



SUMMER CAMP

Provider Manual

Prepared By: Palm Beach County
Information System Services
December 2017



PROVIDER PROCESS

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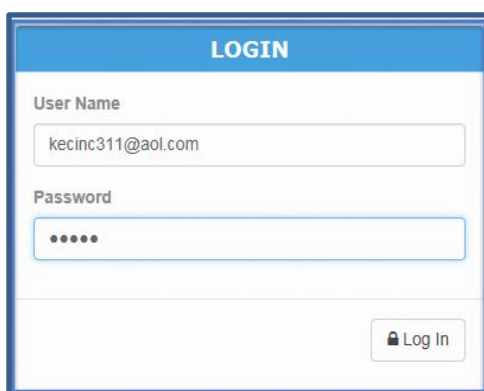
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Provider Login

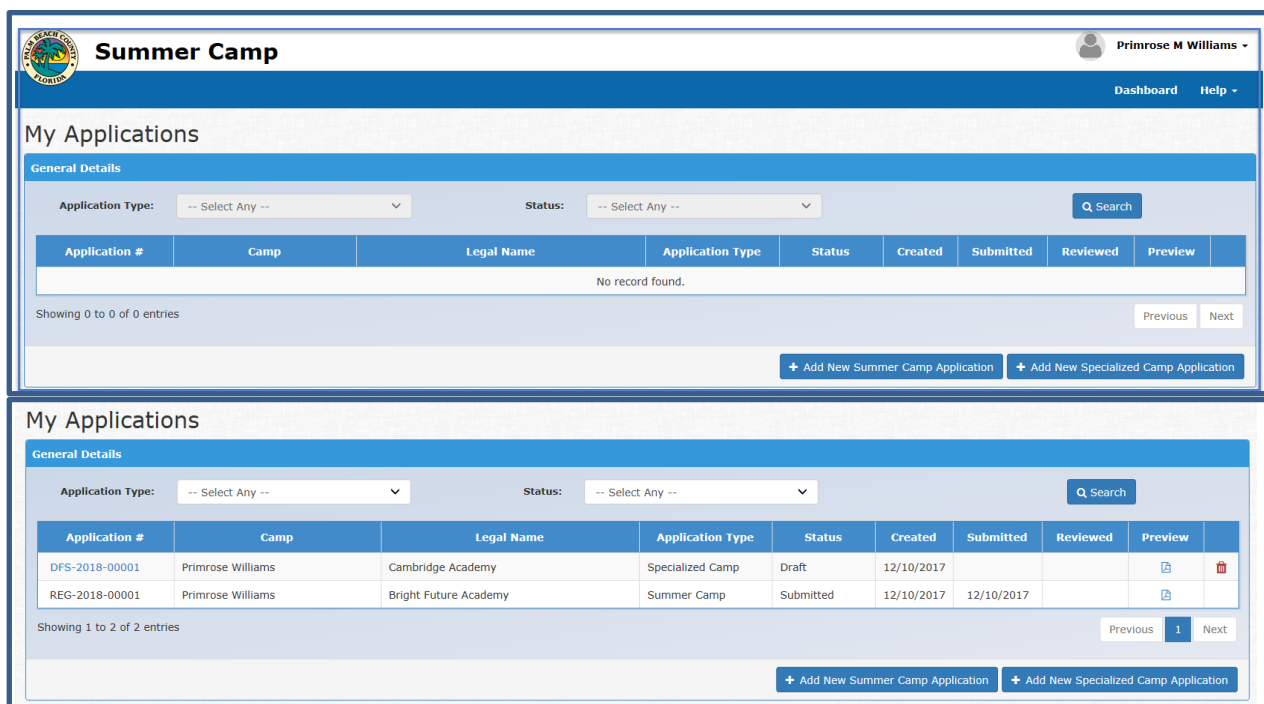
Note: Providers have two ways to Login the application

- Click on the link in the email and use the username and password provided to log into the application (Existing Provider).
- Click on http://discover.pbcgov.org/youthservices/Pages/Summer_Camp.aspx and scroll to the bottom of the page on the Provider tab. This will launch the application to login

1. Login as an Existing Provider using link from email with username and a temporary password
2. Click on the link in the email <http://pbcgov.com/SummerCamp/Account/Login>
3. Enter the username and password that is in the email and click on Log in



4. The dashboard screen displays



Application #	Camp	Legal Name	Application Type	Status	Created	Submitted	Reviewed	Preview
No record found.								

Showing 0 to 0 of 0 entries



Previous Next

+ Add New Summer Camp Application + Add New Specialized Camp Application

My Applications

General Details

Application Type: -- Select Any -- Status: -- Select Any -- Q Search

Application #	Camp	Legal Name	Application Type	Status	Created	Submitted	Reviewed	Preview
REG-2017-00039		kidz exploration center for early development inc	REGULAR	Expired	10/13/2017			 

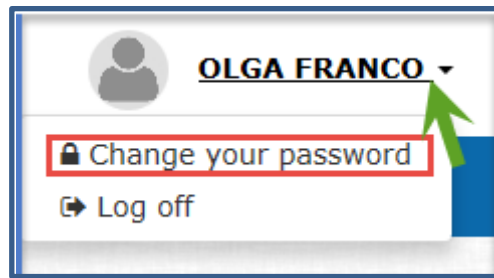
Showing 1 to 1 of 1 entries

Previous 1 Next


[+ Add New School Readiness Application](#) [+ Add New Regular Application](#)

NOTE: Last year application(s) displays with a status of expired.

