrangement for workshops
    - Clean restrooms and drinking fountains
    - Parking
    - Access for persons with disabilities
    - AV and electrical outlets
    - Adult size furniture
    - Ventilation, heating, cooling and contact person day of RECEC

**Note:** Please plan to visit the facility before the conference to assure that rooms are set up (AV, room arrangements, etc). Also, to place signs where needed for participants to find all workshops and restrooms readily.

2. Ask the facility for a contact name, e-mail address, cell phone number or telephone number where the person can be reached on the day of the conference. It is very important that conference planners are able to locate the facility contact person quickly in case there is any facility or AV needs. Try to meet the contact person prior to the day of the event.

**Note:** The RECEC Coordinator is available for questions concerning the coordination of the RECEC by state cell phone (505-699-2656).505-699-2656).

## **TIPS FOR PLANNING AND CONDUCTING SUCCESSFUL MEETINGS**

- I. As a meeting leader there are three important responsibilities:
  - (1) Guide participants through the meeting in a logical, orderly pattern ending with the accomplishment of the meeting's purpose.
  - (2) Encourage and get participation when you and the group need or want it.
  - (3) Maintain control of the meeting. Keep it on track and on time.
  
- II. Before your meeting:
  - (1) Develop and distribute meeting notice/agenda, (see form F-4). Include participant input into agenda if appropriate.
  - (2) Plan and prepare the agenda and email prior to meeting. Give conference call-in or Global Meet number for participants that cannot attend in person.
  - (3) Check facility for: set up (1 general session or break outs); equipment provided, room numbers, times available to open/ close.ag
  
- III. At the start of the meeting:
  - (1) Review the agenda.
  - (2) Review the meeting objectives.
  - (3) Explain what role participants will have in the meeting.
  
- IV. During the meeting:
  - (1) Encourage participation.
  - (2) Ask open-ended questions.
  - (3) Reinforce statements on-target w/ meeting objectives.
  - (4) Ignore statements that are off-target.
  - (5) Ask questions specifically related to the task at hand.
  - (6) When one person is dominating the discussion, tactfully but firmly ask him/her to allow others to speak.
  - (7) Monitor passage of time for completion of agenda items.

V. At the end of the meeting:

- (1) Summarize.
- (2) State conclusions and relate to original meeting objectives.
- (3) Outline actions to be taken as a result of the meeting. (Who is expected to do what and by when).
- (4) Set time and place for next meeting, if appropriate.

**NOTE**

1. Encourage questions that relate to original meeting objectives.
2. Be a facilitator, and allow others to participate.
3. Use humor productively.
4. If you have a conflict with someone, try to take him/her aside to resolve issue(s).
5. Come prepared. It will save time to keep the meeting focused and show respect for the participants.



From:  
3M Visual Systems Division, 3M Austin Center.  
Six Secrets To Improve Your Future Business Meetings. Austin Texas

---

# New Mexico Child Care

---

## TRAINING REQUIREMENTS

(Updated as of October 2016)

### For Home Sponsoring Agencies:

The Family Nutrition Bureau requires all sponsoring agencies to attend quarterly meetings each year before submitting an application for participation in the Child and Adult Care Food Program (CACFP).

### For Day Care Providers

#### ! Registered Family Child Care Homes

- May care for up to four nonresident children.
- Children enrolled are eligible to participate if they are 12 years of age or under; or children of migrant workers and are 15 years of age or under; or disabled at any age if majority of enrollees are 18 years of age or under.
- Six hours of training each year.
- Two of the six training hours need to be CACFP specific. May include training sessions provided by Home Sponsoring organization personnel that include CACFP-specific topics available at RECEC.
- Additional 4 training hours focused on the seven competency areas.
- Recommend Competency 2, Health, Safety & Nutrition, be included annually at RECEC.
- Require First aid/CPR training within six months of registration. Cannot count more than 4 hours in First aid/CPR training toward total hours of annual training requirements.
- Require Infant/Toddler-specific training (2 hours, if applicable) within six months of registration.
- CACFP subsidy recipients require "10 Topic- Health & Safety" training (3 hours) within 3 months of registration.

#### ! Licensed Family Child Care Homes/ Licensed Group Child Care Homes

- May care for up to 12 children in their homes.
- Children enrolled are eligible to participate if they are 12 years of age or under; or children of migrant workers and are 15 years of age or under; or disabled at any age.
- 12 training hours needed per year(6 hours in child growth & development, 3 hours in health, safety & nutrition, 3 hours within other seven competency areas.
- Require First aid/CPR training within six months of registration. Cannot count more than 3 hours in first aid/CPR training toward the total hours required. Online First aid/CPR training will not be approved.
- Require Infant/toddler-specific training (2-hours, if applicable) within six months of registration. These 2 hours can count toward the 12-hour requirement.

- Require “10 Topic - Health and Safety” training (3 hours) within 3 months of registration.
- Required to complete either 45-hour entry level course or approved 3-credit Early Care and Education course or equivalent approved by dept prior to or within 6 months of employment.
- Training must be provided by individuals registered on the New Mexico trainer registry.
- On-line training courses shall count for no more than 8 hours each year.
- If the 45-hour entry level course or its equivalent is taken online, it is exempt from the online training limitation. Identical trainings shall not be repeated for the purpose of obtaining credit.
- The 12 hours of annual training will be waived for educators if employed by a program currently under FOCUS consultation.

## ! **Licensed Centers and Head Starts**

Licensed child care centers provide child care in a non-residential setting, which is licensed by the NM Children, Youth and Families Department. Centers may be licensed for children younger or older than two years of age. Direct Service Center staff is required to have twenty-four hours of training each year. New staff members working directly with children regardless of the number of hours per week, will complete the 45 hour entry level course or approved 3-credit early care and education course or an equivalent approved by the CYFD prior to or within six months of employment.

Infant and toddler caregivers must have at least four hours of training in infant and toddler care within six (6) months of starting work. The four (4) hours will count towards the 24-hour requirement.

## ! **Adult Day Care Centers**

Adult day care centers where adult day care is provided in a non-residential setting and are licensed by the NM Department of Health. All staff, including the director, is required to have 40 hours of training each year of employment. Of the 40 hours, 20 hours shall be in areas covering the physical, emotional, intellectual and social needs of adults. Other training may include, nutrition, sanitation, first aid and cardiovascular resuscitation techniques.

## ! **Adult Day Care Homes**

All staff members shall participate in at least 24 documented clock hours of training each year..

## ! **At-Risk/After School Programs**

At-Risk/After school programs are nonresidential programs for school age children. All educators must have at least 24 hours of training each year. Training must address all seven competency areas within a period of two years and be relevant to school age children.

### **Seven Competency Areas**

- 1) Child Growth, Development and Learning
- 2) Health, Safety and Nutrition
- 3) Family and Community Collaboration
- 4) Developmentally Appropriate Content
- 5) Learning Environment and Curriculum Implementation
- 6) Assessment of Children and Programs
- 7) Professionalism

## RECEC REQUIREMENTS AND GUIDELINES

1. The Family Nutrition Bureau (FNB) is the **lead agency** for coordinating a RECEC. The RECEC Coordinator from FNB will monitor all RECEC activities. The RECEC Planning Guide is designed to provide guidance in the planning process of the conferences. There is flexibility in the planning process to allow sponsoring agencies to use their experience and local resources in meeting the training needs of the child care providers in their community.
2. The RECEC Coordinator will coordinate the first planning meeting. After the first planning meeting, the CACFP Sponsoring Agency **will take the lead** to coordinate all of the planning meetings as needed.
3. The RECEC Coordinator shall be kept informed of all the planning activities of the RECEC to ensure that all RECEC guidelines are followed.
4. The prototype forms in the RECEC Planning Guide should be used to coordinate and standardize the conferences (see forms). Sponsors may create their own forms.
5. Sponsoring organization(s) will identify and contact all potential presenters.
6. The Workshops at a Glance (WAAG) is a table that gives a brief overview of the RECEC. It shows the times, room numbers, workshop titles, language and competencies being offered at the RECEC. **Sponsoring Organization(s) will be responsible for preparing the WAAG and workshop descriptions.** The Sponsoring Organization is responsible for preparing and submitting the WAAG and workshop descriptions to the state RECEC Coordinator for approval **prior to printing**. This will allow any revisions to be made to the WAAG within a reasonable timeframe.
7. Sponsoring Organization(s) must include a variety of workshops that address the Seven Competency areas for child care providers.
8. Nutritious snacks are recommended to be provided by the Sponsoring organization for participants during break sessions. If a RECEC is scheduled to extend later than 12:45 pm, providing a snack/meal is recommended.
9. Pre-registration should be used when a RECEC is larger than one hundred (100) participants. This will allow for the home sponsor to more accurately forecast for facility and refreshments. Sponsoring organizations may use a pre-registration form to determine the number of attendees expected. The sponsor may also limit the number of slots that are available to participants who are not CACFP-sponsored family childcare providers, including centers, parents and other community members.

# Seven Competency Areas

To qualify for training hours, workshops must address at least one of the seven competency areas for child care providers:

## 1. Child Growth, Development and Learning

Sessions with a main focus on the developmental stages, processes, theories of development and learning and their implications for developmentally appropriate practices.

*For example: Early Brain Development, Signs of Developmental Delays and Positive Discipline*

## 2. Health, Safety and Nutrition

Sessions with a main focus on children's individual health, nutritional and safety needs and basic health and safety management procedures.

