
 NEW YORK STATE Corrections and Community Supervision DIRECTIVE	TITLE Staff Mentoring Program		NO. 2407
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SUPERSEDES DIR #2407, Dtd. 12/03/18	DISTRIBUTION A	PAGES PAGE 1 OF 4	DATE LAST REVISED
REFERENCES (Include but are not limited to)	APPROVING AUTHORITY 		

- I. **PURPOSE:** This Directive establishes the Department's guidelines for the Staff Mentoring Program. The program promotes professional growth for employees through mentoring opportunities. 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, promote effective communication and employee development, provide succession planning, and support upward mobility through matched pairing of staff for professional growth. Every employee shall be offered the opportunity to participate in the Staff Mentoring Program on a voluntary basis. 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.
- 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.
 2. **Career Enhancement Mentoring:** Helps employees plan, develop, grow, and manage their careers.
 3. **Leadership and Management Development Mentoring:** Encourages the development of leadership competencies through application and guided practice.
 4. The Staff Mentoring Program is not meant to prevent or discourage other types of mentoring which occur as one-time meetings to impart above-mentioned topics, i.e., flash mentoring.
 - B. **Mentor:** A motivated individual who is interested in advancing the career of another by cultivating the individual's aptitudes and talents and providing guidance to assist them in achieving their goals.
 - C. **Mentee:** A motivated individual seeking information and guidance to enhance their professional growth and development. Mentees are willing to learn and are committed to investing the time and energy to gain new insights and skills.

IV. ORGANIZATION

- A. Staff Mentoring Program Advisory Committee: This committee is comprised of Executive staff selected by the Commissioner. The members work with the Staff Mentoring Program Coordinator at the Albany Training Academy 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. Staff Mentoring Program Coordinator (MPC): This employee reports directly to the Director of Training and is responsible for statewide administration of the Staff Mentoring Program through recruiting, training, supporting mentors/mentees, working with Local Coordinators to facilitate applicant pairing, promoting the program, and evaluating the program outcomes.
- C. Statewide Mentoring Program Committee: This committee is comprised of the Director of Training, Regional Training Lieutenants, Regional Training Coordinators, representatives of each bargaining unit, and the MPC. 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 MPC.
- D. Local Coordinators (LC): 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, initial applicant pairing, providing support to program participants and forwarding feedback and all required paperwork to local executive staff and the MPC. LCs will attend training conducted by the MPC and will conduct program participant training where practicable. The LCs are responsible for introducing the Staff Mentoring Program to all new employees at their location through the initial orientation process and, where practicable, the Initial Employee Training. The LC 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. Applications to the Staff Mentoring Program will be accepted in January, April, July, and October of each year. Employees who are interested in becoming a program participant must submit [Form #2407A](#), "Mentor Application," or [Form #2407B](#), "Mentee Application," to their LCs.
- B. The LCs will collect the completed applications and submit them to be reviewed by the Superintendent/Division Head/Bureau Chief. After executive review, the LCs will forward all completed applications to the MPC.
- C. All mentor applicants will undergo an Agency background check. The MPC will notify the LCs of mentor applicant acceptance within 60 days of receipt of the application. Mentor applicants who are not accepted will receive notice as to the reason why and may reapply after six months. Mentee applicants are automatically accepted into the program.
- D. Each participant will meet or correspond with their LC to facilitate the pairing of the mentor and mentee and to be scheduled for program training (per Section VI below).

After attending training, the mentor and mentee shall discuss and establish the nature of their mentoring relationship and collaboratively complete [Form #2407C](#), "Mentor/Mentee Exchange Plan." At this time, they will agree on topics such as: goals and objectives, development strategies, methods of communication, expected duration of the mentoring relationship, and meeting parameters.

The LC and the Superintendent/Division Head/Bureau Chief will review the Mentoring Exchange Plan with the understanding that time will need to be allocated during work hours for program participation. Once approved, the pair will commence the activities of the exchange plan and it will be forwarded to the MPC.

- E. The mentee/mentor pair will keep a mentoring log. [Form #2407F](#), "Mentoring Log," will be completed at each pair meeting. The log will document meeting times, discussion topics, planned activities, and completion dates.
- F. The mentor and mentee will complete [Form #2407D](#), "Midpoint/Final Review," and submit it, along with [Form #2407F](#), to the LC at the midpoint and end of the pairing. Submission dates will be determined by the duration of the mentoring relationship as defined in [Form #2407C](#). Upon review by the Superintendent/Division head/Bureau Chief, the LC will forward the forms to the MPC for program evaluation and planning purposes. Mentoring pairs should last for a minimum of six months. Any mentoring relationship lasting longer than one year must be reviewed annually.

VI. TRAINING: All mentors and mentees must attend orientation training at a location designated by the Training Academy, or their LC, prior to participating in the program. This training will be scheduled during February, May, August, and November of each year. The MPC shall provide direction to the Regional Training Lieutenants and Regional Training Coordinators concerning their responsibilities as a resource to program participants.

VII. CONCLUDING A MENTORING RELATIONSHIP: At the end of a successful mentoring relationship, the mentor and mentee will complete [Form #2407D](#) and submit it, along with [Form #2407F](#), to the LC. Upon review by the Superintendent/Division head/Bureau Chief, the LC will forward the forms to the MPC. Once the MPC has determined that the pair has completed the program, they will distribute certificates of completion to the LC.

NOTE: The mentee and/or mentor may request another pairing.

