

2011-2012 Director Mentor Re-Certification Application

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 3

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):

Explain any changes that have occurred in your work situation since you were last certified. If appropriate, describe your new program. If your program has changed since your last application, please explain any additional characteristics of your program that contribute to your specific expertise as a director, e.g., parent co-op, private foundation support, flexible hours (Limit 6000 characters; use the writable PDF function or attach additional pages if necessary):

PROFESSIONAL ACTIVITIES

Please list any current or past professional affiliations and/or activities. Please describe any activities which illustrate your leadership experience in community development, advocacy or public policy. *A resume may be submitted in lieu of this section.*

Personal Statements: The following statements provide information on your personal experience and growth as a Director Mentor and feedback to your local Mentor Program.

Indicate briefly what you have found to be your (a) strengths and (b) areas for continued growth in mentoring other directors. Also indicate any new areas of expertise and cite documentation provided (Limit 2000 characters; use the writable PDF function or attach additional pages if necessary):

What aspects of the Mentor Program have you found worked well for you as a leader and advocate for the field? What aspects of the Mentor Program have you found to be difficult for you or have not met your needs? (Limit 2000 characters; use the writable PDF function or attach additional pages if necessary):

Note: Selection Committees reserve the right to require additional documentation.

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 Re-Certification applicants select THREE 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 three items, please indicate those items below.

Among the three 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 three 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