- Change your temporary password as soon as you log on. Click on your name and then “Change your password”



- Change password application will be launched. “Your user name will be populated in the User Id text box”
 - Enter your current Password
 - Enter your new password(Something you can remember)
 - Enter new password again
 - Click on “Save Password”
 - “Password changed successfully” will be displayed at the top of the screen

 User Registration

User Id:* valid public user id

Current Password:*

New Password:*

Confirm Password:* Matching

[Save Password](#)

- This will take you back to the login screen where you will log into the application again and you will now enter your new password.

LOGIN

User Name

Password

8. You will be able to view a copy of last year application but you will not be able to make changes.

My Applications

General Details

Application Type: -- Select Any -- Status: -- Select Any --

Application #	Camp	Legal Name	Application Type	Status	Created	Submitted	Reviewed	Preview
REG-2017-00039		kidz exploration center for early development inc	Regular	Expired	01/20/2017	01/20/2017	01/20/2017	

Showing 1 to 1 of 1 entries

Previous 1 Next

9. There are two types of application

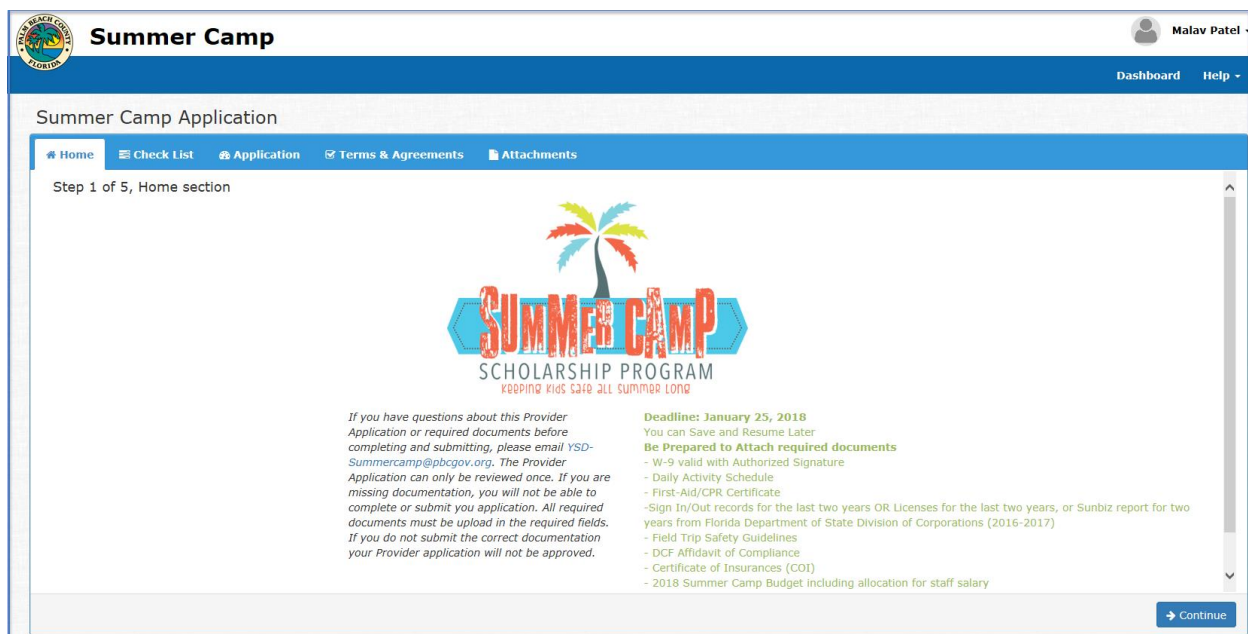
- Summer Camp Application
- Specialized Camp Application with sub categories
 - (a) Sport Camp
 - (b) Specialty Camp
 - (c) Educational Enrichment Camp
 - (d) Special Needs Camp

Summer Camp Application

1. The application process contains five tabs
 - a. Home
 - b. Checklist
 - c. Application
 - d. Terms and Agreements
 - e. Attachments
2. Each items in all the tabs should be completed before you submit the application
3. When the application is in draft status an application number will not be assigned
4. The application will not have an application number until after submission
5. The system will allow you to save the application as a draft from within any tabs

Home Tab

Note: The home tab displays the scholarship information



The screenshot shows the 'Summer Camp' application interface. At the top, there's a header with the 'Summer Camp' logo and a user profile for 'Malav Patel' with a 'Dashboard' and 'Help' dropdown. Below the header, a navigation bar contains five tabs: 'Home' (selected), 'Check List', 'Application', 'Terms & Agreements', and 'Attachments'. The main content area is titled 'Step 1 of 5, Home section'. It features a large 'SUMMER CAMP SCHOLARSHIP PROGRAM' logo with the tagline 'KEEPING KIDS SAFE ALL SUMMER LONG'. To the left of the logo, there's a paragraph of text: 'If you have questions about this Provider Application or required documents before completing and submitting, please email YSD-Summercamp@pbccgov.org. The Provider Application can only be reviewed once. If you are missing documentation, you will not be able to complete or submit your application. All required documents must be upload in the required fields. If you do not submit the correct documentation your Provider application will not be approved.' To the right of the logo, there's a 'Deadline: January 25, 2018' and a section titled 'Be Prepared to Attach required documents' which lists: '- W-9 valid with Authorized Signature', '- Daily Activity Schedule', '- First-Aid/CPR Certificate', '- Sign In/Out records for the last two years OR Licenses for the last two years, or Sunbiz report for two years from Florida Department of State Division of Corporations (2016-2017)', '- Field Trip Safety Guidelines', '- DCF Affidavit of Compliance', '- Certificate of Insurances (COI)', and '- 2018 Summer Camp Budget including allocation for staff salary'. At the bottom right, there is a 'Continue' button.

