|  |  |  |
| --- | --- | --- |
| **Center Name:**       | **School District:**       | **Names of School(s) Served:**      **Total # of students**:       |
| **Coordinator:**       | **Address:**       |  |
| **District Contact:**       **Telephone:**       | **240-Day Waiver?** **[ ] Yes** **[ ] No** |
| **Advisory Council Chairperson:**       | **Program Allocation:**       |
| **Program Monitor(s):**       | **Date of On-Site Review:**       |

# CENTER/ SCHOOL REPRESENTATIVES INTERVIEWED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Representing** |  **Interview** |  **Entry** |  **Exit** | **Time** | **Phone Number** |
| 1.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 2.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 3.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 4.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 5.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 6.       |       | [ ]  | [ ]  | [ ]  |       |       |

# COMMUNITY REPRESENTATIVES INTERVIEWED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Representing** | **Interview** | **Entry** | **Exit** | **Time** | **Phone Number** |
| 1.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 2.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 3.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 4.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 5.       |       | [ ]  | [ ]  | [ ]  |       |       |

# FAMILIES AND/OR STUDENTS INTERVIEWED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Representing** | **Interview** | **Entry** | **Exit** | **Time** | **Phone Number** |
| 1.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 2.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 3.       |       | [ ]  | [ ]  | [ ]  |       |       |
| 4.       |       | [ ]  | [ ]  | [ ]  |       |       |

| **Authoritative Reference** | **#** | **Area of Compliance**  | **Supporting Documentation** | **Compliance Status** | **Comments/Areas of Growth** |
| --- | --- | --- | --- | --- | --- |
| **CENTER SITE** |
| KRS 156.496 (2) (3)Contract2.01D  | 1.  | Do you have adequate space and accessibility to serve students and families?  | [ ]  On campus[ ]  Dedicated space in all schools served[ ]  Observation[ ]   | [ ]  Yes[ ]  No |       |
| New Program Plan; SBDM Assurances #9; Admin. Guidebook II | 2. | In the center, is there a designated place or way to interview participants so that the conversation remains confidential or not easily overheard?  | [ ]  Observation[ ]    | [ ]  Yes[ ]  No |       |
| **STAFF** |
| **Authoritative Reference** | **#** | **Area of Compliance**  | **Supporting Documentation** | **Compliance Status** | **Comments/Areas of Growth** |
| Continuation Program Plan | 3. | Are you working under the staffing plan that was submitted under your approved CPP?  | [ ]  Center Operations Page [ ]  Staff Listing[ ]   | [ ]  Yes[ ]  No |       |
| Administrators Guidebook IV | 4. | Does the coordinator maintain a regular physical presence in each school served by the center? [ ]  N/A Single-school center | [ ]  Coordinator interview[ ]  Principal Interview(s)[ ]  District Contact Interview[ ]  Center Operations page[ ]        | [ ]  Yes[ ]  No |       |
|  | 5. | Does the center coordinator adhere to the guidelines concerning transportation of students/families in personal, privately insured vehicles?  |  | [ ]  Yes[ ]  No |       |
| **ADVISORY COUNCIL** |
| KRS 61.805—61.850Administrators Guidebook III, Advisory Council Assurances | 6. | Are Advisory Council meetings advertised in compliance with the Kentucky Open Meetings Law?  | [ ]  Coordinator interview[ ]  View public notices of meetings (web page, school marquee, etc.) | [ ]  Yes[ ]  No |       |
|  | 7. | Did the center coordinator review the Standards of Quality with the Advisory Council? If not, what is your plan to accomplish this?  | [ ]  Minutes[ ]   | [ ]  Yes[ ]  No |       |
| **ADMINISTRATION** |
| Administrators Guidebook VIII  | 8.  | Does the center coordinator have a current copy of the contract between the Cabinet for Health and Family Services and the district?  | [ ]  Observation[ ]   | [ ]  Yes[ ]  No |       |
| District Assurances; Administrators Guidebook II  | 9. | Is there evidence that the center is integrated into the school?  | [ ]  Serves on SBDM committee[ ]  Serves on PBIS Team[ ]  Membership on a school leadership team[ ]  Regularly attends PLC meetings[ ]  Other  | [ ]  Yes[ ]  No |       |
| KRS 156.4977 (4) (g)Contract 2.01.A.I (a, e, g)  | 10. | Is there evidence that the center has made an effort to disseminate information for the center and collaborate with other agencies?  | [ ]  Brochures/flyers[ ]  Newsletter[ ]  News articles[ ]  Interagency agreements[ ]  Interagency meeting minutes/sign-in sheets[ ]   | [ ]  Yes[ ]  No |       |
| KRS 156.4977 (4) (d); | 11. | Is there a process for identifying those families most in need of services?  | [ ]  Coordinator interview [ ]    | [ ]  Yes[ ]  No |       |
| **NEEDS ASSESSMENT** |
| Contract 2.01.A.1 c, e, f;Administrators Guidebook II | 12. | How are you accessing the needs of your schools population?  | [ ]  Review compiled survey data for each sub group (parent, student-YSC, community, and staff)[ ]  Completed surveys[ ]  Data from other sources[ ]   | [ ]  Yes[ ]  No |       |
| **PARTICIPANT/FAMILY RECORD REVIEW** |
| Contract 2.06 | 13. | Do you have the technology you need to complete to do your job?  | [ ]  Observation[ ]   | [ ]  Yes[ ]  No |       |
| Administrators Guidebook VIII;Contract 2.01.E6 | 14.  | Has the District set permissions in Infinite Campus in accordance with DFRYSC requirements? | [ ]  Observation[ ]   | [ ]  Yes[ ]  No |       |
| **BUDGET/FISCAL OVERSIGHT** |
| Administrators Guidebook VI & VIII; SBDM/Principal Agreement | 15. | Does the center maintain onsite documentation of money, goods, and /or donations? If yes, are funds/donations used specifically for center programming, supplies, and/or services? Is activity reconciled regularly?  | [ ] Documentation [ ]        | [ ]  Yes[ ]  No |       |
| Contract 2.01 G 3 (r, s, t)Administrators Guidebook VI. pp.60-61 | 16. | Does the center generate funds? If yes, are those funds used specifically for center programming, supplies, and/or services. | [ ]  Financial Documentation [ ]  N/A | [ ]  Yes[ ]  No |       |
| Contract 2.06Administrators Guidebook VI;School District Agreement | 17. | Does the center have desktop access to MUNIS or does the district provide the center with a detailed monthly MUNIS printout of expenditures?  | [ ]  MUNIS printouts (12 mos.)[ ]  Coordinator interview[ ]  View desktop access[ ]   | [ ]  Yes[ ]  No |       |
|  | 18. | What’s your process for expenditures? Have all purchase orders/expenditures of center funds been signed/approved by the center coordinator?   |  | [ ]  Yes[ ]  No[ ]  N/A |       |
|  |
| **CENTER NAME:****REVIEWERS:**