VIII. DISSOLVING A MENTORING RELATIONSHIP: Whenever the mentor or mentee believes the relationship is not beneficial, he or she shall, barring extenuating circumstances, discuss the issue with the person they are paired with and with the LC. If the issue cannot be addressed or corrected, the mentor or mentee shall submit a letter to the LC explaining why the relationship should be dissolved. The LC will forward the letter to the MPC and copy the Superintendent/Division Head/Bureau Chief.

NOTE: The mentor and/or mentee may request another pairing.

The Superintendent/Division Head/Bureau Chief, in consultation with the MPC, has the authority to assign another mentor/mentee applicant 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 MPC.

IX. PROGRAM REVIEW

- A. The LCs will submit [Form #2407E](#), "Quarterly Program Evaluation," to the MPC each quarter. The Superintendent/Division Head/Bureau Chief should be kept apprised of the participant numbers and observations concerning the program.
- B. The MPC will review [Form #2407D](#), [Form #2407F](#), and [Form #2407E](#) to identify challenges and successes, capture trends, develop plans for program improvement and increased accessibility.
- C. The Mentoring Program Committee members will share pertinent information and feedback gathered from the field 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:

First Name: _____ Last Name: _____

Title: _____ N Number: _____

Facility/Division/Area Office: _____ Years with DOCCS: _____

Work Email: _____ Work Phone: _____

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. Attach additional sheets as needed:

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?

Applicant Signature

Application Date

Submit the application to your Local Coordinator (LC). You will receive a response from the LC within 60 days of receipt.

Local Coordinator Signature

Date

Executive Reviewer: Please review, sign, and return to the Local Coordinator.

Comments: _____

Supt./Division Head/Bureau Chief Signature

Date

Local Coordinator: After Executive review, please forward to the Mentoring Program Coordinator for review.

Date Sent: _____



Staff Mentoring Program Mentee Application

Please print legibly and ensure all information is complete:

First Name: _____ Last Name: _____

Title: _____ N Number: _____

Facility/Division/Area Office: _____ Years with DOCCS: _____

Work Email: _____ Work Phone: _____

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

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

Provide a brief response to the following questions. Attach additional sheets as needed:

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: _____

Applicant Signature

Application Date

Submit the application to your Local Coordinator (LC). You will receive a response from the LC within 60 days of receipt.

Local Coordinator Signature

Date

Executive Reviewer: Please review, sign, and return to the Local Coordinator.

Comments: _____

Supt./Division Head/Bureau Chief Signature

Date

Local Coordinator: After Executive review, please forward to the Mentoring Program Coordinator for review.

Date Sent: _____



Staff Mentoring Program Mentor/Mentee Exchange Plan

The following form is to assist you in developing a schedule for your meetings and to identify goals and objectives to be accomplished. The mentor and mentee shall set goals that are focused, realistic, and tied to the mentee's goals. Effective goals should be **SMART**:

S: Specific	M: Measurable	A: Achievable	R: Results-oriented	T: Time based
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Please print legibly and complete all information. Attach additional sheets as needed. Both the mentor and mentee will keep a copy, and a copy must also be provided to the Local Coordinator.

Mentee:

Last Name: _____ First Name: _____ N Number: _____

Facility: _____ Phone: _____ Email: _____

Mentee Signature

Date

Mentor:

Last Name: _____ First Name: _____ N Number: _____

Facility: _____ Phone: _____ Email: _____

Mentor Signature

Date

Beginning Date: _____ End Date: _____ (6 months minimum)

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

Meeting Day: _____ Time: _____ Duration: _____

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

What do you hope to accomplish from this mentor/mentee match?
(List specific skills or competencies to develop and share)

Mentee:

Mentor:

What action will be taken to achieve this?

How will the skills and competencies be evaluated and measured?

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

Submit both pages of the exchange plan to your Local Coordinator

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 Mentoring Program Coordinator for review.

Date Sent: _____



Mentoring Program Midpoint / Final Review Mentee Form

Midpoint Final (check one) Review Date: _____

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

Mentee Name: _____ Mentor Name: _____

Mentee Signature: _____ Mentee Facility/Office: _____

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 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 At All Well	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 you 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

Midpoint or Final (circle one) Review Date: _____

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

Mentor Name: _____ Mentee Name: _____

Mentor Signature: _____ Mentor Facility/Office: _____

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. On a scale of 1 to 5, how well did 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 At All Well	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?

4. Describe any elements of the experience that you felt was not useful and why.

5. What was the greatest challenge you found when attempting to help your mentee reach his/her goal(s)?

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

Yes	No	Unsure
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7. Are you interested in serving as a mentor again?

Yes	No	Unsure
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8. Please share additional comments here or on a separate sheet of paper.

**Mentoring Program Midpoint / Final Review
Executive Review**

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 Mentoring Program Coordinator for review.

Date Sent: _____

Mentoring Program Coordinator

Date Reviewed: _____

Entered into Database: _____



Mentoring Program Quarterly Program Evaluation

Local Coordinator: Please fill out this form on the last business day of March, June, September, and December and then forward it to the Mentoring Program Coordinator for review.

Facility/Department/Bureau Name: _____

Check 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 submitted this quarter: _____

Number of mentor/mentee matches dissolved this quarter: _____

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

Please state reason(s):

Number of successful program completions this quarter: _____

Number of certificates of completion awarded this quarter: _____

Issues to be addressed:

Suggestions for changes:

Local Coordinator Signature

Printed Name

