

 NEW YORK STATE Corrections and Community Supervision DIRECTIVE	TITLE Staff Mentoring Program		NO. 2407
			DATE 12/03/2018
SUPERSEDES	DISTRIBUTION A	PAGES PAGE 1 OF 4	DATE LAST REVISED
REFERENCES (Include but are not limited to)	APPROVING AUTHORITY 		

- I. **PURPOSE:** This policy establishes the Department's guidelines for the Staff Mentoring Program, which promotes professional growth for employees through mentoring opportunities. The program consists of three mentoring tracks: peer-to-peer, career enhancement, and leadership and management development. Additionally, the mentoring program will support the Department's vision, mission, goals, values, and policies by developing the knowledge and skills of participants.
- II. **POLICY:** It is the policy of the New York State Department of Corrections and Community Supervision (DOCCS) to support an agency-wide mentoring program that will foster diversity and inclusion; and work toward promoting effective communication, training, support, succession planning, and upward mobility through matched pairing of staff for professional growth.
- III. **DEFINITIONS**
 - A. **Mentoring:** A professional enhancement strategy through which one person facilitates the development of another by sharing known resources, expertise, values, skills, perspectives, attitudes, and proficiencies. It allows the learner to build skills and knowledge while attaining career development goals.
 1. **Peer-to-Peer Mentoring:** Supports recruits, trainees, and new staff members in understanding the Department's values, vision, mission, goals, and policies. Highly competent, successful, and experienced mentors share the skills and knowledge they've acquired with mentees who need to acquire the specified skills. Flash mentoring is also available to all staff.
 2. **Career Enhancement Mentoring:** Helps employees plan, develop, grow, and manage their careers. Career enhancement mentoring helps employees become resilient in times of change, more self-reliant in their careers, and more responsible as self-directed learners.
 3. **Leadership and Management Development Mentoring:** Encourages the development of leadership competencies through application and guided practice.
 4. **Flash Mentoring:** Involves a one-time meeting or discussion to impart above-mentioned ideals. Flash mentoring can occur formally or informally, as needed, in accord with the purpose and policy of this directive, but is not addressed here.
 - B. **Mentor:** A motivated individual who is interested in advancing the career of another by guiding them along the road to success through cultivating the individual's gifts and talents.

- C. Mentee: A motivated individual seeking information and guidance to enhance their professional growth and development. They are willing to learn and are committed to investing the time and energy to gain new insights and skills.

IV. ORGANIZATION

- A. Statewide Advisory Committee: This committee is comprised of Executive staff selected by the Commissioner. The members work with the Statewide Staff Mentoring Program Coordinator to facilitate a unified program vision through advising on current and future mentoring needs as well as providing support for the formal Staff Mentoring Program.
- B. Statewide Staff Mentoring Program Coordinator (SMPC): This employee reports directly to the Director of Training and is responsible for administering the Staff Mentoring Program through recruiting, training, supporting of mentors/mentees, working with Local Coordinators, promoting the program, and evaluating the program outcomes.
- C. Statewide Mentoring Committee: This committee is comprised of the Director of Training, Regional Training Lieutenants, Regional Training Coordinators, representatives of each bargaining unit, and the SMPC. Responsibilities include ensuring compliance with policy and procedure, assessing program performance and outcomes, and implementing modifications. The committee meets annually and reports findings to the SMPC.
- D. Local Coordinators: One or two individuals assigned by each Superintendent, Division Head, or Bureau Chief to coordinate the local mentoring program. Responsibilities include organizing and tracking the application process, assisting with the initial meeting between mentees and mentors, coordinating local mentoring training, and forwarding feedback to the SMPC. The Local Coordinator will meet quarterly with their facility Training Advisory Committee or annually with their Community Supervision or Board of Parole Training Advisory Committee for feedback and input on the mentoring program.

V. PROCEDURES

- A. Every employee shall be offered the opportunity to participate in the Staff Mentoring Program on a voluntary basis.
- B. Participants in the program are expected to fulfill their normal job responsibilities while participating in the mentoring program. No overtime will be authorized for the purpose of participating in mentoring activities.
- C. The Local Coordinators are responsible for introducing the Staff Mentoring Program to all new employees at their location through the initial orientation process. New employees will also receive information on mentoring at the Initial Employee Training.
- D. An employee who is interested in becoming a program participant must submit [Form #2407A](#), "Mentor Application," or [Form #2407B](#), "Mentee Application," to their Local Coordinator.
- E. The Local Coordinators will collect the completed applications, which will be reviewed by the Superintendent/Division Head/Bureau Chief with the understanding that time will need to be allocated for program participation. The Local Coordinators will forward all applications to the SMPC.