1. Review the Scholarship information
2. Click "Continue" to move to the checklist tab

Checklist Tab

1. The checklist tab lists all the required documents for the Provider's Camp approval

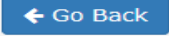
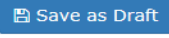

Summer Camp Application

Home Check List Application Terms & Agreements Attachments

Step 2 of 5, Check List Section

#	Requirements	Yes	No	N/A
1	Provider Application, all pages initialed and signed with W-9 verifying authorized signature	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Summer Camp Fees are the max allowed or less (\$120.00)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Staff to Child Ratio, max 1 to 25 with an extra Aid for Field Trips and at least one (1) First/ Aid CPR Certified staff at all times (see Florida Statute)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Field Trip List	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Daily Activity Schedule	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Provider must be a non-residential facility, and may NOT be a Family Day Care facility.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Proof of Operational Experience- Sign in/out Attendance Records OR Health Department License, OR Sunbiz Report for the last two years, (2016 & 2017).	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Sunbiz Business Certification from Florida Department of State Division of Corporations (active).	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Field Trip Safety Guidelines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	DCF Affidavit of Compliance (See appendix 111)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Health Department / Child Care License (if applicable) (if applicable)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	First-Aid/CPR certificate for at least one staff	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Insurance Documents	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Summer Camp Budget	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go Back Save as Draft Continue

2. Select  to return to the previous page
3. Select  to save the application in draft status
4. Select  to move to the Application Tab

Application Tab

1. The application tab contain a lot of required field. These fields are marked with an asterisk (*) and must be completed
2. The application is divided into the following sections
 - a. Agency Information
 - b. Agency Locations
 - c. Primary Contact
 - d. Camp Information
 - e. Ages and Schedules
 - f. Department of Youth Services Responsibilities

DFR-2018-00003 (Summer Camp Application)

Home Check List Application Terms & Agreements Attachments

Step 3 of 5, Application Section

Agency Information

Name: Nathan Williams Name of Agency: Bright Future Academy Email: pwilliam@pbcgov.org

Address: 301 North Olive Address2: State: Florida Zip Code: 33404 Zip Code Exten

City: West Palm Beach Phone: (561) 236-9852 Fax Number: (561) 256-9852

Agency Locations(1) + Add...

Address	Address2	City	State	ZipCode	License #
134 Bright Lane		Royal Palm Beach	Florida	33411	432516

Showing 1 to 1 of 1 entries Previous 1 Next

Go Back Save as Draft Continue

Primary Contact

First Name: Primrose
 Last Name: Williams
 Email: pwilliam@pbcgov.org
 Phone: (561) 598-7589
 Cell Phone: (561) 259-8725
 Fax Number: (561) 259-8756

Camp Information

Please Provide ONLY three important details about your camp that you would like parents to know. (A brief description will be provided to parents during the application process to assist parents with selecting a camp suitable for their children.)

1. Small class size
 2. Trained teachers with at least two years experience
 3. Clean Environment

Staff to Child Ratio (Eg: 1:25) : 1:15
 Number of Full-Time Summer Staff: 12
 How long have you been operating as a child care or aftercare facility? 4 Years
 Licensed Childcare Provider?: ☒ Yes ☐ No 2562369574

Are you interested in participating in the Palm Beach County Summer Food Service Program? ☒ Yes ☐ No
http://discover.pbcgov.org/youthservices/Pages/Summer_Food.aspx
Is lunch provided? ☒ Yes ☐ No

Are you participating in the Palm Beach County Summer Food Service Program? ☐ Yes ☒ No
 Is your summer camp a Primetime Quality Improvement System (QIS) camp? ☐ Yes ☒ No

Ages and Schedules

Registration Date: 12/06/2017 03/21/2018
 Start Date: 06/04/2018 08/03/2018
 Start Time: 6:00 AM 6:00 PM
 Age(s) Served: 3 14
 Camp Capacity: 100

Department of Youth Services Responsibilities:

Youth Services Program Coordinator and staff shall:

1. Notify the provider via e-mail when they have been approved to operate as Summer Camp Scholarship Provider.
2. Notify the provider of children approved based on parent's choice of summer camp and provide a unique scholarship number per child. Notification will be provided via e-mail. A listing of approved campers for the 2017 Summer Camp Scholarship Program will be e-mailed to the provider. Only the campers listed are approved to receive services. The list serves as the official approval for scholarships.
3. Process payment to the provider for summer camp services. Youth Services Program Coordinator will accept invoices only for services rendered.
4. Review all invoices and documentation required.
5. Conduct random unannounced monitoring of the provider to ensure compliance with this service application.