|  |
| --- |
| **FRYSC SUBCONTRACTS**  |
| 1 | Name of Subcontractee: Purpose of subcontract:  | Amount:$ |
| 2 | Name of Subcontractee: Purpose of subcontract:  | Amount:$ |
| 3 | Name of Subcontractee: Purpose of subcontract:  | Amount:$ |
| 4 | Name of Subcontractee: Purpose of subcontract:  | Amount:$ |
| 5 | Name of Subcontractee: Purpose of subcontract:  | Amount:$ |
| 6 | Name of Subcontractee: Purpose of subcontract:  | Amount:$ |

 |

| **Authoritative Reference** | **#** | **Area of Compliance** | **Supporting Documentation** | **Compliance Status** | **Comments/Areas of Growth** |
| --- | --- | --- | --- | --- | --- |
| **CORE AND OPTIONAL COMPONENTS** |
|  | 19. | Are center services and activities available during the summer and on other days when school is not in session? |  | [ ]  Yes[ ]  No |       |
|  | 20. | How have you adapted during COVID closures? |  | [ ]  Yes[ ]  No  |       |

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| **BEST PRACTICES – TO BE COMPLETED BY THE COORDINATOR***(Note: The purpose of this section is to give the DFRYSC a broader perspective of the center and its interaction within the school and community. Documentation and narrative is for informational purposes only, not to determine contractual compliance.)* |
| How has the center used the Quality Standards & Indicators for evaluation and ongoing program improvement? Give an example of when the center used the Standards to make a change to a program that improved quality.  |  |
| What efforts are in place to avoid the duplication of services? (Interviews with collaborative partners, programs/services offered by center) |  |
| What efforts are in place to ensure the center is welcoming to visitors?  |  |
| Have legislators and other decision makers (mayors, county judge executives, business leaders, school board members, superintendents, etc.) been invited to the center? By what means? When did they visit? |  |
| Does the center seek additional funding for programs to enhance the scope of the FRYSC? What grants have been obtained within the past year? |  |
|  According to the KY Postsecondary Education Council, students need strong academic and social supports and clear pathways to succeed in school. Is there evidence that the center aligns activities to help assist students with academic and social supports that prepare them for college and or a career? (Creating early awareness of connecting academic performance to success, doing homework, coming to school on time, and getting better grades).  |  |
|  |  |
| **STRENGTHS:**       |
| **AREAS OF GROWTH:**       |
| **CONTRACT NON-COMPLIANCE** *(Corrective action and written response required by District)***:** **Total number of non-compliances**

|  |  |
| --- | --- |
| **Monitoring Section**  | **Summary of Non-Compliance** |
| **Center Site** |       |
| **Staff** |       |
| **Training** |       |
| **Advisory Council** |       |
| **Administration** |       |
| **Needs Assessment** |       |
| **Participant/Family Record Review** |       |
| **Budget/Fiscal Oversight** |       |
| **Core and Optional Components** |       |

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