

Center Name \_\_\_\_\_ Coordinator Name \_\_\_\_\_

## FRYSC New Coordinator Mentoring Checklist

This form should be submitted to the Regional Program Manager 1 year from the date of receipt.

Date Received: \_\_\_\_\_ Due Date: \_\_\_\_\_

1. Date of meeting/first visit by RPM: \_\_\_\_\_
2. Dates of New Coordinator Orientation: \_\_\_\_\_
3. List the names of centers and dates visited (minimum of two centers, one of which should be outside of your school district):

Date	Center Name	School District	Veteran Coordinator Signature

4. List of the center names and dates of Advisory Council meetings attended (minimum of two, one of which is outside your school district, one can be virtual)

Date	Center Name	School District	Veteran Coordinator Signature

5. Below is a list of topics and components that coordinators should review during their visit with a veteran coordinator. Please indicate the date(s) and name of the veteran coordinator (a signature if in person) who assisted with that topic.

<b>In District Topics</b>	<b>Veteran Coordinator</b>	<b>Date(s) of Assistance</b>
Working with community resources (extension services, Community Action, food banks, etc.)		
Working with local school district (introductions to district/in-school key people and office locations)		
Confidentiality		
School Improvement Plan		
District Business/Recording Keeping (MUNIS, frequent vendor numbers, purchase order process, time sheet, travel, conference requests, etc.)		

<b>Out of District Topics</b>	<b>Veteran Coordinator</b>	<b>Date(s) of Assistance</b>
In-school programs (examples of programs for each component)		
Daily Center Operations/Planning (students' daily flow, schedule, intervention recording, center organization)		
Record Keeping for center programs/activities and students/families		

Core Components	Veteran Coordinator	Date(s) of Assistance
FRC Components <ul style="list-style-type: none"> <li>● Full time childcare</li> <li>● After school childcare</li> <li>● Families in Training</li> <li>● Family Literacy</li> <li>● Health Services/Referrals to health services</li> </ul>		
YSC Components <ul style="list-style-type: none"> <li>● Referrals for health services</li> <li>● Career Exploration &amp; Development</li> <li>● Summer and part time job development</li> <li>● Substance Abuse Education &amp; Counseling</li> <li>● Family Crisis &amp; Mental Health Counseling</li> </ul>		
Optional Components <ul style="list-style-type: none"> <li>● Educational Support</li> <li>● Basic Needs</li> <li>● Other:</li> </ul>		

6. Below are topics your Regional Program Manager should review with you during a site visit or group meeting with new coordinators. Please indicate when these items were addressed.

Topic	Date of Assistance
Review of Cabinet for Health & Family Services (CHFS), KY Department of Education (KDE) and Division of Family Resource and Youth Services Centers (DFRYSC)	
Contract between the school district and CHFS	
View the <a href="#">DFRYSC Website</a>	
Visit the <a href="#">DFRYSC Training Hub</a>	
Forms and Record Keeping	
Administrators Guidebook	
New Coordinator Quick Start Guide	
Continuation Program Plan and Budget	

7. Below is a list of topics that will be covered in the “Continuing Conversations” webinars.

Continuing Conversations Topics	Date Attended
Advisory Councils	
Infinite Campus	
Communicating with Administrators	
Needs Assessments	

8. Below is a list of orientations that you will attend your first year as a coordinator.

<b>Coordinator Orientation/Onboarding</b>	<b>Date Attended</b>
New Coordinator Orientation (NCO)	
Returning Coordinator Orientation (RCO)	
Standards of Quality Certification	

Please complete, sign this checklist, and forward it to your Regional Program Manager.

Coordinator Name (Please print name): \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

District Contact Signature: \_\_\_\_\_

Date: \_\_\_\_\_