Go Back
 Save as Draft
 Continue

Agency Information


1. Enter the following required(*) information in the text boxes then scroll to the next tab
 - a. Name *
 - b. Name of Agency*
 - c. Email*
 - d. Address*
 - e. City*
 - f. State*
 - g. Zip Code*
 - h. Phone Number *
 - i. Fax Number

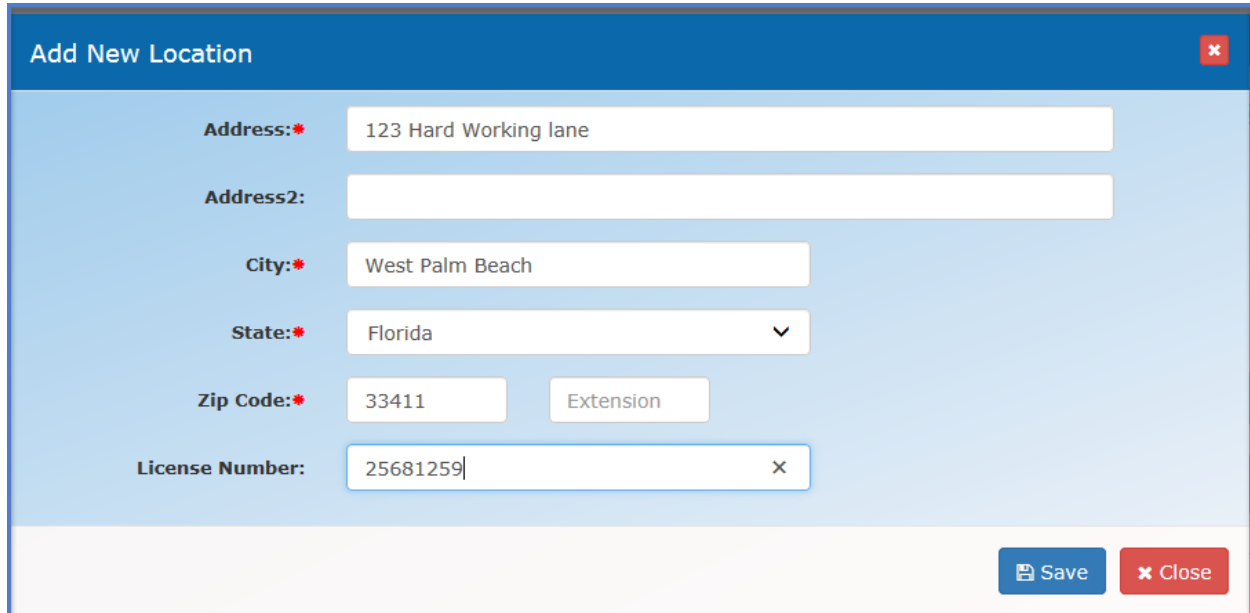
Agency information

Name: Nathan Benjamin
 Name of Agency: Einstein Academy
 Email: pwilliam@pbcgov.org
 Address: 123 Intelligent Circle
 Address2:
City: West Palm Beach
 State: Florida
 Zip Code: 33450
 Phone: (561) 487-9562
 Fax Number: (564) 892-5891

Agency Locations

NOTE: An agency can operate/own many businesses in different locations. The application provides the capability to list the address for all the locations

1. Click on the add button  and the following pop up window appears

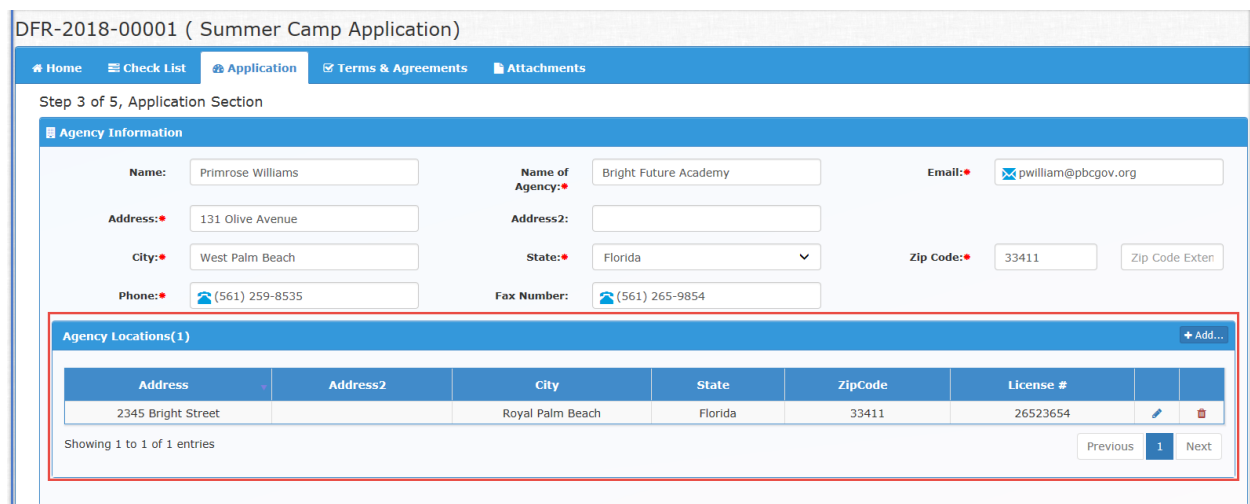


The "Add New Location" pop-up window contains the following fields:

- Address:** 123 Hard Working lane
- Address2:** (empty)
- City:** West Palm Beach
- State:** Florida
- Zip Code:** 33411 (with an adjacent "Extension" field)
- License Number:** 25681259

Buttons at the bottom right: Save, Close.