*For example: Preschool Nutrition, The ABC's of Second Hand Smoke, Awesome Infants, Snack Time is a Great Time for Nutrition Education and Immunizations, Health and Safety training*

## 3. Family and Community Collaboration

Sessions with a main focus on relationships between the child care provider, the family and the community.

*For example: Parents as Partners and The Need for Adoptive and Foster Care Services*

## 4. Developmentally Appropriate Content

Sessions which primarily provide curriculum and/or developmentally appropriate activities that stimulate learning for children in the different areas of their development - cognitive, motor and sensory.

*For example: Infant Curriculum and Activity-Based Intervention*

## 5. Learning Environment and Curriculum Implementation

Sessions which focus on varying program models and learning environments for all young children including infants, toddlers and children with special needs.

*For example: The Montessori Model, Dabbling in Art for Infants and Toddlers and Learning Environment in Child Care*

## 6. Assessment of Children and Programs

Sessions, which focus on observational skills, documentation and assessment techniques, which are appropriate in early childhood settings.

*For example: Assessment of Child Care Programs*

## 7. Professionalism

Sessions which focus on quality programs, professional development and/or federal and state regulations.

*For example: CACFP Training and Technical Assistance, Ethics and Maintaining High Morale in the Workplace*

Children Youth and Families Department wants to ensure that the Child and Adult Care Food Program (CACFP) sponsors and collaborators provide adequate training to the Regional Early Care Education Conference (RECEC) participants. The following pages contain guidelines to ensure proper training for each participant.

## Training Hours

The Sponsoring Organization has the option to determine the total number of training hours offered by the RECEC.

The Sponsoring Organization will determine workshop length. **It is strongly recommended that workshops be in two-hour time blocks.** The Sponsoring Organization does not have to recruit as many presenters because of the smaller number of sessions.

Two hours for “professionalism” can be awarded to the RECEC host. The host will also receive the hours for the training itself. Duties include gathering/tabulating evaluations and room assignments.

A participant may receive training hours only for the amount of time spent in the workshop. For example, if a workshop were offered for two hours, the training hours would be two hours and the participant must stay for the entire two hours.

It is important to ensure that the presenters utilize all of the allocated training time for the workshop. When inviting and confirming presenters to do a workshop, remind them that it is important for them to conduct the workshop for the entire time block.

Training certificates will be distributed to each participant after the workshop has ended and the evaluation form has been turned in.





## CACFP Specific Training (Required)

- The RECEC is **not** designed to meet all the CACFP-specific training required by the Family Nutrition Bureau for Registered Home Providers who are participating in the CACFP, but each conference should offer at least one workshop which is CACFP specific. Almost any nutrition-related workshop can meet the CACFP specific requirement **if** the instructor has been trained by the CACFP Sponsoring organization or FNB staff, is current on CACFP requirements and includes at least three of the following:
  1. The USDA meal pattern is emphasized by reviewing the types of components required at each of the different types of meals.
  2. CACFP menu forms are used to plan menus that reflect or tie into the workshop objectives.
  3. A review of creditable and non-creditable foods.
  4. A review of proper portion sizes.
  5. Awareness of the importance of accurately following the meal pattern, recording the menu daily and feeding the children healthy foods.
- Instructor workshop descriptions should reflect workshop content. In order to indicate to the conference participants what workshops are CACFP specific, these workshops can be designated as on the WAAG.
- The Family Nutrition Bureau staff is available to provide CACFP related workshops on a **limited** basis.
- When CACFP Sponsoring Agency staff present CACFP workshops, it is important to use information from the most current *"Home Child Care Provider's Child and Adult Care Food Program Food and Nutrition" manual* to provide the most updated information to child care providers.
- The Family Nutrition Bureau is available to provide CACFP Sponsoring Agencies with CACFP-related workshop materials that can be used when providing workshops.

## NON-CACFP Specific Training (Recommended)

- It is recommended that topics that address as many different competencies are included at each RECEC.
- Some suggested safety training topics are:

Dangers of Firearms in a Home  
Fire Safety  
First Aid/CPR  
Safe Playground Equipment  
Emergency Preparedness  
Disaster Response

Poison Prevention  
Reducing Choking  
Safe Home  
Food Safety  
Hazards

- Some suggested health topics are:
 

|                             |                                     |
|-----------------------------|-------------------------------------|
| Nutrition/Child Development | Exercise                            |
| Menu Planning               | Better Sanitation for Better Health |
| Dental Health               | Infectious Diseases                 |
| Importance of Immunizations | Childhood Trauma                    |
| Age-Appropriate Activities  | Child Abuse/SBS/SIDS                |
| Importance of Play          |                                     |
- Some suggested topics generated from RECEC Partners:
 

|                              |                                  |
|------------------------------|----------------------------------|
| Domestic Violence            | Childhood Obesity                |
| Vaccine Preventable Diseases | Infant Mental Health             |
| Car Seat Safety              | How to read a Vaccine Record     |
| Child Literacy               | Dangers of Second Hand Smoke     |
| Requirements for becoming a  | Asthma Management and Prevention |
| Licensed Day Care Provider   | Healthy Environment and Living   |
|                              | Places for Kids (H.E.L.P)        |

## **Training and Technical Assistance Program (TTAP)**

- TTAPS will be invited via email to all the RECEC planning conference calls/meetings. They will be included in the planning process as well as providing workshops at the RECEC. These workshops will focus primarily on child development.

## **Child Care Services Bureau (CCSB)**

- Child care specialists and/or licensing agents may be invited to RECEC planning conference calls/meetings. They may conduct workshops on child care regulations and registration.



## TOPICS AND PRESENTERS

1. The RECEC coordinator includes a TTAP manager and the CACFP Sponsoring Organization to discuss topics.
    - ✓ Include FNB CACFP-Specific workshops
    - ✓ Include workshops reflecting all seven competencies, if possible
    - ✓ Include workshops from RECEC Collaboration Partners
  2. The Presenter Information Form is given to presenters with their first Presenter Confirmation Letter to fill out and return to the appropriate contact person. (See forms pp. F-17 and F-18)
    - ✓ The CACFP sponsor should identify the presenters who will conduct workshops. The FNB representative will identify FNB presenters. They will contact and make arrangements with presenters regarding their workshop topics, time, location and other necessary information.
  3. CACFP Home Sponsor or RECEC coordinator will email Confirmation to all presenters, including FNB presenters (**8 weeks prior to conference**) which includes:
    - ✓ Presenter Information Form (which asks for a description, goals and objectives for workshop) (See forms p. F-18)
    - ✓ Participant Description (See forms p. F-14)
    - ✓ Philosophy and Guiding Principles for the Adult Learner (See forms p. F-13)
  4. CACFP Home Sponsors sends all presenter information forms to the RECEC Coordinator for approval of workshops with assigned competencies 5 weeks in advance of the RECEC.
  5. After the Workshop at a Glance has been completed (**3 weeks prior to conference**) and rooms are assigned to presenters, the CACFP Home Sponsor will send the second Presenter Letter of Confirmation at **least two weeks** prior to conference. Each workshop must have a room host. .
    - The Second Letter of confirmation will include:
      - ✓ Workshop at a Glance
      - ✓ Directions to Facility with map
      - ✓ RECEC Coordinator cell number or Sponsor cell number in case of emergency
- \*Please Note:**      **The Second Presenter Letter of Confirmation must also be sent to all Family Nutrition Bureau staff attending the conference as presenters.**
6. If there is a keynote speaker, ensure there is a designated conference host to present the welcome address, introduce the keynote speaker, and make various announcements during the conference.
  7. After the conference, CACFP Home Sponsors will send thank you letters to the presenters along with their workshop evaluation forms filled out by the participants.

# New Mexico Trainer Registry and Community Trainers

The Trainer Registry is a database of individuals who have been approved by CYFD as being qualified to provide training to early care and education practitioners. The approval system and Registry is based on New Mexico's seven core competencies for personnel working in Early Care and education. Individuals are encouraged to be placed on the training registry in one or all of the seven competency areas. It is facilitated through the statewide network of Training and Technical Assistance Programs with oversight from the Office of Child Development.

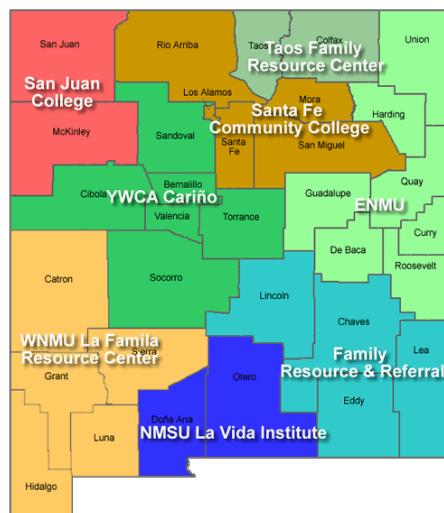
## Community Trainers

The purpose for granting registration as an approved Community Trainer in the New Mexico Early Care, Education and Family Support system is training expertise is in an area **other than Early Childhood Education** (for example – CPR, fire safety, child abuse and neglect, etc.)

The trainer registry will provide individuals who are qualified to train on specific topics in conjunction with agency affiliations and/or having specialized knowledge that benefits those working with families and children.

The information on the registration form is used to verify your credentials. The information will be stored in a statewide database and shared **only with your permission**. Registration is approved by the Training and Technical Assistance Program (TTAP))closest to you or in the area in which you plan to provide training.

The list of Training and Technical Assistance Programs is found online @ [www.newmexicokids.org](http://www.newmexicokids.org) or call (505) 277-0954.



