



611 Seventh Avenue, Suite 322, Huntington, WV 25701
Phone (888)WVETCR • Fax (304)529-2535
Email: tcr@wvcds.org

QUALITY SUPPORT SERVICES REQUEST FOR TIER II MENTORING APPLICATION

Name _____

Center _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email Address _____

Are you a new director at your center? _____ Yes _____ No

Have you submitted a Tier II application in the past? _____ Yes _____ No

Do you have a particular mentor that you would like to request? _____ Yes _____ No
If yes, please provide their name and phone number _____

How far along are you in the Tier II process? Please check all that apply.

- _____ Have not started yet
- _____ Completed training on Tier II process
- _____ Reviewed Tier II standards and documentation requirements
- _____ Introduced concept of Tier II to staff and families
- _____ Implemented some Tier II standards
- _____ Implemented all Tier II standards, but have not gathered documentation yet
- _____ Have created a timeline for the application process

How do you anticipate a mentor helping with the Tier II process?

(Mentors are assigned on a first-come, first-serve basis.)

Please return this application to:

Elizabeth Teel
Division of Early Care and Education
350 Capitol Street, Room B-18
Charleston, WV 25301
Phone: (304) 356-4605
Fax: (304) 558-8800