2. Enter the following required information in the different text boxes
 - a. Address*
 - b. City*
 - c. State *
 - d. Zip Code*
 - e. Phone Number *
 - f. License Number
3. Click on "Save" to save the information
4. Click on "Close" to close the popup and return to application



DFR-2018-00001 (Summer Camp Application)

Navigation: Home, Check List, Application, Terms & Agreements, Attachments

Step 3 of 5, Application Section

Agency Information

Name: Primrose Williams	Name of Agency: Bright Future Academy	Email: pwilliam@pbcgov.org
Address: 131 Olive Avenue	Address2:	
City: West Palm Beach	State: Florida	Zip Code: 33411
Phone: (561) 259-8535	Fax Number: (561) 265-9854	Zip Code Extension:

Agency Locations(1)

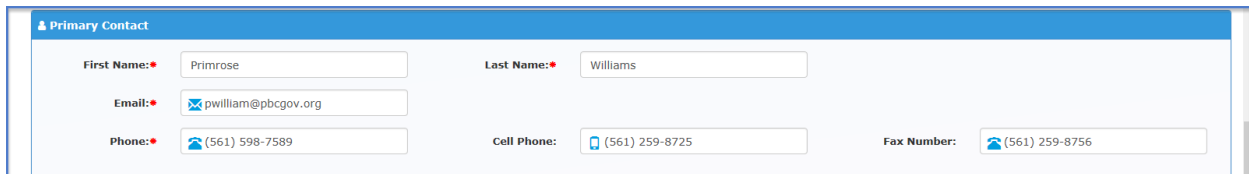
Address	Address2	City	State	ZipCode	License #		
2345 Bright Street		Royal Palm Beach	Florida	33411	26523654		

Showing 1 to 1 of 1 entries

Navigation: Previous, 1, Next

Primary Contact

1. Enter the following required information in the different text boxes
 - a. First Name*
 - b. Last Name*
 - c. Email *
 - d. Phone*
 - e. Cell Phone
 - f. Fax Number



The screenshot shows a web form titled "Primary Contact". It contains six input fields arranged in two rows. The first row has "First Name:" with the value "Primrose" and "Last Name:" with the value "Williams". The second row has "Email:" with the value "pwilliam@pbcgov.org", "Phone:" with the value "(561) 598-7589", "Cell Phone:" with the value "(561) 259-8725", and "Fax Number:" with the value "(561) 259-8756". Each field has a small red asterisk next to the label, indicating it is a required field.

Camp Information

NOTE: The first section requires the providers to provide a brief description of the camp that will help parents to select the appropriate camp for their child or children

1. Enter the following required(*) information in the text boxes then scroll to the next tab
 - a. Staff to child Ratio *
 - b. Number of Full-Time Summer Staff*
 - c. Total number of years operating as a child care or aftercare facility*
2. Use the radio button to answer the following questions
 - a. Is lunch provided? (Yes, No) (*)
 - b. Are you participating in the Palm Beach County Summer Food Service? (Yes, No)*
 - c. Is your summer camp a Primetime Quality Improvement System (QIS) camp? (Yes, No)*
 - d. Are you interesting in becoming a Quality Improvement System (QIS) camp? (Yes, No) *
 - e. Does your facility operate all year long providing child day care, and/or aftercare and/or after school pragma? (Yes, No) *
 - f. Type of School? (N/A, Public, Charter, Private) *
 - g. Type of Business? (School District, For Profit, Not for Profit, Municipality) *
 - h. Is your camp participating in 2018 Super Spelling Bee Competition? (Yes, No)*
 - i. Type of program (County, City, Boys & Girls Club, Other) *
 - j. Then move to the next tab – Ages and Schedules

Camp Information

Please Provide ONLY three important details about your camp that you would like parents to know. (A brief description will be provided to parents during the application process to assist parents with selecting a camp suitable for their children.) *

- Small class size
- Trained teachers with at least two years experience
- Clean Environment

Staff to Child Ratio(Eg: 1:25) : * 1:15

Number of Full-Time Summer Staff: * 12

How long have you been operating as a child care or aftercare facility? * 4 Years

Licensed Childcare Provider?: * ☒ Yes ☐ No 2562369574

Are you interested in participating in the Palm Beach County Summer Food Service Program? * ☒ Yes ☐ No
http://discover.pbcgov.org/youthservices/Pages/Summer_Food.aspx

Is lunch provided? * ☒ Yes ☐ No

Are you participating in the Palm Beach County Summer Food Service Program? * ☐ Yes ☒ No

Is your summer camp a Primetime Quality Improvement System (QIS) camp? * ☐ Yes ☒ No

Ages and Schedules

NOTE: This section requires the providers to provide Camp Registration start date and end date.

Camp start date and end date, daily start time and end time. Ages served and camp capacity.