## WORKSHOP AT A GLANCE (WAAG)

1. The Workshop at a Glance (WAAG) is the agenda for the RECEC that lists:
  - Length of time for registration
  - Workshop times
  - Workshop descriptions
  - Breaks
  - Room numbers
  - Competency areas
  - Language spoken
2. After the person responsible for the Workshop at a Glance (WAAG) receives the presenter information sheets, the data is entered into the computer using the WAAG and workshop description forms (See fF-8 through F-12). A copy of the templates for these documents may be obtained from the RECEC Coordinator. The WAAG and descriptions **MUST** be approved by the State RECEC Coordinator before they are copied and distributed.
3. The WAAG must be completed **3 weeks prior** to the conference to assure that there is enough time for the RECEC Coordinator to review and approve.

**Presenters should be notified at least two weeks before the conference of the time and location of their workshop(s).**

After the WAAG is complete, email a copy of the WAAG and workshop descriptions to the State RECEC Coordinator to be kept on file.



## PACKET SET-UP

1. Participant Packets should include:
  - a. Workshop at a Glance
  - b. Workshop Descriptions
  - c. Workshop Evaluations and Conference Evaluations ( F-32 through 35)
  - d. Map of Facility
  - e. Letter of Welcome (F-21)
  - f. Certificate of Training (F-22 & 23)
  
2. Presenter Packets should include:
  - a. Letter of Welcome ( F-20)
  - b. Workshops at a Glance (highlight room number and workshop)
  - c. Workshop Descriptions
  - d. Map of Facility
  - e. Name Tag
  - f. Conference Evaluation (F-39)
  - g. Certificate of Appreciation
  
3. Workshop Host packets should include:
  - a. Workshop Descriptions
  - b. Letter with Responsibilities and Assignments (F-24)
  - c. Workshops at a Glance
  - d. Tally Sheets for Evaluations (1 per workshop hosted) (F-36 and 37)
  - e. Map of Facility
  - f. Name Tag
  - g. Extra Workshop Evaluations and Conference Evaluations (F-32 through 35)
  - h. Certificate of Appreciation
  - i. "Workshop is Full" Sign

# **PRE-REGISTRATION AND REGISTRATION**

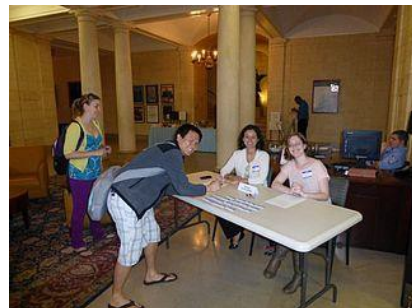
## **PRE-REGISTRATION**

**(Optional but suggested for larger conferences)**

1. Assure that one committee member is assigned the task of pre-registration.
2. Decide whether or not to conduct pre-registration for the conference and/or each individual class.
3. See F-5 and 6 for an example of pre-registration letter
4. In some instances, the RECEC coordinator will develop a flyer and include a tear-off portion for providers to complete and return to their sponsor.

## **REGISTRATION**

1. Prior to the conference, please ensure that there are:
  - a. Name tags for Presenters, Hosts and Co-sponsors. Make sure name tags are given to person responsible for packet set-up.
  - b. Room signs
  - c. Registration signs
  - d. Sign-in sheets (F-26 through 28)
  - e. Sponsor identification at registration tables, (i.e. Sponsor sign or banner)
2. During the conference make sure Sponsoring Organization sign-in sheets are at registration table.
3. Sign-in sheets should be identified as:
  - CACFP Homes
  - CACFP Centers
  - Non-participating provider/community
  - Parents



## Nutrition Breaks

- RECEC sponsors will provide a nutritious snack during breaks.
- If a RECEC is to be extended longer than 12:45 p.m., a lunch break is required.

### For example:

- a. Lunch may be “on your own.”
  - b. Participants may be informed to bring a sack lunch.
  - c. Lunch may be hosted by the sponsoring organization.
  - d. The larger RECEC may charge a nominal fee to non-CACFP Home Providers and child care center staff to cover their lunch costs, but it must be reported on the RECEC expense report.
- Sponsors have the option of providing nutrition training during the lunch break for which credit hours may be given, with prior approval from the State RECEC Coordinator only. The training must include measurable objectives.
  - **Sponsor must report their conference expenses and attendance (along with other post conference information) to the State Coordinator on the Post Conference Expense Report (F-35) within two weeks after a RECEC.**





# REFRESHMENTS

## Guidelines:

- For large conferences, it is recommended to have more than one serving to avoid long lines. One table set up for every 50 people is optimal.
- Serve individually packaged items that are shelf stable or hold foods at proper temperatures.

## **Sample Menu - Refreshments:**

### Registration

- coffee, tea, water
- muffins, bagels
- yogurt
- fruit

### Break

- coffee, tea, water
- fruit cup or fruit
- crackers with cheese or peanut butter
- vegetable platter

or

## **Sample Menu – Lunch**

If a RECEC is to be held past 12:45 p.m. arrangements for a lunch break are required. Lunch should follow appropriate nutritional guidelines, such as:

- fresh fruit
- fresh vegetables
- milk, iced tea
- whole grain bread sandwich with creditable meat and cheese

2. During the conference, ensure that the refreshments are replenished frequently and that food safety procedures are followed.
3. Be sure to wash all equipment and rearrange tables and chairs as designated by the facility contact person.

## AUDIOVISUAL AND CONFERENCE EQUIPMENT

1. Some presenters may require audiovisual equipment. Sponsors should make every reasonable effort to provide audiovisual equipment.
2. After the facility has been confirmed and presenters have indicated their audiovisual needs, the sponsor should make arrangements to obtain equipment from the facility, Sponsoring Agency or other source.
3. On either the day before or the day of the conference, ensure equipment is set up in the appropriate rooms and is working.
4. When the conference ends, all audiovisual equipment must be returned to their place of origin. If audiovisual equipment has been borrowed, ensure that the equipment is properly labeled and returned in proper working order.



## CERTIFICATES OF TRAINING

Training for Participants:

1. Certificates of Training will be included in each participant packet. (See forms pp. F-22 and 23)
2. Workshop Hosts should remind participants to fill out the training certificate with their name, the title of their workshop, and the presenter's name before the end of the session.
3. The Workshop Host will validate by initialing the Certificate of Training after each session.



## CONFERENCE ASSIGNMENTS

1. Use the conference assignment form to assign helpers for the conference. (F-25)
2. You will need additional people to:
  - hang up signs and arrows
  - set up tables for registration and displays
  - conduct registration
  - host rooms and halls
  - set up and return of AV equipment
  - serve/set up refreshments
  - ensure supply boxes and evaluation boxes are on the registration table(s)
  - collect evaluation forms
  - ensure rooms are in order before and after conference
  - serve as interpreters, if needed
  - perform other duties with which you may need assistance



## **WORKSHOPHOSTS**

1. Assign Workshop Hosts to every workshop.
2. When assigning the Workshop Host to more than one workshop session, it is best to assign them to workshops on different topics, if possible. This gives the host the opportunity to listen and learn from different presentations while hosting them.
3. Give each Workshop Host a packet with their nametag, host letter with room assignments, tally sheets, a map of facility, pen, and a “workshop full” sign. Each room should have a maximum capacity of participants. It is recommend no more than 30 participants per room. Close the workshop at the maximum capacity by posting the “workshop full” sign outside the closed room door

## **WORKSHOP HOSTS’ MEETING**

1. The Workshop Hosts should arrive at least 30 minutes prior to the beginning of their assigned workshop. Use the Workshop Host letter to review the roles and responsibilities with the hosts.
2. The Workshop Host should remain outside the room to greet and assist in directing the participants to workshops.
3. On the day of the conference the Workshop Host should make sure AV equipment is in assigned rooms at least 20 minutes prior to the first session. If not, they need to contact the IT Specialist for the conference to obtain the needed equipment.
4. When the presenter arrives, the Workshop Hosts should introduce themselves, make sure the presenter has the AV equipment they need and help the presenter with any additional setup that they might have.
5. Before each workshop, the Workshop Host may write the workshop title and the Presenter’s name on the dry erase board. The Host should then introduce the presenter and offer assistance during the workshop.
6. Fifteen minutes after each workshop begins, the Workshop Host should conduct a room count. After the workshop ends, they must obtain evaluation forms from participants before initialing certificates.
7. After the last session of the day, the Workshop Host should give workshop evaluations and workshop evaluation summary sheets (tally sheets) to the CACFP sponsor who will be returning them to the presenters and sending them a thank you letter at a later date.
8. The Workshop Host should return the assigned room to its proper order after each session.
9. The Workshop Host should help pack any additional handouts, AV equipment etc., after their assigned workshop and the conference.

## **REGIONAL EARLY CARE EDUCATION CONFERENCE WORK SCHEDULE FOR FRIDAY AFTERNOON**

- ✓ **Arrive at the facility by the confirmed pre-conference meeting time.**
- ✓ **The Co-sponsor, the Workshop Hosts and the contacts from the facility should meet at the facility. Gain access to assigned conference rooms and area where registration will be held.**

### **SPONSOR CHECKLIST**

Assign these tasks and check them off as they are completed:

- ❑ Locate facility contact person for problems with locked doors, temperature control, etc.
- ❑ Check that all AV equipment is set up and is in working condition.
- ❑ Locate assigned rooms for the workshop and display appropriate room signs outside each door.
- ❑ Make sure all rooms have enough seats, appropriate audiovisual equipment and any workshop materials or handouts that can be left in the room. Check to see if the rooms can be secured.
- ❑ Starting outside the building entrance, post arrows on buildings and in hallways to direct people to the registration area and workshop rooms.
- ❑ Set up registration and display boards in the designated area. Post registration and conference signs on doors and walls where registration will be held.
- ❑ Make sure all conference rooms are locked before leaving the facility.
- ❑ Make sure any other assigned duties are complete, e.g., room assignments for Workshop Hosts, stuffing packets, running errands, etc.