- F. The SMPC will send the "Mentor/Mentee Acceptance Notification" to the accepted applicants, carbon copied to the Local Coordinator, within 60 days of receipt of the application. Applicants who are not accepted will receive notice as to the reason why, within 60 days of receipt of the application, and may reapply after six months. Each participant will meet with their Local Coordinator to facilitate the pairing of the mentor and mentee.
- G. The mentor and mentee shall discuss and establish the nature of their mentoring relationship and collaboratively complete [Form #2407C](#), "Mentor/Mentee Exchange Plan," to include topics such as: goals and objectives, methods of communication, expected duration of the mentoring relationship, and meeting parameters. The Superintendent/Division Head/Bureau Chief, along with the Local Coordinator, will review the Mentoring Exchange Plan. Once approved, the plan will be forwarded to the SMPC.
- H. The mentor and mentee will complete [Form #2407D](#), "Midpoint/Final Review," based on the duration of the mentoring relationship as defined in [Form #2407C](#). These reports shall be submitted to the Local Coordinator, who will forward them to the SMPC for program evaluation and planning purposes. Any mentoring relationship lasting longer than one year must be reviewed annually.
- I. The Local Coordinators will submit [Form #2407E](#), "Quarterly Program Evaluation," to the SMPC each quarter.

VI. TRAINING: The SMPC staff shall provide direction to the Regional Training Lieutenants and Regional Training Coordinators concerning their responsibilities as a resource to program participants. All mentors and mentees must attend orientation training at a location designated by the Training Academy prior to participating in the program.

VII. TERMINATING A MENTORING RELATIONSHIP: Whenever the mentor or mentee believes the relationship is not beneficial, he or she shall submit a letter to the Local Coordinator explaining why the relationship should be terminated. Note that the mentor/mentee may request another match. The Local Coordinator will forward the letter to the SMPC.

The Superintendent/Division Head/Bureau Chief, in consultation with the SMPC, has the authority to assign another mentor/mentee or remove an individual from the program for a predetermined time period or permanently. In these instances, the Superintendent/Division Head/Bureau Chief will send a notification of intent to the SMPC.

VIII. CONCLUDING A MENTORING RELATIONSHIP: At the end of a successful mentoring relationship, the mentor and mentee will complete [Form #2407D](#) and submit it to the Local Coordinator. The Local Coordinator will forward the report to the SMPC. Note that participation in the program is not limited to one time.

IX. PROGRAM REVIEW

- A. Mentors and mentees will keep a "Mentoring Log," [Form #2407F](#), to be used when completing [Form #2407D](#), which is forwarded to the Local Coordinators.
- B. Local Coordinators will review the "Midpoint/Final Review," [Form #2407D](#) and complete [Form #2407E](#). The Local Coordinators shall submit these program evaluations to the Superintendent/Division Head/Bureau Chief for review, and then forward the evaluation to the SMPC.

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- C. The Statewide Mentoring Committee members will share pertinent information (e.g., reports, resources, trends) and other feedback at the annual meeting.
- X. **CONFIDENTIALITY:** Confidentiality is a central component of the Staff Mentoring Program. No private information may be disclosed without an employee's permission unless: such information is required to be reported by law, Department policy, or Executive Order; persons are likely to harm themselves or others; or there is reasonable cause to suspect child abuse or maltreatment, or maltreatment of a vulnerable adult. This provision does not preclude disclosure to agency investigators, law enforcement investigators, or management officials charged with making security and management decisions for which the information is relevant.



Staff Mentoring Program Mentor Application

Please print legibly and ensure all information is complete.

Name _____ Title _____

Facility/Division/Area Office _____

Work Email Address _____

Work Phone Number _____

Years in the Department _____

What tracks are you willing to mentor someone in? (Check all that apply)

Peer-to-Peer Career Enhancement Leadership & Mgmt. Development

Provide a brief response to the following questions on a separate sheet of paper:

1. Why do you want to be a mentor?
2. List the series of positions and grades you have held.
3. Describe your strongest competencies (i.e., knowledge, skills and abilities).
4. What do you think a mentee could learn from you?
5. What are your interests or hobbies?

