

# 2011-2012 Application to Become a Director Mentor

Name

Address (Home)  City  Zip Code

Home Phone (Area Code and Number)  Cell Phone (Area Code and Number)

Best Time to Reach You  Email

Are you currently employed as a director or site supervisor?  Yes  No

***If NO, please answer the following and proceed to page 4***

How long has it been since you were employed in this job category? Years  Months

Are you employed in another position?  Yes  No If yes, in the ECE field?  Yes  No

Job Title  Agency Where Employed

***If YES, please answer the following***

How long have you held your current position? Years  Months

Name of Your Center/FCC  Job Title

Work Address  City  Zip Code

Work Phone (Area Code and Number)  Best Time to Reach You

Hours Your Program Operates Daily  Ages of Children Served  Number of Children Served

If you have a supervisor, what is that person's name and title?

Do you currently have a Mentor Teacher on your staff?  Yes  No Mentor's Name

## PROGRAM INFORMATION

DSS License #  Effective Date  License Type  Center  Family Child Care

Licensed Capacity by Age Infant  Preschool  School Age  Title 5 Contract Description

License Exempt  Yes  No If yes, please explain reason for exemption

## SUPERVISOR'S AGREEMENT FOR CANDIDATE TO PARTICIPATE IN THE CALIFORNIA EARLY CHILDHOOD MENTOR PROGRAM

*(In cases where the applicant is the Executive Director and/or has no supervisor, the Board of Directors president or equivalent may complete this agreement.)*

*I agree to support the application of this candidate to be considered as a Director Mentor, with the full understanding that such application may involve a formal outside assessment of the program using Harms and Clifford rating scales (ECERS-R / ITERS-R / SACERS / FCCERS-R), Program Administration Scale (PAS) or other appropriate instruments.*

*I am aware that Director Mentors may receive stipends for providing support to directors of other programs. Mentoring activities will be conducted without disruption to the Director Mentor's current job responsibilities and will occur outside of regular work hours if necessary. Should this candidate be selected, I agree to support the Director Mentor in the performance of his or her duties.*

*I agree to provide salary information to the Mentor Program that will be analyzed confidentially and reported in aggregate only, with no identification of my program.*

Signature  Name and Title  Date

## Program Type

Please check the **ONE** number that **best** describes your program:

- 1. Programs subsidized in full or in part by funds administered by the Child Development Division, California Department of Education. Funding sources include the State Preschool Program, Alternative Payments, General Child Development Program, Federal Child Care and Development Fund, and Title IV-A At Risk funds.
- 2. Head Start Programs and other programs serving income-eligible children.
- 3. Programs serving children in their primary languages of Spanish, Chinese, Vietnamese, etc., or that have a teacher who is multi-lingual, multi-cultural, or who demonstrates expertise in a particular area of local need (infants and toddlers, exceptional needs children, etc.).
- 4. Programs that are willing and able to serve low-income children subsidized by funds administered by CDD through Alternative Payments.
- 5. Programs representative of the region's diversity of program type (school-age, infant and toddler, High Scope, Montessori, family day care, etc.).

Please describe any additional characteristics of your program or programs you have worked in, that contribute to your specific expertise as a director (e.g., parent co-op, private foundation support, flexible hours). (Limit 1500 characters; use the writable PDF function or attach additional pages if necessary):

Briefly describe, in your own words, your program's goals and philosophy. (Limit 1500 characters; use the writable PDF function or attach additional pages if necessary):

## Quality Review

Completion date of the last quality assessment of your program

*The results of this quality assessment (or a summary of these results) must be submitted with this application, unless they are already on file with the Mentor Selection Committee*

Please indicate the quality assessment criteria used

Please describe how the challenges identified in the last quality review have been, or are being, addressed. (Limit 1500 characters; use the writable PDF function or attach additional pages if necessary):

## EXPERIENCE

List your previous relevant work experience (in order of most recent first). A resume may be submitted in lieu of this section.

Organization

Dates Employed

Address

City

Zip Code

Phone

Supervisor's Name

Your Job Title

Your Job Description

Reason for leaving

Organization

Dates Employed

Address

City

Zip Code

Phone

Supervisor's Name

Your Job Title

Your Job Description

Reason for leaving

Organization  Dates Employed

Address  City  Zip Code

Phone  Supervisor's Name  Your Job Title

Your Job Description

Reason for leaving

## ACADEMIC EDUCATION

List relevant academic achievements in early childhood education or child development programs. A resume may be submitted in lieu of this section. **Please include an official transcript verifying three to six semester units in administration and/or supervision.**

Name of College or School  Dates Attended

Title of Major or Certificate Program  Degree or Credential Earned

Date Received  Total (Quarter Units)  Total (Semester Units)

Name of College or School  Dates Attended

Title of Major or Certificate Program  Degree or Credential Earned

Date Received  Total (Quarter Units)  Total (Semester Units)

Name of College or School  Dates Attended

Title of Major or Certificate Program  Degree or Credential Earned

Date Received  Total (Quarter Units)  Total (Semester Units)

