



2007-2008 Director Mentor Application

MINIMUM QUALIFICATIONS NECESSARY TO APPLY

- No fewer than three years of experience in an ECE supervisory role (does not need to be current)
- Completion of at least three semester units in ECE administration and/or supervision
- Certificate of completion of a Director Mentor Institute
- Completion of a Program Administration Scale (PAS) self-study and selection of seven PAS items to discuss with a site visit team of two Selection Committee members

PACKET CHECKLIST

The Director Mentor application requires submitting the following information to the Mentor Selection Committee. Only completed application packets will be reviewed by the Selection Committee.

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

Please submit:

- Director Mentor Application.
- Your current job description (if one already exists).
- An official transcript verifying at least three semester units in ECE administration and/or supervision.
- Verification of completion of a Director Mentor Institute.
- Results of your program's most recent quality assessment (if one has been done in the last three years).

HAVE YOU (please check):

- Completed the ten-page Director Mentor Application?
- Received your supervisor's signature on Page 3?
- Indicated your program type on Page 3?
- Indicated on Page 9 which areas of the Program Administration Scale (PAS) you choose to be interviewed about by the Selection Committee?
- Included names and contact information for five references (two staff members, one parent, one college faculty, one director/peer)?

Please send completed application packet to:



Application to Become a Director Mentor

LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME PHONE (AREA CODE AND NUMBER)	BEST TIME TO REACH YOU	
EMAIL	CELL PHONE (AREA CODE AND NUMBER)	

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

IF NO, please answer the following and proceed to page 5:

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

If Employed, Job Title _____ Agency Where Employed _____

IF YOU ARE CURRENTLY EMPLOYED AS A DIRECTOR OR SITE SUPERVISOR, 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	EMAIL ADDRESS
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

If yes, what is the 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 _____
(e.g. State Preschool, General Child Care, Migrant, etc.)

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/FDCRS), Program Administration Scale (PAS) or other appropriate instruments.

I am aware that Director Mentors may receive stipends for providing technical assistance 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.

Signature	Date
Name and title (please print)	

Program Type

Please circle the 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):

Experience

List your previous relevant work experience (in order of most recent first). Use extra sheets of paper if necessary. ***A résumé may be submitted in lieu of this section.***

ORGANIZATION		
ADDRESS		
CITY	ZIP CODE	DATES EMPLOYED
PHONE	SUPERVISOR'S NAME	
JOB TITLE		
JOB DESCRIPTION		
REASON FOR LEAVING		

ORGANIZATION		
ADDRESS		
CITY	ZIP CODE	DATES EMPLOYED
PHONE	SUPERVISOR'S NAME	
JOB TITLE		
JOB DESCRIPTION		
REASON FOR LEAVING		

ORGANIZATION		
ADDRESS		
CITY	ZIP CODE	DATES EMPLOYED

PHONE	SUPERVISOR'S NAME
JOB TITLE	
JOB DESCRIPTION	
REASON FOR LEAVING	

Academic Education

List relevant academic achievements in early childhood education or child development programs. ***A résumé 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)

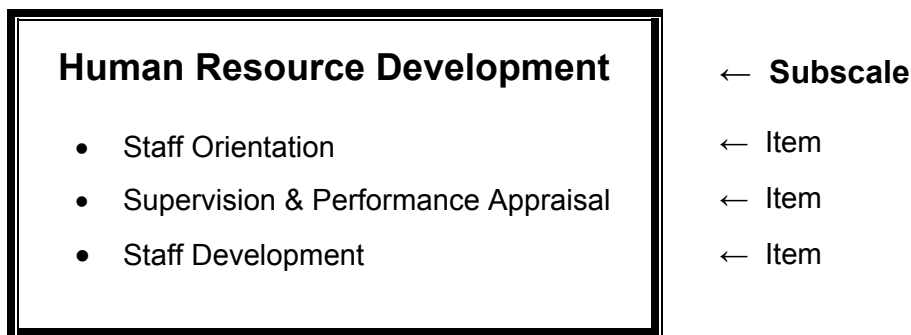
NAME OF COLLEGE OR SCHOOL		DATES ATTENDED
TITLE OF MAJOR OR CERTIFICATE PROGRAM		
DEGREE OR CREDENTIAL EARNED		
DATE RECEIVED	TOTAL (QUARTER UNITS)	TOTAL (SEMESTER UNITS)



Directions: Program Administration Scale

- The Program Administration Scale (PAS) is a measurement tool similar to the Environment Rating Scales developed by Thelma Harms & Richard Clifford. Instead of measuring classroom environment, however, the PAS measures indicators of management of and leadership within 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:



- When you have selected your seven items, please indicate those items on page 9.
- Among the seven items you select, 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.

Please indicate with a checkmark (✓) the items below from the Program Administration Scale (PAS) about which the Selection Committee will interview you when they visit your workplace. *(If you are no longer working in an Early Childhood facility, please arrange the logistics of your interview with the Mentor Program Coordinator.)* You must select **seven** items. You may contact the Mentor Program Coordinator to request assistance with this process. You will be assessed only on the items you select:

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 college early childhood faculty member and one director/peer) who can attest to your overall competence as a director, your potential to be an effective Director Mentor and your specific areas of expertise, etc.

Program staff

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

Parent

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

College faculty

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

Director/peer

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

Other (you may submit additional names here)

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

Note: The Selection Committee reserves the right to require additional documentation.