Please submit the application to your Local Coordinator. Your Local Coordinator will forward the application to your facility Superintendent/Division Head/Bureau Chief for review. Once reviewed, the Local Coordinator will forward the application to the Statewide Staff Mentoring Program Coordinator. You will receive a response from the Statewide Staff Mentoring Program Coordinator within 60 days of receipt.

Local Coordinator: Please forward to the Superintendent/Division Head/Bureau Chief for review.

Local Coordinator Signature

Date

Superintendent/Division Head/Bureau Chief: Please review, sign, and return to the Local Coordinator.

Comments: _____

Supt./Division Head/Bureau Chief Signature

Date

Local Coordinator: Please forward to the Statewide Staff Mentoring Program Coordinator for review.

Date Sent: _____

FOR PROGRAM COORDINATOR USE ONLY

Received: _____ Notification Letter Sent: _____ Entered into Database: _____



Staff Mentoring Program Mentee Application

Please print legibly and ensure all information is complete.

Name _____ Title _____

Facility/Division/Area Office _____

Work Email Address _____

Work Phone Number _____

Years in the Department _____

Provide a brief response to the following questions on a separate sheet of paper.

1. List the positions and grades you have held.
2. Why do you want to work with a mentor? Describe the competencies (i.e., knowledge, skills, abilities) you would like to strengthen and/or leverage through working with a mentor.
3. What are your interests or hobbies?
4. Do you have someone in mind who you would like to suggest as your mentor? If yes, list his or her name.

What track are you interested in pursuing? (Check one only)

Peer-to-Peer Career Enhancement Leadership & Mgmt. Development

Please submit the application to your Local Coordinator. Your Local Coordinator will forward the application to your facility Superintendent/Division Head/Bureau Chief for review. Once reviewed, the Local Coordinator will forward the application to the Statewide Staff Mentoring Program Coordinator. You will receive a response from the Statewide Staff Mentoring Program Coordinator within 60 days of receipt.

Local Coordinator: Please forward to the Superintendent/Division Head/Bureau Chief for review.

Local Coordinator Signature

Date

Superintendent/Division Head/Bureau Chief: Please review, sign, and return to the Local Coordinator.

Comments: _____

Supt./Division Head/Bureau Chief Signature

Date

Local Coordinator: Please forward to the Statewide Staff Mentoring Program Coordinator for review.

Date Sent: _____

FOR PROGRAM COORDINATOR USE ONLY

Received: _____ Notification Letter Sent: _____ Entered into Database: _____



Staff Mentoring Program Mentor/Mentee Exchange Plan

Mentoring is a reciprocal experience with the goal of providing a rich and rewarding experience for both the mentor and mentee. Both parties must be respectful of each other's time and commitments. The following form is to assist you in developing a schedule for your meetings, and to identify goals and objectives to be accomplished. Both the mentor and mentee will keep a copy and a copy must also be provided to the Local Coordinator. The Local Coordinator will submit the plan for review by the Superintendent/Division Head/Bureau Chief and then to the Statewide Staff Mentoring Program Coordinator.

Please print legibly and complete all information.

Mentor Name _____

Mentee Name _____

Meeting Time (i.e., 10am, 2:30pm, etc.) _____

Preferred Meeting Day _____

Frequency of Meetings (i.e., once a week, every other week, etc.) _____

We will generally meet for _____ minutes.

The best way to contact _____ (Mentor) is by:

- Phone: _____
- Email: _____

The best way to contact _____ (Mentee) is by:

- Phone: _____
- Email: _____

If unforeseen events arise and meeting time/day must be changed, we will give our mentoring partner at least a _____ hour notice, if possible.

The mentor and mentee shall set goals that are focused, realistic, and tied to your competency goals. Effective goals should be **SMART**:

- S:** Specific
- M:** Measurable
- A:** Achievable
- R:** Results-oriented
- T:** Time-based

What do you hope to accomplish from this mentor/mentee match?

(List specific skills or competencies to develop)

Mentee:

Mentor:

What action will be taken to achieve this?

Beginning Date: _____ End Date: _____

How will the skills and competencies be evaluated and measured?