## **REGIONAL EARLY CARE EDUCATION CONFERENCE WORK SCHEDULE FOR SATURDAY**

- ✓ **The sponsor and facility contact person should arrive at the site at least one hour prior to registration or the designated time to open facility doors.**
- ✓ **Make sure Workshop Hosts have room assignments.**

### **SPONSOR CHECKLIST**

Assign these tasks and check them off, as they are complete:

- ☐ Room hosts are in their assigned rooms before the providers arrive
- ☐ Arrange registration materials, participant packets, presenter packets, sign-in sheets, evaluation boxes, door prize box, etc, at the registration table(s).
- ☐ Check all assigned conference rooms to ensure they are open and lights are turned on.
- ☐ During each workshop, the hosts must complete room counts.
- ☐ During the middle of the last session, planning committee members who are not serving as hosts, begin packing conference and display supplies. Begin to remove all posted signs and ensure signs are recycled.
- ☐ After all participants have departed, pick up any trash, check for items left behind.
- ☐ Make sure all registration sign-in sheets and room counts are returned to appropriate boxes.
- ☐ Make sure any other assigned duties are completed before you leave.

## EVALUATIONS

1. Workshop Hosts shall inform presenters to leave at least 5 minutes at the end of their workshop for participants to complete the evaluation. Distribute an evaluation form to each participant. (See forms pp. F-32 through 35)
2. Participants should complete an evaluation form at the end of each workshop. The Workshop Host will collect the forms and validate the training certificates as the participants are leaving. (See forms pp. F-22 and 23)
3. At the end of each workshop, the Workshop Hosts compile the evaluation information on a summary (tally) sheet. (F-36 and F-37 for summary sheets)
4. At the end of the last workshop of the day, the room host should also complete a workshop evaluation for each room hosted and a conference evaluation (See forms pp. F-32 through 35). The workshop tally sheets and conference evaluations should be submitted to the Sponsoring Agency representative to return to the State RECEC Coordinator for the conference summary report. Workshop evaluations should be sent to the respective workshop presenters with a Thank You letter no more than two weeks after the conference. (See forms p. F-38)
5. The purpose of the evaluation is to improve and enhance the RECEC. The evaluations collected and compiled will be considered for planning future year's RECEC.
6. The keynote evaluation will be completed and collected at the end of the keynote session.





## Conference Summary

1. The Sponsor must ensure that a conference summary is completed after each RECEC.
2. Within two weeks after the conference, using the RECEC Post-Conference Summary (F-42), CACFP Sponsoring Agencies should submit:
  - ✓ *conference expenses*, including cost of facility, refreshments, maintenance,
  - ✓ *a count of all conference participants* (with breakdown of audience such as number of home providers, number of staff from child care centers, number of parents and community members),
  - ✓ *workshop and conference tally sheets* (you do not have to send individual evaluation sheets),
  - ✓ *workshop and conference evaluations* from hosts.
3. The RECEC Coordinator will initiate a debriefing meeting, shortly after conference summary information has been compiled. This information will then be used for planning the following year's RECEC.
4. RECEC Coordinator keeps RECEC correspondence.
5. Sponsoring Agencies will send individual conference files to the Albuquerque FNB office.
6. The RECEC Coordinator will maintain conference files.



# FORMS



## TABLE OF CONTENTS FOR FORMS

|  |            |
|--|------------|
| <b>RECEC Time Line Chart</b>                         | <b>F-1</b> |
| <b>Planning the RECEC</b>                            |            |
| Facility Information                                 | F-2        |
| Tasks for Coordination                               | F-3        |
| Pre-registration Sample form, English                | F-4        |
| Pre-registration Sample form, Spanish                | F-5        |
| <b>Workshop at a Glance</b>                          |            |
| Sample Workshop at a Glance                          | F- 6-8     |
| <b>Presenters</b>                                    |            |
| Philosophy and Guiding Principles for Adult Learning | F-9        |
| Participant Description                              | F-10       |
| First Confirmation Letter                            | F-11       |
| Presenter Information                                | F-12       |
| Second Letter to Presenters                          | F-13       |
| Letter of Welcome to Presenters                      | F-14       |
| <b>Participants</b>                                  |            |
| Letter of Welcome to Participants                    | F-15       |
| Sample of Certificates for Participants              | F-16,17    |
| <b>Room Hosts</b>                                    |            |
| Hosts Roles and Responsibilities                     | F-18       |
| Conference Assignment Form                           | F-19       |
| Sample Sign-in Sheet                                 | F-20-22    |
| <b>IT and Ads</b>                                    |            |
| IT   | F-23       |
| Advertising  | F-24       |
| <b>Post RECEC</b>                                    |            |
| Participant Evaluations                              | F-25-28    |
| Compiled Workshop/Conference Evaluation Tally Sheets | F-29,30    |
| Thank You Letter to Presenter                        | F-31       |
| Presenter Evaluation Form                            | F-32       |
| RECEC Feedback Sheett                                | F-33,34    |
| Post Conference Expense Report                       | F-35       |

# RECEC TIME LINE

| RESPONSIBILITIES OF RECEC COORDINATOR/SPONSOR   |   |   |  |  |   |
|---|---|---|--|--|---|
| 4 MONTHS PRIOR  | 2 MONTHS PRIOR  | 1 MONTH PRIOR   | 2 WEEKS PRIOR  | DAY BEFORE   | 2 WEEKS AFTER   |
| <ul style="list-style-type: none"> <li>-Selects/secures conference facility</li> <li>-Coordinates Healthy Refreshments</li> </ul> | <ul style="list-style-type: none"> <li>- RECEC Coordinator emails sponsor and TTAP manager to schedule conference call to discuss:</li> <li>-General plan of conference</li> <li>-Determine topics</li> <li>-Coordinate presenters</li> <li>-Coordinate room hosts</li> <li>-Coordinate IT (audiovisual needs)</li> </ul> | <ul style="list-style-type: none"> <li>-Confirms:                             <ul style="list-style-type: none"> <li>*Presenters</li> <li>*Hosts</li> </ul> </li> <li>-Begins Workshop at a Glance (WAAG) or RECEC Schedule</li> <li>-RECEC Coordinator Participant's packets</li> <li>-Sponsor coordinates registration</li> </ul> | <ul style="list-style-type: none"> <li>-Submit final WAAG to RECEC Coordinator for approval</li> </ul> | <ul style="list-style-type: none"> <li>-Set up facility</li> <li>-Post room signs</li> <li>-Assign duties - Check IT (AV needs)</li> </ul> | <ul style="list-style-type: none"> <li>-Submit tally sheets and conference evaluations</li> <li>-Submit expense report</li> <li>-Email state RECEC Coordinator</li> </ul> |

For more information, call the Family Nutrition Bureau at 1-800-328-2665.

## FACILITY INFORMATION

Location of Conference: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Confirmed By: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Cell Phone/Email of Organization Contact Person: \_\_\_\_\_ Facility

Contact Person: \_\_\_\_\_

Cell Phone/Email of Facility Contact Person: \_\_\_\_\_

Maps of Facility: \_\_\_\_\_ Pick Up Keys From: \_\_\_\_\_

Custodian's Name: \_\_\_\_\_

Fees/Costs for Facility: \_\_\_\_\_ Fee/Costs for Refreshments: \_\_\_\_\_

Location where Refreshments will be served: \_\_\_\_\_

A-V Equipment Rental Fee: \_\_\_\_\_ A-V Equipment Contact Person: \_\_\_\_\_ Auditorium

needed: No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, for how many people? \_\_\_\_\_ Number of

Participants: \_\_\_\_\_ Number of Workshop Rooms Needed: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Rooms Assigned:

| Room | Capacity | A-V Equipment | Room | Capacity | A-V Equipment |
|------|----------|---------------|------|----------|---------------|
|      |          |               |      |          |               |
|      |          |               |      |          |               |
|      |          |               |      |          |               |
|      |          |               |      |          |               |
|      |          |               |      |          |               |
|      |          |               |      |          |               |
|      |          |               |      |          |               |

Set up Time on Friday: \_\_\_\_\_ Set up Time on Saturday: \_\_\_\_\_

## TASKS FOR COORDINATION

| Task   | Suggested Time line        | Date Completed | Responsible Person / Agency | Comments |
|--|----------------------------|----------------|-----------------------------|----------|
| Scheduling annual Calendar of dates              | 6 months - 1 year prior    |                | <i>RECEC Coordinator</i>    |          |
| Facility   | 6 months prior             |                | <i>CACFP Sponsor</i>        |          |
| First Planning Meeting                           | 4 months prior             |                | <i>RECEC Coordinator</i>    |          |
| Topics/Presenters                                | 3 - 4 months prior         |                |                             |          |
| General Session                                  | 3 - 4 months prior         |                |                             |          |
| Trainer Registry                                 | 3 - 4 months prior         |                |                             |          |
| First Letter to Presenters                       | 2 months prior             |                |                             |          |
| Second Letter to Presenters                      | 2 weeks prior              |                |                             |          |
| Refreshments                                     | 2 months prior             |                |                             |          |
| Workshop at a Glance                             | 1 month prior              |                |                             |          |
| Room Signs                                       | 1 month prior              |                | <i>FNB</i>                  |          |
| Certificates of Training                         | 1 month prior              |                | <i>FNB</i>                  |          |
| Audio-visual Equipment                           | 1 month prior              |                |                             |          |
| Participant Folders & Evaluations                | 1 month prior              |                | <i>FNB</i>                  |          |
| Conference/Host Assignments                      | 1 month prior              |                |                             |          |
| Packet Set-Up (Hosts & Presenters), Name Tags    | 1 month prior              |                | <i>FNB</i>                  |          |
| Packet Set-Up (Participants)                     | 1 month prior              |                |                             |          |
| Registration/Pre-registration                    | 1 month prior              |                |                             |          |
| Submit Expense Summary Form to RECEC Coordinator | <b>2 weeks after RECEC</b> |                | <i>Sponsoring Agency</i>    |          |

# PRE-REGISTRATION SAMPLE FORM

**Attention Child Care Providers**  
**Regional Early Care Education Conference**  
**(LOCATION)**  
**(DATE)**

We are pleased to inform you that the Regional Early Care Education Conference for **(CITY)** will be held at **(LOCATION)**, on **(DAY)**, **(DATE)**, **(TIME)**

The conference is being sponsored by **(CO-SPONSORS)** and other community agencies. **This conference is FREE!!** The conference may offer a General Session along with workshops that provide training in child development, nutrition, and activities for children and information on the Child and Adult Care Food Program requirements. This training can be used to meet annual state licensing and registration training requirements.