- Enter the following required information in the different text boxes
 - Registration Start Date *
 - Registration End Date *
 - Ages Served From *
 - Ages Served To *
 - Start Date *
 - End Date *
 - Start Time *
 - End Time *
- Review Youth Services Responsibilities
- Click on “Save as Draft” or “Continue” to move to the Terms and Agreements

Ages and Schedules

Registration Date: * 12/06/2017 03/21/2018

Start Date: * 06/04/2018 08/03/2018

Start Time: * 6:00 AM 6:00 PM

Age(s) Served: * 3 14

Camp Capacity: * 100

Department of Youth Services Responsibilities:

Youth Services Program Coordinator and staff shall:

1. Notify the provider via e-mail when they have been approved to operate as Summer Camp Scholarship Provider.
2. Notify the provider of children approved based on parent's choice of summer camp and provide a unique scholarship number per child. Notification will be provided via e-mail. A listing of approved campers for the 2017 Summer Camp Scholarship Program will be e-mailed to the provider. Only the campers listed are approved to receive services. The list serves as the official approval for scholarships.
3. Process payment to the provider for summer camp services. Youth Services Program Coordinator will accept invoices only for services rendered.
4. Review all invoices and documentation required.
5. Conduct random unannounced monitoring of the provider to ensure compliance with this service application.

Go Back Save as Draft Continue

Terms & Agreements Tab

NOTE: In this section, you must agree to all the terms and conditions and initial each one.

- Check agree to all the terms and agreements then add your initials in the text box

2. Click on “Save as Draft” or “Continue” to move to Attachments

DFR-2018-00003 (Summer Camp Application)

Home Check List Application **Terms & Agreements** Attachments

Step 4 of 5, Terms & Agreements Section

#	Agreements	Agree	Initials
1	Provider agrees to abide by the fee schedule contained within this application.	<input checked="" type="checkbox"/>	PW
2	Camp Fee Per Child, Per Week: Allowable maximum fee per child per week is \$120 including registration fees, at least one (1) T-Shirt and all scheduled field trips. (If the maximum fee is above the advertised rate for provider site/program, the advertised rate applies.)	<input checked="" type="checkbox"/>	PW
3	Provider agrees not to charge the County more than the advertised fees for the Provider's camp program.	<input checked="" type="checkbox"/>	PW
4	Provider agrees NOT to accept additional payment from camper/family to cover fees. Note: Providers may assess a onetime non-refundable fee per child. No registration fee MAY be charged for Homeless, Foster Care Involved or DJJ Involved.	<input checked="" type="checkbox"/>	PW
5	Provider must submit a completed electronic Provider Application with attached files to the Youth Services Department (YSD), by 5:00 pm on January 25, 2018. Late and/or incomplete provider packets will not be processed and will not be approved as a Summer Camp Scholarship Program Provider.	<input checked="" type="checkbox"/>	PW
6	Provider must follow Department of Children & Families (DCF) requirements pursuant to Chapter 435 Florida Statutes: Complete DCF Affidavit of Compliance CF- FSP 5218 must be attached to the Provider Application. With this affidavit your agency certifies that all staff are required to have Level 2 background checks and DCF Affidavit of Good Moral Character are on record at your facility. Any cost incurred for screening is to be borne by the Provider. Any DCF changes made to background screening processes in 2018 will have to be implemented by the Provider according to http://www.dcf.state.fl.us/programs/backgroundscreening/clearinghouse/ Note: Upon hiring of new employees after Provider Approval, Provider MUST submit updated DCF Affidavits to Program Coordinator to show clearance for New Hires. This clause does NOT apply if you are a Palm Beach County Public School. However, you must upload a letter listing cleared employees in lieu of the DCF Affidavit of Compliance. (please refer to the Florida Statutes Chapter 435 and Appendix III)	<input checked="" type="checkbox"/>	PW
7	Provider must be non-residential program in Palm Beach County and may NOT be a Family Day Care Facility.	<input checked="" type="checkbox"/>	PW
8	Provider must have at least two (2) years of operational experience as a child care facility, and/or aftercare program.	<input checked="" type="checkbox"/>	PW
	Provider must be an ongoing year-round daily program offering child care and/or after care services throughout the School District of Palm Beach County School calendar year and		

Attachments Tab

NOTE: The files type for the upload are(pdf, docx, doc, dotx, xls, xlsx, jpg,jpeg, png, bmp, tif)

1. Upload a valid document for each of the documents listed in the application
2. Initial each document after you upload the documents validating that this is a true document
3. Click on “Save as Draft” to save the attachments

DFR-2018-00003 (Summer Camp Application)

Home Check List Application Terms & Agreements **Attachments**

Step 5 of 5, Attachments Section

Please attach the required documents below in separate files and initial the statements following each required attachment. Attachments CAN NOT exceed 20MB. Please email YSD-Summercamp@pbcgov.org if you have any issues uploading.
Note: The file format must be a .pdf, .docx, .doc, .dotx, .xls, .xlsx, .xltx, .jpg, .jpeg, .png, .bmp, .tif.

#	Type	File	Initials
1	W-9 for Agency The W-9 I attached is valid and accurate with the Authorized Signature		
2	Field Trip List The field trip list I attached is for the full 2018 Summer.		
3	Proof of Operational Experience- Sign in/out Attendance Records OR Health Department License, OR Sunbiz Report for the last two years, (2016 & 2017). The sign in/out attendance records or health department license or Sunbiz Report I have attached demonstrate my camp's year round operation for at least two years, (2016 & 2017).		
4	2018 Summer Camp Budget The 2018 Summer Camp budget I attached provides support for my fee schedule (what is charged per week and per summer). Budget must include salary allocation for staff.		
5	Daily Activity Schedule The daily activity schedule I attached provides an accurate description of "a day in the life" of my camp and shows activities beginning when the child arrives to camp and when the child leaves.		
6	First/Aid CPR Certificate First/Aid CPR Certificate attached is a valid document		
7	Sunbiz Business Certification from Florida Department of State of Division of Corporations The Sunbiz Business Certification I have attached is current and is issued from Florida Department of Division of Corporations for my agency.		
8	Field Trip Safety Guidelines The field trip safety guidelines I attached provide an accurate description of the safety guidelines my staff and children who attend my camp are expected to follow when they go on a field trip.		