The mentor and mentee will know the goal has been achieved when:

Local Coordinator: Please forward to the Superintendent/Division Head/Bureau Chief for review.

Local Coordinator Signature

Date

Superintendent/Division Head/Bureau Chief: Please review, sign, and return to the Local Coordinator.

Supt./Division Head/Bureau Chief Signature

Date

Local Coordinator: Please forward to the Statewide Staff Mentoring Program Coordinator for review.

Date Sent: _____

Statewide Staff Mentoring Program Coordinator

Date Reviewed: _____

Entered into Database: _____



**Mentoring Program
Midpoint / Final Review
Mentee Form**

Mentee: Please fill out this form at the midpoint of your Staff Mentoring Program and again at its completion. Return the form to your Local Coordinator within 5 days of each date.

Mentor Name _____

Mentee Name _____

Midpoint or Final (circle one) Review Date _____

1. On a scale of 1 to 5, rate your overall experience with the Mentoring Program.

1	2	3	4	5
Poor	Not Favorable	Favorable	Very Favorable	Excellent

2. Do you feel the resources provided by the Local Coordinator and Statewide Staff Mentoring Program Coordinator adequately prepared you for your role as a Mentee?

_____ Yes _____ No _____ Unsure

3. Have you and your mentor been able to build a comfortable working relationship?

_____ Yes _____ No _____ Unsure

4. Are you able to learn from your mentor's experience and background?

_____ Yes _____ No _____ Unsure

5. On a scale of 1 to 5, how well do you think preparing your Mentor Exchange Plan with your mentor helps you achieve your goals?

1	2	3	4	5
Not Well At All	Some But Not Much	Not Sure	Well	Very Well

6. Which part of the mentoring experience do you feel was the most useful in helping the mentee reach the stated goals? Was there an element that you felt was not useful?

7. Please share additional comments here or on an additional sheet of paper.



**Mentoring Program
Midpoint / Final Review
Mentor Form**

Mentor: Please fill out this form at the midpoint of your Staff Mentoring program and again at its completion. Return the form to your Local Coordinator within 5 days of each date.

Mentor Name _____

Mentee Name _____

Midpoint or Final (circle one) Review Date _____

1. On a scale of 1 to 5, rate your overall experience with the Staff Mentoring Program.

1	2	3	4	5
Poor	Not Favorable	Favorable	Very Favorable	Excellent

2. On a scale of 1 to 5, how well does this program help your mentee develop the skills, knowledge, and/or abilities needed to take on larger roles and more challenges?

1	2	3	4	5
Not Well At All	Some But Not Much	Not Sure	Well	Very Well

3. Which part of the mentoring experience do you feel was the most useful in helping the mentee reach the stated goals? Was there an element that you felt was not useful?

4. Would you recommend this experience as a mentor to a colleague?

_____ Yes _____ No _____ Unsure

5. Are you interested in serving as a mentor again?

_____ Yes _____ No _____ Unsure

6. Please share additional comments here or on a separate sheet of paper.

FOR OFFICE USE ONLY

Local Coordinator: Please forward to the Superintendent/Division Head/Bureau Chief for review.

Local Coordinator Signature

Date

Superintendent/Division Head/Bureau Chief: Please review, sign, and return to the Local Coordinator.

Supt./Division Head/Bureau Chief Signature

Date

Local Coordinator: Please forward to the Statewide Staff Mentoring Program Coordinator for review.

Date Sent: _____

Statewide Staff Mentoring Program Coordinator

Date Reviewed: _____

Entered into Database: _____



Mentoring Program Quarterly Program Evaluation

Local Coordinator: Please fill out this form on the 25th day of March, June, September, and December. Forward to the Statewide Staff Mentoring Program Coordinator for review.

Facility/Department/Bureau Name: _____

Circle one: 1st 2nd 3rd 4th Quarter Review Date Completed: _____

Number of mentor applications submitted this quarter: _____

Number of mentee applications submitted this quarter: _____

Number of mentor/mentee matches made this quarter: _____

Number of mentor/mentee exchange plans completed this quarter: _____

Number of mentor/mentee matches terminated this quarter: _____

By mentor: _____ By mentee: _____ By other: _____

Number of mentor/mentee exchange plans successfully completed this quarter: _____

Number of mentoring certificates of completion awarded this quarter: _____

Issues to be addressed:

Suggestions for changes:

Local Coordinator Signature

Printed Name