**Four hours of training will be offered.**

**PRE-REGISTRATION is REQUIRED** to attend this conference because of the limited space. Please complete the Pre-registration form below by **(DATE)** and return to:

Pre-Conference Registration Form  
**(LOCATION)** Regional Early Care Education Conference

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

**(CO-SPONSOR)**  
**(ADDRESS)**  
**(ADDRESS)**

OR

**(CO-SPONSOR)**  
**(ADDRESS)**  
**(ADDRESS)**

OR

**(CO-SPONSOR)**  
**(ADDRESS)**  
**(ADDRESS)**

Please return this form by **(DATE)**. This form can be mailed or delivered in person to the address above.

Registrations received after **(DEADLINE DATE)** will be considered on-site and there MAY not be seating available.

Feel free to make copies for other staff members.

Please make your selections from attached workshop at a glance.

# FORMULARIO DE PRE-REGISTRACION

## Atención Proveedores del Cuidado de Niños Conferencia Regional de Cuidado Temprano y Educación (LUGAR) (LA FECHA)

Es un placer informarles que La conferencia Regional de Cuidado Temprano y Educación, para el área de, **(LUGAR)**, **(EL DIA)**, **(LA FECHA)**, **(LAS HORAS)**. La conferencia será siendo patrocinada por **(CO-PATROCINADORES)**. La conferencia puede afrecer una sesión general con talleres que ofrecen entrenamiento en desarrollo de niños, nutrición, actividades para niños, e información acerca de los requisitos del Programa de Comida para el Cuidado de Niños y Adultos. Este entrenamiento se puede usar para cumplir con los requisitos anuales para licencias del Estado y Registración. Cuatro (4) horas de entrenamiento serán ofrecidas.

**PRE-REGISTRACION** es requerida para atender este taller porque el espacio es limitado. Por favor complete la forma de registración de abajo y regrésela a mas tardar para **(LA FECHA)**, a la siguiente dirección:

**(CO-PATROCINADORES)**  
**(CO-PATROCINADORES)**  
**(LUGAR)**  
**(LUGAR)**

**(CO-PATROCINADORES)**  
**(LUGAR)**  
**(LUGAR)**

**(CO-**  
**(LUGAR)**  
**(LUGAR)**

|   |
|---|
| <p style="text-align: center;">Forma de PRE-Registración<br/>Conferencia Regional de Cuidado Temprano y Educación</p> <p>Nombre del Proveedor: _____</p> <p>Dirección: _____</p> <p>Numero de Teléfono: _____</p> <p><b>1 Opción:</b> _____</p> <p><b>2 Opción:</b> _____</p> |
|---|

Por favor regrese esta forma a mas tardar para **(LA FECHA)**.  
EscoJe un taller de la forma incluida.



**SAMPLE**








# WORKSHOPS AT A GLANCE

Regional Early Care Education Conference

Date \_\_\_\_\_ Place \_\_\_\_\_ City \_\_\_\_\_

Name of Sponsoring Organization(s):

**Registration** (Time) 7:15 am – 8:00 am

| General Session<br>8:00 AM -10:00 AM                      | General Session Workshop Title and Name of Presenter (if applicable) |  |   |  |  |  |   |  |
|---|--|--|---|--|--|--|---|--|
| TIME  | ROOM NUMBERS   |  |   |  |  |  |   |  |
|   | 123  | 124  | 125   | 126  | 127  | 128  | 129   | 130  |
| <b>Session I</b><br><br>(Time)<br><br>10:00 AM – 12:00 PM | Title<br>(Short<br>Description)<br><br>Presenter<br>Name             | Immunizations<br><br> | Fitness<br><br> | Infant<br>Development<br><br> | Secondhand<br>Smoke<br><br> | Nutrition<br><br> | Literacy<br><br> | CACFP<br><br> |
| 12:00 PM – 12:15 PM                                       | B R E A K  |  |   |  |  |  |   |  |
| <b>Session II</b><br><br>(Time)<br><br>12:15 PM –2:15 PM  |  |  |   |  |  |  |   |  |

**REGIONAL EARLY CARE EDUCATION CONFERENCE**  
**Workshop at a Glance, 8:00 AM TO 10:00 AM**

**CITY:**

**LOCATION:**  
**SESSION 1 8:00 AM TO 10:00 AM**

**DATE:**

| Room                 | Topic/Tema | Description/Descripción | Trainer/Entrenador | Competency.* |
|----------------------|------------|-------------------------|--------------------|--------------|
| <sup>1</sup><br>101  |            |                         |                    | (1)<br>(4)   |
| <sup>2</sup><br>102  |            |                         |                    | (1)          |
| <sup>3</sup><br>103  |            |                         |                    | (2)          |
| <sup>4</sup><br>104  |            |                         |                    | (2)<br>(7)   |
| <sup>5</sup><br>105  |            |                         |                    | (2)<br>(7)   |
| <sup>6</sup><br>106  |            |                         |                    | (2)<br>(7)   |
| <sup>7</sup><br>107  |            |                         |                    | (3)          |
| <sup>8</sup><br>108  |            |                         |                    | (5)          |
| <sup>9</sup><br>109  |            |                         |                    | (6)          |
| <sup>10</sup><br>110 |            |                         |                    | (2)<br>(3)   |

\*Competencies: Child, Growth, Development, & Learning (1), Health, Safety, & Nutrition (2), Family & Community Collaboration (3), Developmentally Appropriate Content (4), Learning Environment & Curriculum Implementation (5), Assessment of Children & Programs (6), Professionalism (7)

\*Competencias: Niño, Crecimiento, Y Aprendizaje (1), Salud, Seguridad, y Nutrición (2), Colaboración de Familia y Comunidad (3), Contenido Apropiado del Desarrollo (4), Ambiente de Aprendizaje y Plan de Estudios (5), Evaluación de Niños y Programas (6), Profesionalismo (7).

**REGIONAL EARLY CARE EDUCATION CONFERENCE**  
**Workshop at a Glance, 10:30 AM TO 12:30 PM**

**CITY:**

**LOCATION:**  
**SESSION II 10:30 AM TO 12:30 PM**

**DATE:**

| Room                 | Topic/Tema | Description/Descripción | Trainer/Entrenador | Competency.* |
|----------------------|------------|-------------------------|--------------------|--------------|
| <sup>1</sup><br>101  |            |                         |                    | (1)<br>(4)   |
| <sup>2</sup><br>102  |            |                         |                    | (1)          |
| <sup>3</sup><br>103  |            |                         |                    | (2)          |
| <sup>4</sup><br>104  |            |                         |                    | (2)<br>(7)   |
| <sup>5</sup><br>105  |            |                         |                    | (2)<br>(7)   |
| <sup>6</sup><br>106  |            |                         |                    | (2)<br>(7)   |
| <sup>7</sup><br>107  |            |                         |                    | (3)          |
| <sup>8</sup><br>108  |            |                         |                    | (6)          |
| <sup>9</sup><br>109  |            |                         |                    | (5)          |
| <sup>10</sup><br>110 |            |                         |                    | (2)<br>(3)   |

\*Competencies: Child, Growth, Development, & Learning (1), Health, Safety, & Nutrition (2), Family & Community Collaboration (3), Developmentally Appropriate Content (4), Learning Environment & Curriculum Implementation (5), Assessment of Children & Programs (6), Professionalism (7)

\*Competencias: Niño, Crecimiento, Y Aprendizaje (1), Salud, Seguridad, y Nutrición (2), Colaboración de Familia y Comunidad (3), Contenido Apropiado del Desarrollo (4), Ambiente de Aprendizaje y Plan de Estudios (5), Evaluación de Niños y Programas (6), Profesionalismo (7).

# PHILOSOPHY AND GUIDING PRINCIPLES FOR ADULT LEARNING

Teaching and learning are inseparable, interdependent and reciprocal.

Continuous and cumulative professional development experiences that adhere to the foundational principles of adult learning have a direct impact on the quality of programs for young children and their families.