Go Back Save as Draft Preview Application Submit Application

Preview Application

4. Click on Preview the application to see the application (This is just a sample)



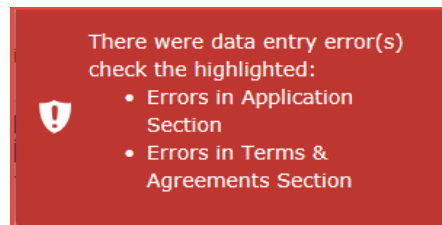
Summer Camp



Check List

#	Requirements	Result
1	Summer Camp Budget	Yes
2	DCF Affidavit of Compliance (See appendix 111)	Yes
3	Insurance Documents	Yes
4	Provider Application, all pages initialed and signed with W-9 verifying authorized signature	Yes
5	Summer Camp Fees are the max allowed or less(\$120.00)	Yes
6	Staff to Child Ratio, max 1:25 with an extra Aid for Fieldtrips and at least one (1) First/ Aid CPR Certified staff at all times (see Florida Statute)	Yes
7	First Aid/CPR certificate for at least one staff	Yes
8	Field Trip List	Yes
9	Field Trip Safety Guidelines	Yes

5. Click on Submit Application. If you did not complete the application, it will not allow you to submit the application and you will get a similar error message depending on the section that you did not complete



6. Correct the errors and click on "Submit Application again

7. The Signature Page displays for you to sign the application

Signature

Sign Above

In consideration for the payment and other due and valuable consideration, the Provider accepts all rules and regulations as set forth by the Summer Camp Scholarship Program, Youth Services Department, Palm Beach County, Florida and accepts and agrees to abide by the requirements as stated herein, pursuant to PPM #: YSD-OCP-01. This application is effective as of (today's date) and will automatically terminate on a year from today's date unless terminated earlier as provided herein. *

10/30/2017

Full Name: *

Primrose Williams

Today's Date: *

10/30/2017


Save

Clear

Close

Click on “Save” the application and your dashboard will show the application with a status of Submitted

Dashboard

**Summer Camp**

Primrose M Williams ▾


DashboardHelp ▾

My Applications

General Details

Application Type: -- Select Any -- ▾Status: -- Select Any -- ▾

Q Search

Application #	Camp	Legal Name	Application Type	Status	Created	Submitted	Reviewed	Preview	
REG-2018-00001	Primrose Williams	Bright Future Academy	Summer Camp	Submitted	12/10/2017	12/10/2017			

Showing 1 to 1 of 1 entries

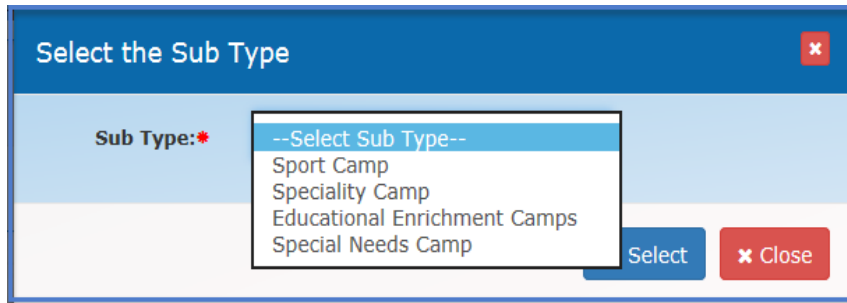
Previous1Next

+ Add New Summer Camp Application

+ Add New Specialized Camp Application

Specialized Camp Application

1. Click on Add New Specialized Camp Application
2. A Popup window appears for you to select the type of specialized camp



3. The application process contains five tabs
 - a. Home
 - b. Checklist
 - c. Application
 - d. Terms and Agreements
 - e. Attachments
4. Each items in all the tabs should be completed before you submit the application
5. When the application is in draft status an application number will not be assigned
6. The application will not have an application number until after submission
7. The system will allow you to save the application as a draft from within any tabs

Home Tab

Note: The home tab displays the scholarship information



1. Review the Scholarship information
2. Click "Continue" to move to the checklist tab

Checklist Tab

- The checklist tab lists all the required documents for the Provider's Camp approval

Specialized Camp Application - Educational Enrichment Camps

Home Check List Application Terms & Agreements Attachments

Step 2 of 5, Check List Section

#	Requirements	Yes	No	N/A
1	Curriculum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Proof of at least one (1) Certified Teacher	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Provider Application, all pages initialed and signed with W-9 verifying authorized signature	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Summer Camp Fees are the max allowed or less (\$120.00)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Staff to Child Ratio, max 1 to 25 with an extra Aid for Field Trips and at least one (1) First/ Aid CPR Certified staff at all times (see Florida Statute)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Field Trip List	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Daily Activity Schedule	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Provider must be a non-residential facility, and may NOT be a Family Day Care facility.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Florida Department of State Division of Corporations Sunbiz Report (active).	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Field Trip Safety Guidelines	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	DFC Affidavit of Compliance (see appendix III)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Health Department / Child Care License (if applicable)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	First-Aid/CPR certificate for at least 1 staff	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Insurance Documents	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go Back Save as Draft Continue

