

***MID-STATE REGIONAL KEY***

***Start Up TA – Mentee Application***

**INTRODUCTION TO THE PROGRAM:**

Attached you will find a Mentee Application for the Mid-State Regional Key (MSRK) START –UP TA

Mentoring Program. This program is available to Keystone STARS childcare sites wanting to partner with a mentor to help them move from STAR 1 to a STAR 2 in the Keystone STARS Program.

Mentees who participate in this program will be assigned to a single mentor, or if an individual feels that they work better in a group setting, there is potential to establish cohorts that will move through the process together. An individual applying to be a mentee should explain their preference in the open ended response section of their application. Each Mentor-Mentee match will be assigned by a selection committee comprised of Mid-State Regional Key Staff and the Mid-State Regional Key Mentor Specialist. This Specialist will also oversee the partnership and monitor the progress of the Mentee as they work through the STAR 2 Standards. The Mentor will be the Mentee’s first point of contact, but the Mentoring Specialist will be available to address any issues or concerns that may arise.

Mentees will be matched with mentors who have also applied to be a part of this program. A mentor will be the current director of a Family Child Care Home, Group Facility or Child Care Center. Their program must

currently be at a STAR 2, 3 or STAR 4 level.

After you are successful and are designated a STAR 2, you may sign new forms which provided continued mentoring services through the MSRKS Rising STARS Mentor Program. This program will assist you in moving to the STAR 3 level.

Again, we are very excited to be offering such a beneficial program that allows all parties involved to gain something so valuable in the field of Early Childhood Education. After all, we are all working towards the common goal of providing the highest quality of care for the children and families in our communities. Let us learn and grow from each other as we continue this journey.

If you are interested in joining this program, please complete the attached application. You may return it to me either by mail, fax or email. Please sign and include the acknowledgement page.

Sincerely,

Carol Heagy

MSRK Mentor Specialist

29 N. Duke St.

York, PA 17401

[cheagy@childcareconsultants.org](mailto:cheagy@childcareconsultants.org)

**Phone**: (717) 771-8587

**FAX:** (717) 848-2167

**Applicant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MPI # (Shown on your DHS Certificate of Compliance): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date as shown on your DHS Certificate of Compliance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of facility:** \_\_\_\_ For Profit \_\_\_\_\_Non-Profit \_\_\_\_\_\_ I am the owner

**\_\_\_\_\_**Family Child Care Home \_\_\_\_\_Group Child Care Home \_\_\_\_Center \_\_\_\_ SACC Only

**Enrollment Information: Check the age components that you serve**

\_\_\_\_\_ Infants \_\_\_\_\_ Young Toddlers \_\_\_\_\_ Old Toddlers \_\_\_\_\_ Preschool \_\_\_\_\_ School Age

Total current enrollment: \_\_\_\_\_\_\_\_\_\_\_ Number of Staff: \_\_\_\_\_\_\_\_ Full Time \_\_\_\_\_\_\_\_ Part Time

**Do you currently have a Provider Agreement with your local CCIS: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Do you currently participate in the Child and Adult Care Food Program? \_\_\_\_\_ Yes \_\_\_\_ No**

**Applicant Educational Qualifications:**

**Highest Education Level/Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently enrolled working toward: \_\_\_\_** Associate’s Degree \_\_\_\_\_ Bachelors’ Degree

\_\_\_\_\_ Master’s Degree List Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please reflect and complete the following questions:**

1. Why would you like to participate in the START-Up TA Mentor Program?
2. What resources and supports are you looking for to assist you in moving to a STAR 2?

1. Tell us about your learning style. Would you work better in a small group (cohort) or one on one?
2. What is the maximum distance you are will to travel – one way to meet with a mentor?

\_\_\_\_ less than 10 miles \_\_\_\_ 10-25 miles \_\_\_\_26-40 miles \_\_\_\_41-60 miles \_\_\_\_ 60+ miles

1. Do you have a substitute to take your place while being mentored? Tell us what plan is in place while you are not at your facility or program.
2. Do you have access to a computer with internet? What programs and/or software are you comfortable using? Do you have Skype or Face Time?
3. What day(s) and times are best for you to leave your facility to meet with your mentor?

Daytime, during the week, evenings during the week, weekends?

1. What is your primary language? Do you need a translator if English is not your first language?

**I acknowledge that I have completed the START UP-TA Mentee Application in its entirety and**

**understand that I may or may not be selected by the Mid-State Regional Key to participate.**

**I also acknowledge that if I am selected to be a mentee that I will abide by all the procedures, policies,**

**and agreements of the MSRK START-UP TA Mentoring Program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Mentee Applicant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Mentee Applicant**

**MAIL, EMAIL, OR FAX COMPLETED APPLICATION TO:**

MID-STATE REGIONAL KEY MENTORING PROGRAM/ATTN: CAROL HEAGY

29 N. Duke Street

York, PA 17401

FAX: 717-848-2167

[cheagy@childcareconsultants.org](mailto:cheagy@childcareconsultants.org)

MSRK use: MENTEE

Received:

Notes:

*Updated July 2017*