The diversity that enriches us as teachers also makes each of us unique learners. This diversity and uniqueness is valued by a challenging adult learning experience that:

- Explicitly acknowledges and builds upon the depth and breadth of personal histories, experiences, cultural and linguistic backgrounds, lifestyles and beliefs
- Fosters intellectual curiosity, enthusiasm, and a passion for the field
- Embodies current knowledge and research regarding early care, education, and family support as well as adult learning
- Is relevant, meaningful, and individualized
- Ensures that everyone involved is comfortable and safe
- Incorporates self-assessment and reflective practice
- Models professionalism and ethical conduct
- Encourages authenticity
- Incorporates time and opportunity for reflection, dialogue, and critical thinking
- Encourages and supports consideration of controversial issues and diverse perspectives
- Uses follow-up strategies to assure continuous and cumulative learning and application Balances flexibility with planning, organization, and implementation skills

This learning context is established through responsive and interactive relationships to promote personal, professional, and systemic transformation.



From: New Mexico Professional Development Initiative  
Office of Child Development, Children, Youth & Families Department

## PARTICIPANT DESCRIPTION

Participants attending the RECEC are child care providers. Most are women ranging in age from 18 to over 70 years, living in rural areas of the state, with limited resources and few local opportunities for training. Most are family child care providers, who watch children in their own home. Many are caring for children of relatives, and a few are also providing care for adults with disabilities.

The educational level of the providers ranges from little formal schooling to college degrees. The majority has a GED or high school education. An increasing number of participants speak or understand little English, creating a demand for workshop topics to be presented in Spanish and Navajo.

Previous training in child development or related areas will also vary, ranging from caring for their own children or grandchildren to formal college classes. Some will be new to child care, while others will have twenty or more years of experience.

They will also vary in the perception of their jobs as child care providers ranging from considering themselves as "just baby sitters" responsible only for keeping the children from harm, to being teachers who can help children develop socially, emotionally, physically and mentally. The majority of those who do teach focus on teaching art, numbers and the alphabet and may not see themselves as role models for healthy habits.

Perception of the importance of training will also vary. Some will be interested only in getting a certificate to meet licensing or registration requirements, while others will have a sincere interest in learning how new skills and knowledge will help children develop. A few participants will be interested in the theory behind ideas, but most will want practical ideas with immediate application to the everyday situations they face in caring for children. All enjoy active participation and hands-on activities.

The goals of the RECEC are many, but the main goal is to educate child care providers using practical ideas they can apply when they return to their jobs. We also want to emphasize the importance of this work and develop a sense of professionalism while providing a positive experience of interaction with other caregivers.

# 1st CONFIRMATION LETTER TO SEND TO PRESENTERS

## SAMPLE

*(Date)*

*(Presenter Name)*

*(Presenter Title)*

*(Organization)*

*(Address)*

*(City, State and Zip Code)*

Dear *(Presenter Name)*,

We are pleased you have agreed to be a presenter for the Regional Early Care Education Conference on *(date)* in *(city)*.

The conference will be held at *(location, address)* sponsored by *(co-sponsor names)* and co-sponsored by the New Mexico Children, Youth and Families Department, Early Childhood Services. The purpose of the conference is to provide free training to child care providers.

Enclosed is a Presenter's Packet, which describes the Child and Adult Care Food Program and gives background information about the participants who attend the conferences, as well as characteristics of the adult learner and how to support literacy in your own workshop. We strive to offer high quality, informative, and educational workshops for our providers. We hope this background information will assist you in tailoring your workshop to meet the needs of our audience.

Please fill out and send the presenter information sheet, no later than *(deadline date)*.

In a few weeks, you will receive a packet of information on the conference, along with your room assignment(s) and the time for your session(s). If you have any questions, please feel free to contact *(the name of the sponsoring organization)* at *(telephone number)* or on the day before and the day of the RECEC, you may call the RECEC cell phone (505) 699-2656.

Thank you again for agreeing to participate in our conference! Sincerely,  
NM Children, Youth and Families Department/Early Childhood Services  
*(Name of Co-Sponsoring Agencies)*

Enclosures

## PRESENTER INFORMATION

**Date and Location of Conference:**

**Presenter's Name:** \_\_\_\_\_

**Presenter Title:** \_\_\_\_\_

**Complete Mailing Address:**  
\_\_\_\_\_

**Telephone Number:** (    ) \_\_\_\_\_ **Fax Number:** (    ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

|  |
|--|
| Title of Workshop:   |
| Please circle type:<br><div>EnglishSpanishNavajo</div> Description:  |
|  |
|  |
|  |
| Title of Workshop:   |
| Please circle type:<br><div>EnglishSpanishNavajo</div> Description:  |
|  |
|  |
|  |
| How many participants are you willing to have in your workshop(s)?<br><small>(most classes hold 30, indicate the most you can accommodate)</small> |
| Which workshop session(s) do you prefer?   |
| Please check appropriate audiovisual needs:<br>WIFI _____ Projector _____ Screen _____<br>Sound system (mic, speakers) _____                       |
| Do you need a special room arrangement for your workshop? Yes _____ No _____   |
| If so, please indicate:  |
| _____  |
| _____  |
| _____  |

## 2ND CONFIRMATION LETTER TO SEND SAMPLE

(Date)

(Presenter Name)

(Presenter Title)

(Organization) (Address)

(City, State and Zip Code)

Dear (Presenter Name),

Thank you for your commitment to present at the Regional Early Care Education Conference on **(date)** in **(city)**. The conference will be at **(location, address)** from (a.m. -p.m.) A "Workshop at a Glance" and map of the area are enclosed for your information.

Your presentation(s) are scheduled for:

|               |              |              |             |
|---------------|--------------|--------------|-------------|
| Session _____ | Room # _____ | Title: _____ | Time: _____ |
| Session _____ | Room # _____ | Title: _____ | Time: _____ |

Please arrive early to pick up your presenter's packet at the Registration Table. Each packet contains a nametag, workshop descriptions and a conference evaluation. You may expect an average of **(# expected)** participants. *Because each participant is receiving training credit for your workshop, we ask that you fully utilize the allotted time for your workshop and not dismiss the participants early.*

Thank you again for your contribution to the Regional Early Care Education Conference! Our staff is looking forward to greeting you on **(date)**. If you have any questions or problems please call, the RECEC cell phone **(505) 699-2656** the day before or the day of the conference.

Sincerely,

NM Children, Youth and Families Department/Early Childhood Services  
**(Name of Co-Sponsoring Agencies)**

Enclosures



## LETTER OF WELCOME TO PRESENTERS SAMPLE

**(Date)**

**(Name)**

**(Address)**

Dear **(Name)**:

Welcome to the Regional Early Care Education Conference. We hope you will find your accommodations here satisfactory.

We have prepared a packet for your use that contains:

- A Letter of Welcome
- Workshop Descriptions
- Workshop at a Glance
- Name Tag
- Map of the Facility
- Conference Evaluation with Self-Addressed Envelope

We are glad you are a part of this worthwhile event, and if you have any questions please speak with the coordinator, **(Name)**, conference representatives at the registration table.

Sincerely,

NM Children, Youth and Families Department/Early Childhood Services  
**(Name of Co-Sponsoring Agencies)**

# LETTER OF WELCOME TO PARTICIPANTS SAMPLE

**(Date)**

Dear Participant:

Welcome to the **(Location)** Regional Early Care Education Conference. We are happy you could join us this morning to make this conference a success. The keynote address begins at **(Time)** and workshops will follow beginning at **(Time)**. Many interesting topics related to child nutrition, health, and child development will be offered.

Included in this packet is a Workshop at a Glance, Workshop Descriptions, Certificate of Participation and Workshop Evaluations. After each workshop, please complete the evaluation in your packet and give it to the room host. The host will then verify your attendance by stamping/signing your Certificate of Participation.

If you need assistance or have questions, please contact a sponsor representative. Thank you for participating!

Sincerely,

NM Children, Youth & Families Department/Early Childhood Services  
**(Name of Co-Sponsoring Agencies)**

## WORKSHOP HOST ROLE AND RESPONSIBILITIES

Dear \_\_\_\_\_,

Thank you for assisting as a workshop host for the Regional Early Care Education Conference. Your participation ensures that our conference proceeds smoothly. Below are your room assignments and a brief summary of host duties.

### **Please Complete Room Counts**

Session I:                8:00 am - 10:00 am                Room # \_\_\_\_\_

Session II:              10:30 am - 12:30 pm              Room # \_\_\_\_\_

### **We ask you to help in the following ways:**

- ☐ Assist in validating training certificates for the Keynote Session.
- ☐ Arrive at least 30 minutes early to assist in setting up rooms and audiovisuals, hanging up signs, etc.
- ☐ Write the name of the presenter and the workshop title on the board for participants. Greet the presenter when they arrive and tell them that you will be collecting evaluations, initialing certificates and assisting them with any needs they may have.
- ☐ Count the number of participants as they enter the room. When 30 or the number planned for by your presenter, have arrived, close the door and put the "Session Full" sign outside the door. **Do not allow more than 30 participants per session unless the presenter agrees.** Mark the total number of participants attending each session you host in the space provided above.
- ☐ Before the workshop begins, announce to the participants that you will be initialing the training certificates and collecting workshop evaluations at the end of the session.
- ☐ Help the presenter during the session by distributing handouts, ensuring that tables and chairs are arranged appropriately and that audiovisual equipment that is needed is present and working properly.
- ☐ At the break, ask the presenter if they would like their snack brought to them, since they probably won't have time between sessions to get it themselves.
- ☐ At the end of the first session, collect the workshop evaluations from the participants and **initial** their certificate. During the second session, you should tally the evaluations from the first session.
- ☐ At the end of the second session, collect the workshop evaluations from the participants and **initial** their certificate. During the third session, you should tally the evaluations from the second session.
- ☐ After the conference, pick up all remaining workshop and conference evaluations and **initial** any remaining certificates. Tally all workshop and conference evaluations.
- ☐ After each session, straighten the room, pick up trash and assist the presenter.
- ☐ *After the conference, return this sheet, with room count information, tally sheets and the workshop and conference evaluations to the CACFP Sponsoring Agency Representative. Make sure to include the workshop and conference evaluations you filled out.*
- ☐ At the end of the conference, assist in packing everything that was brought in.