## PROFESSIONAL ACTIVITIES

Please list any current or past professional affiliations and/or activities. Please describe any activities that demonstrate your leadership experience in community development, advocacy or public policy. A resume may be submitted in lieu of this section. (Limit 1500 characters; use the writable PDF function or attach additional pages if necessary):

## PERSONAL STATEMENTS

Please describe any prior experience as either a mentor or a protege. (Limit 1500 characters; use the writable PDF function or attach additional pages if necessary):

Indicate briefly why you wish to be a Mentor to other directors and why you think you would be successful in this role. Please discuss unique experiences, education, and background you feel would strengthen your effectiveness as a Director Mentor—linguistic abilities, cultural or ethnic characteristics, special training, etc. (Limit 3300 characters; use the writable PDF function or attach additional pages if necessary):

## DIRECTIONS

### PROGRAM ADMINISTRATION SCALE

written by Teri N. Talan and Paula Jorde Bloom

The Program Administration Scale (PAS, Talan and Bloom, 2004) is an assessment tool similar to the Environment Rating Scales developed by Thelma Harms and Richard Clifford. Instead of measuring classroom environment, however, the PAS measures indicators of management and leadership in a child care program (Centers and large Family Child Care homes).

The full PAS consists of TWENTY-FIVE *items* in TEN *subscales* (see diagram below). The California Early Childhood Mentor Program will refer to only TWENTY-ONE *items* in NINE of the *subscales* of the PAS (Staff Qualification subscale will not be used).

From among the total of twenty-one items, Director Mentor applicants select SEVEN items for Selection Committee review. You must be prepared to present for review those documents which correspond to the particular items you select. If you select either Item 7 or Item 20, observation of the facility is needed. You will only discuss the items you select.

#### EXAMPLE

##### Subscale

Item  
Item  
Item

##### Human Resource Development

Staff Orientation  
Supervision and Performance Appraisal  
Staff Development

When you have selected your seven items, please indicate those items below.

Among the seven items, please select one. For this item, please consider how you would mentor another director who is struggling in this area. When the Selection Committee members meet with you, they will ask you about your mentoring approach.

### *Hint: Remember your DMI--Reflection, Collaboration, Commitment!*

Prior to the Selection Committee Member visit, please compile all of the documentation relevant to your seven selected items. Refer to the "Notes" section in the PAS book for each item. There you will find suggestions and guidelines on documentation. If you do not have some of the items, please compile any documentation you have that demonstrates your strength in this area.

You may contact the Mentor Program Coordinator to request assistance with this process.

#### Human resource development

- Staff orientation
- Supervision and performance appraisal
- Staff development

#### Personnel cost and allocation

- Compensation
- Benefits
- Staffing patterns and scheduling

#### Center operations

- Facilities management
- Risk management
- Internal communications

#### Child assessment

- Screening and identification of special needs
- Assessment in support of learning

#### Fiscal management

- Budget planning
- Accounting practices

#### Program planning and evaluation

- Program evaluation
- Strategic planning

#### Family partnerships

- Family communications
- Family support and involvement

#### Marketing and public relations

- External communications
- Community outreach

#### Technology

- Technological resources
- Use of technology

## REFERENCES

Please provide the names, titles and phone numbers of at least five persons (two program staff, one parent of a child in your program, one director/peer, and one individual whom you have mentored or who has mentored you) who can attest to your overall competence as a director, your potential to be an effective Director Mentor and your specific area of expertise, etc.

### *Program staff*

Name	<input type="text"/>	Title	<input type="text"/>
Agency	<input type="text"/>	Address	<input type="text"/>
Work Phone	<input type="text"/>	Home Phone	<input type="text"/>
		Email address	<input type="text"/>

Name	<input type="text"/>	Title	<input type="text"/>
Agency	<input type="text"/>	Address	<input type="text"/>
Work Phone	<input type="text"/>	Home Phone	<input type="text"/>
		Email address	<input type="text"/>

### *Parent*

Name	<input type="text"/>	Title	<input type="text"/>
Agency	<input type="text"/>	Address	<input type="text"/>
Work Phone	<input type="text"/>	Home Phone	<input type="text"/>
		Email address	<input type="text"/>

### *Director/peer*

Name	<input type="text"/>	Title	<input type="text"/>
Agency	<input type="text"/>	Address	<input type="text"/>
Work Phone	<input type="text"/>	Home Phone	<input type="text"/>
		Email address	<input type="text"/>

### *An individual whom you have mentored or who mentored you, formally or informally*

Name	<input type="text"/>	Title	<input type="text"/>
Agency	<input type="text"/>	Address	<input type="text"/>
Work Phone	<input type="text"/>	Home Phone	<input type="text"/>
		Email address	<input type="text"/>

### *Other (you may submit additional names here)*

Name	<input type="text"/>	Title	<input type="text"/>
Agency	<input type="text"/>	Address	<input type="text"/>
Work Phone	<input type="text"/>	Home Phone	<input type="text"/>
		Email address	<input type="text"/>