*One final note to those child care providers that serve as hosts. In addition to the workshop hours attended, an additional one (1) to two (2) hours will be awarded to the RECEC host.*

**We thank you for your help in contributing toward a successful conference!**

# CONFERENCE ASSIGNMENTS

(For conference planning committee members)

Thank you for your assistance with the Regional Early Care Education Conference. Your help ensures our conference proceeds smoothly. Below are your conference assignments:

## Pre-Conference Set-Up

Please meet at: \_\_\_\_\_ Friday at: \_\_\_\_\_

| TASK                          | Name of Contact Person | Sponsoring Organization |
|-------------------------------|------------------------|-------------------------|
| Hang up room signs and arrows |                        |                         |
| Arrange registration area     |                        |                         |
| Hang misc. signs              |                        |                         |
| Assign Troubleshooters        |                        |                         |
| Check A-V assignment form     |                        |                         |
| Food                          |                        |                         |

## Conference Assignment

Please meet at: \_\_\_\_\_ Saturday at: \_\_\_\_\_

| Task                             | Name of Contact Person | Sponsoring Organization |
|----------------------------------|------------------------|-------------------------|
| General Session                  |                        |                         |
| Room counts/certificates         |                        |                         |
| Hall greeters                    |                        |                         |
| Registration tables              |                        |                         |
| Registration greeters            |                        |                         |
| Troubleshooters                  |                        |                         |
| Check A-V assignment form        |                        |                         |
| Room host room # ____ Session I  |                        |                         |
| Room host room # ____ Session II |                        |                         |

**Sign-In Sheet**  
**FAMILY CHILD CARE HOME PROVIDERS**

**Sponsoring Organization:** \_\_\_\_\_

**Date and Location of Conference:** \_\_\_\_\_

| <b>Name</b> | <b>Address</b> | <b>Telephone/Cell<br/>Number</b> |
|-------------|----------------|----------------------------------|
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |
|             |                |                                  |

# **SIGN-IN SHEET**

## **CHILD AND ADULT CARE CENTERS**

**Sponsoring Organization:**\_\_\_\_\_

**Date and Location of Conference:**\_\_\_\_\_

| <b>Name</b> | <b>Center Name and Address</b> | <b>Telephone/Cell Number</b> |
|-------------|--------------------------------|------------------------------|
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |
|             |                                |                              |

# SIGN-IN SHEET

## COMMUNITY AND PARENTS

Date and Location Conference:

| Name | Address | Are your children in a Day Care Center, Home or Relative Care? | How did you hear of this RECEC?<br>Why did you decide to attend? |
|------|---------|--|--|
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |
|      |         |  |  |

## IT (AUDIOVISUAL) ROOM ASSIGNMENTS

Location of Conference:

| ROOM # | WIFI | PROJECTOR | EXTENSION<br>CORDS | ROOM SETUP STYLE<br>(Classroom, Theater, U-shape) | SPEAKERS |
|--------|------|-----------|--------------------|---|----------|
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |
|        |      |           |                    |   |          |



# ADVERTISING

## *SAMPLE*

### MEMORANDUM

**TO:** All Child and Adult Care Food Program Providers and Friends  
**FROM:** The Early Childhood Services, Sponsoring Organization(s)  
**DATE:** (mm/dd/yyyy)  
**SUBJECT:** Regional Early Care Education Conference

We are pleased to inform you that the Regional Early Care Education Conference ((RECEC) for the **(city)** area will be held at:

Location: Address  
City, State

Date: Date of Conference

Time: Registration 7:00 a.m. - 8:00 a.m.  
General Session 8:15 a.m. -10:15 a.m.  
Workshops 10:30 a.m. - 12:30 p.m.  
Refreshments Served

Cost: Free

This RECEC is being sponsored by **(Sponsoring Agency)** and the Early Childhood Services of the NM Children, Youth and Families Department. It is available free of charge. The workshops offer information about child development, nutrition activities for children and child and adult care food program requirements. These trainings can be used to meet state licensing and registration training requirements.

For more information regarding the conference, please call **(Sponsoring Organization)** at **(Telephone Number)**.

NM Children, Youth & Families Department/Early Childhood Services  
**(Name of Co-Sponsoring Agencies)**

## RECEC Workshop Evaluation: General Session

Title of Workshop: \_\_\_\_\_ Name of Presenter: \_\_\_\_\_

1. Was the topic and information covered in this workshop useful to your profession? Yes\_\_\_ No\_\_\_
2. Was the information presented easy for you to understand? Yes\_\_\_ No\_\_\_
3. Were the materials handed out in class useful? Yes\_\_\_ No\_\_\_
4. Do you have any suggestions or comments regarding this workshop?

---

## RECEC Workshop Evaluation: Session I

Title of Workshop: \_\_\_\_\_ Name of Presenter: \_\_\_\_\_

1. Was the topic and information covered in this workshop useful to your profession? Yes\_\_\_ No\_\_\_
2. Was the information presented easy for you to understand? Yes\_\_\_ No\_\_\_
3. Were the materials handed out in class useful? Yes\_\_\_ No\_\_\_
4. Do you have any suggestions or comments regarding this workshop? \_\_\_\_\_

---

## RECEC Workshop Evaluation: Session II

Title of Workshop: \_\_\_\_\_ Name of Presenter: \_\_\_\_\_

1. Was the topic and information covered in this workshop useful to your profession? Yes\_\_\_ No\_\_\_
2. Was the information presented easy for you to understand? Yes\_\_\_ No\_\_\_
3. Were the materials handed out in class useful? Yes\_\_\_ No\_\_\_
4. Do you have any suggestions or comments regarding this workshop

---

## Conference Evaluation

1. Please rate your overall satisfaction with this conference.

|                |           |                    |               |
|----------------|-----------|--------------------|---------------|
| Very Satisfied | Satisfied | Somewhat Satisfied | Not Satisfied |
| 4              | 3         | 2                  | 1             |

2. What other workshop topics would you like presented at the next RECEC? \_\_\_\_\_

3. May we have your suggestions or comments for future conferences?

## RECEC Evaluación de La Clase: La Sesión General

**Título de La Clase:\_\_\_\_\_Nombre del Presentador:\_\_\_\_\_**

- |   |            |
|---|------------|
| 1. Fueron el tema y la información provechosos para su profesión? | Sí___No___ |
| 2. Fué fácil de entender la información presentada?               | Sí___No___ |
| 3. Fueron provechosos los materiales que recibió en la clase?     | Sí___No___ |
| 4. Tiene algunas sugerencias o comentarios acerca de esta clase?  |            |

## RECEC Evaluación de La Clase: Sesión I

**Título de La Clase:** \_\_\_\_\_ **Nombre del Presentador:** \_\_\_\_\_

1. Fueron el tema y la información provechosos para su profesión?    Sí\_\_\_\_No\_\_\_\_
2. Fué fácil de entender la información presentada?    Sí\_\_\_\_No\_\_\_\_
3. Fueron provechosos los materiales que recibió en la clase?                      Sí\_\_\_\_No\_\_\_\_
4. Tiene algunas sugerencias o comentarios acerca de esta clase \_\_\_\_\_

## RECEC Evaluación de La Clase: Sesión II

**Título de La Clase:**\_\_\_\_\_ **Nombre del Presentador:**\_\_\_\_\_

1. Fueron el tema y la información provechosos para su profesión? Sí\_\_\_No\_\_\_
2. Fué fácil de entender la información presentada? Sí\_\_\_No\_\_\_
3. Fueron provechosos los materiales que recibió en la clase? Sí\_\_\_No\_\_\_
4. Tiene algunas sugerencias o comentarios acerca de esta clase?

## Evaluación de la Conferencia

- Por favor, califique su satisfacción con respecto a esta conferencia.  
Muy Satisfactoria    Satisfactoria    Algo Satisfactoria    No Satisfactoria  
4                                  3                                  2                                  1
- Cuáles otros temas le interesaría que fueran presentadas en las clases en el próximo RECEC?  
\_\_\_\_\_  
\_\_\_\_\_
- Le agradeceríamos sus sugerencias y comentarios con respecto a conferencias en el futuro.

## RECEC Workshop Evaluation: Session I

Title of Workshop: \_\_\_\_\_ Name of Presenter: \_\_\_\_\_

1. Was the topic and information covered in this workshop useful to your profession? Yes\_\_ No\_\_
2. Was the information presented easy for you to understand? Yes\_\_ No\_\_
3. Were the materials handed out in class useful? Yes\_\_ No\_\_
4. Do you have any suggestions or comments regarding this workshop?

---

---

## RECEC Workshop Evaluation: Session II

Title of Workshop: \_\_\_\_\_ Name of Presenter: \_\_\_\_\_

1. Was the topic and information covered in this workshop useful to your profession? Yes\_\_ No\_\_
2. Was the information presented easy for you to understand? Yes\_\_ No\_\_
3. Were the materials handed out in class useful? Yes\_\_ No\_\_
4. Do you have any suggestions or comments regarding this workshop?

---

---

---

## Conference Evaluation

1. Please rate your overall satisfaction with this conference.

|                |           |                    |               |
|----------------|-----------|--------------------|---------------|
| Very Satisfied | Satisfied | Somewhat Satisfied | Not Satisfied |
| 4              | 3         | 2                  | 1             |
2. What other workshop topics would you like presented at the next RECEC? \_\_\_\_\_

---

---

3. May we have your suggestions or comments for future conferences?

---

---

---

## RECEC Evaluación de La Clase: Sesión I

Título de La Clase: \_\_\_\_\_ Nombre del Presentador: \_\_\_\_\_

1. Fueron el tema y la información provechosos para su profesión?    Sí \_\_\_\_ No \_\_\_\_
2. Fué fácil de entender la información presentada?    Sí \_\_\_\_ No \_\_\_\_
3. Fueron provechosos los materiales que recibió en la clase? Sí \_\_\_\_ No \_\_\_\_
4. Tiene algunas sugerencias o comentarios acerca de esta clase \_\_\_\_

---

---

## RECEC Evaluación de La Clase: Sesión II

Título de La Clase: \_\_\_\_\_ Nombre del Presentador: \_\_\_\_\_

1. Fueron el tema y la información provechosos para su profesión?    Sí \_\_\_\_ No \_\_\_\_
2. Fué fácil de entender la información presentada?    Sí \_\_\_\_ No \_\_\_\_
3. Fueron provechosos los materiales que recibió en la clase? Sí \_\_\_\_ No \_\_\_\_
4. Tiene algunas sugerencias o comentarios acerca de esta clase? \_\_\_\_\_

---

---

## Evaluación de la Conferencia

1. Por favor, califique su satisfacción con respecto a esta conferencia

|                   |               |                    |                  |
|-------------------|---------------|--------------------|------------------|
| Muy Satisfactoria | Satisfactoria | Algo Satisfactoria | No Satisfactoria |
| 4                 | 3             | 2                  | 1                |

2. Cuáles otros temas le interesaría que fueran presentadas en las clases en el próximo RECEC?

---

---

3. Le agradeceríamos sus sugerencias y comentarios con respecto a conferencias en el futuro.

---

---

# RECEC COMPILED WORKSHOP EVALUATIONS

Location of Conference: \_\_\_\_\_

General Session: \_\_\_\_\_ Name of Presenter: \_\_\_\_\_

Session Number: \_\_\_\_\_ Number of Participants Attending: \_\_\_\_\_

1. Was the topic and information covered in this workshop useful to your job?

| Response | Tally | Total |
|----------|-------|-------|
| Yes      |       |       |
| No       |       |       |

2. Was the information presented easy for you to understand?

| Response | Tally | Total |
|----------|-------|-------|
| Yes      |       |       |
| No       |       |       |

3. Were the written materials useful?

| Response | Tally | Total |
|----------|-------|-------|
| Yes      |       |       |
| No       |       |       |

4. Do you have any suggestions for improving this workshop?

*Please list comments made by participants.*

---

---

---

---

# RECEC COMPILED CONFERENCE EVALUATIONS

Conference Location: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please rate your overall satisfaction with this conference:

| Response           | Tally | Total |
|--------------------|-------|-------|
| Not Satisfied      |       |       |
| Somewhat Satisfied |       |       |
| Satisfied          |       |       |
| Very Satisfied     |       |       |

2. What other workshop topics or materials would you like to receive at the next RECEC?

*Please list comments made by participants.*

---

---

---

---

---

---

---

---

---

---

3. In what way(s) could we improve future conferences?

*Please list comments made by participants.*

---

---

---

---

---

---

---

---

---

---

## "THANK YOU" LETTER TO PRESENTER SAMPLE

*(Date)*

*(Presenter Name)*

*(Presenter Title)*

*(Organization)*

*(Address)*

*(City, State and Zip Code)*

*Dear (Presenter Name),*

The Regional Early Care Education Conference in ***(location)*** has passed and will be remembered as a success by those who attended. A good share of the credit for its success goes to you. Your contribution as a presenter will help providers perform their jobs better.

Enclosed please find the workshop evaluations summary for the workshop(s) you conducted.

Again, thank you for your participation. Sincerely,

NM Children, Youth and Families Department/Early Childhood Services  
***(Name of Co-Sponsoring Agencies)***

Enclosures



# REGIONAL EARLY CARE EDUCATION CONFERENCE

## PRESENTER EVALUATION

Location of Conference: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Presenter: \_\_\_\_\_ Workshop Title: \_\_\_\_\_  
(optional) (optional)

Your reactions and comments are important to help us determine improvements for future conferences. Please comment on the following:

Overall opinion of the conference: \_\_\_\_\_

Facility and classrooms: \_\_\_\_\_

Availability of staff during the conference to meet your needs: \_\_\_\_\_

Did you have specific learning objectives for your workshop? \_\_\_\_\_

How did you measure whether your objectives were met? \_\_\_\_\_

Did you provide handouts to the participants in your workshop? \_\_\_\_\_

If this conference is offered again next year, how could it be improved?

\_\_\_\_\_

Would you be willing to participate in the future? ☐ YES ☐ NO

Comments: \_\_\_\_\_

\_\_\_\_\_

Please scan/email your evaluation to:

[teresa.taylor@state.nm.us](mailto:teresa.taylor@state.nm.us)

# RECEC FEEDBACK SHEET

## I. Pre-Conference Planning

| List of Tasks   | Rate Each Task Completed |              |                   |      |
|---|--------------------------|--------------|-------------------|------|
| Task Completed  | Outstanding              | Satisfactory | Needs Improvement | Why? |
| Securing of facility                                    |                          |              |                   |      |
| First planning meeting                                  |                          |              |                   |      |
| Other planning meetings                                 |                          |              |                   |      |
| Agenda and assigned tasks clear                         |                          |              |                   |      |
| Timetable for tasks met                                 |                          |              |                   |      |
| Meetings: started on time, organized and met objectives |                          |              |                   |      |
| All conference planners informed of conference plans    |                          |              |                   |      |
| Planning partners welcomed and informed                 |                          |              |                   |      |
| Correspondence to presenters                            |                          |              |                   |      |
| Planning group member availability & communication      |                          |              |                   |      |
| Other tasks   |                          |              |                   |      |

## II. Day Before the Conference - Set-Up

| List of Tasks                      | Rate Each Task Completed |              |                   |      |
|------------------------------------|--------------------------|--------------|-------------------|------|
| Task Completed                     | Outstanding              | Satisfactory | Needs Improvement | Why? |
| A-V Equipment Available for Set-up |                          |              |                   |      |
| Room Signs Available               |                          |              |                   |      |
| Map and Conference Flow Available  |                          |              |                   |      |
| Monitors Assigned and Trained      |                          |              |                   |      |
| Sufficient Help                    |                          |              |                   |      |
|                                    |                          |              |                   |      |

### III. Conference Day Outcomes

| List of Tasks                     | Rate Each Task Completed |              |                   |      |
|-----------------------------------|--------------------------|--------------|-------------------|------|
| Task Completed                    | Outstanding              | Satisfactory | Needs Improvement | Why? |
| Facility Location                 |                          |              |                   |      |
| Parking for Providers             |                          |              |                   |      |
| Parking for Presenters            |                          |              |                   |      |
| Room Signs Posted                 |                          |              |                   |      |
| Sufficient Registration Materials |                          |              |                   |      |
| Registration Flow Clear           |                          |              |                   |      |
| A-V Equipment Available           |                          |              |                   |      |
| Morning Snack                     |                          |              |                   |      |
| Mid-Morning Snack                 |                          |              |                   |      |
| Bathrooms                         |                          |              |                   |      |
| Sufficient Monitors Available     |                          |              |                   |      |
| Sufficient Presenters             |                          |              |                   |      |
| Contingency Plans In Place        |                          |              |                   |      |
| Emergency Plan In Place           |                          |              |                   |      |
| Teamwork of Planning Partners     |                          |              |                   |      |
| Conference Flow                   |                          |              |                   |      |
| Conference Schedule Met           |                          |              |                   |      |
| Clean-up                          |                          |              |                   |      |
| A-V Returned                      |                          |              |                   |      |
| Other:                            |                          |              |                   |      |
|                                   |                          |              |                   |      |

**Thank you for participating in RECEC Planning Committee and Conference. Your feedback about the planning effort is appreciated.**

## RECEC POST-CONFERENCE EXPENSE REPORT (REQUIRED)

(The information below must be submitted no later than **2 weeks** after conference.)

Date & Location of Conference:\_\_\_\_\_

Number of Participants:\_\_\_\_\_

| CONFERENCE COSTS   |                 | ATTENDANCE                                   |                 |
|--------------------|-----------------|--|-----------------|
| Line Item          | \$ Amount Spent | Organization Name                            | Total Attendees |
| Facility Costs     |                 |  |                 |
| Custodial          |                 |  |                 |
| Food Costs         |                 | Number of Providers                          |                 |
| IT Specialist      |                 | RECEC Conference Staff                       |                 |
| Other Costs        |                 | Presenters                                   |                 |
|                    |                 | Number of Centers<br>Parents/Community/Other |                 |
| <b>Total Costs</b> |                 | Total Number of Attendees                    |                 |

**Attach copies of the workshop evaluation tally sheets and conference evaluations and mail to:**

Children, Youth and Families Department  
Early Childhood Services / Family Nutrition Bureau  
c/o Teresa Taylor, State RECEC Coordinator  
3401 Pan American Freeway, NE  
Albuquerque, NM 87107

Form Submitted by:\_\_\_\_\_

Agency:\_\_\_\_\_