- Select **Go Back** to return to the previous page
- Select **Save as Draft** to save the application in draft status
- Select **Continue** to move to the Application Tab

Application Tab

- The application tab contain a lot of required field. These fields are marked with an asterisk (*) and must be completed
- The application is divided into the following sections
 - Agency Information
 - Agency Locations
 - Primary Contact
 - Camp Information
 - Ages and Schedules
 - Department of Youth Services Responsibilities

[Home](#) [Check List](#) [Application](#) [Terms & Agreements](#) [Attachments](#)

Step 3 of 5, Application Section

Agency Information

Name: Primrose Williams Name of Agency: Cambridge Academy Email: pwilliam@pbcgov.org

Address: 131 South Olive Address2: City: West Palm Beach State: Florida Zip Code: 33411 Zip Code Extension:

Phone: (561) 256-9874 Fax Number:

Agency Locations(0)

+ Add...

Address	Address2	City	State	ZipCode	License #
No data available in table					

Showing 0 to 0 of 0 entries

[Previous](#) [Next](#)

Primary Contact

First Name: Primrose Last Name: Williams

Email: pwilliam@pbcgov.org

Phone: (561) 326-5984 Cell Phone: (561) 265-9874 Fax Number: (561) 259-8548

Camp Information

Please Provide ONLY three important details about your camp that you would like parents to know. (A brief description will be provided to parents during the application process to assist parents with selecting a camp suitable for their children.)

1. Small Class Size
2. Clean Environment
3. Great location

Staff to Child Ratio(Eg: 1:25) : 1:5

Number of Full-Time Summer Staff: 6

How long have you been operating as a child care or aftercare facility? 5 Years

Licensed Childcare Provider?: Yes No I245698542

Is your camp participating in the 2018 Super Spelling Bee Competition? Yes No

Type of program? County City Boys & Girls Club Other

Are you interested in participating in the Palm Beach County Summer Food Service Program? Yes No
http://discover.pbcgov.org/youthservices/Pages/Summer_Food.aspx

Is lunch provided? Yes No

Ages and Schedules

Registration Date: 01/01/2018 02/25/2018

Start Date: 06/03/2018 08/05/2018

Start Time: 6:00 AM 3:00 PM

Age(s) Served: 5 17

Camp Capacity: 25

Department of Youth Services Responsibilities:

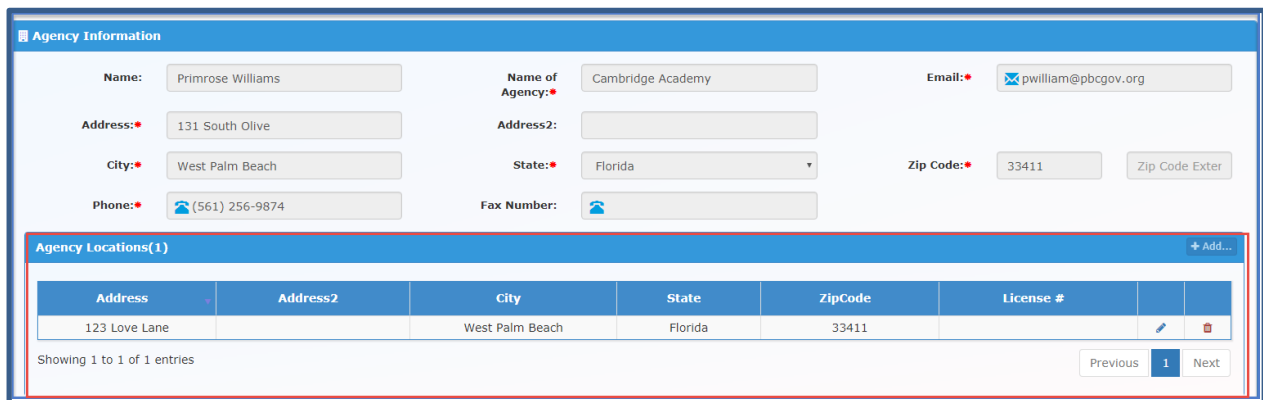
Youth Services Program Coordinator and staff shall:

1. Process payment to the provider for summer camp services. Youth Services Program Coordinator will accept invoices only for services rendered.
2. Notify the provider of children approved based on parent's choice of summer camp and provide a unique scholarship number per child. Notification will be provided via e-mail. A listing of approved campers for the 2017 Summer Camp Scholarship Program will be e-mailed to the provider. Only the campers listed are approved to receive services. The list serves as the official approval for scholarships.
3. Review all invoices and documentation required.
4. Conduct random unannounced monitoring of the provider to ensure compliance with this service application.

[Go Back](#)[Save as Draft](#)[Continue](#)

Agency Information

1. Enter the following required(*) information in the text boxes then scroll to the next tab
 - a. Name *
 - b. Name of Agency*
 - c. Email*
 - d. Address*
 - e. City*
 - f. State*
 - g. Zip Code*
 - h. Phone Number *
 - i. Fax Number

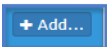


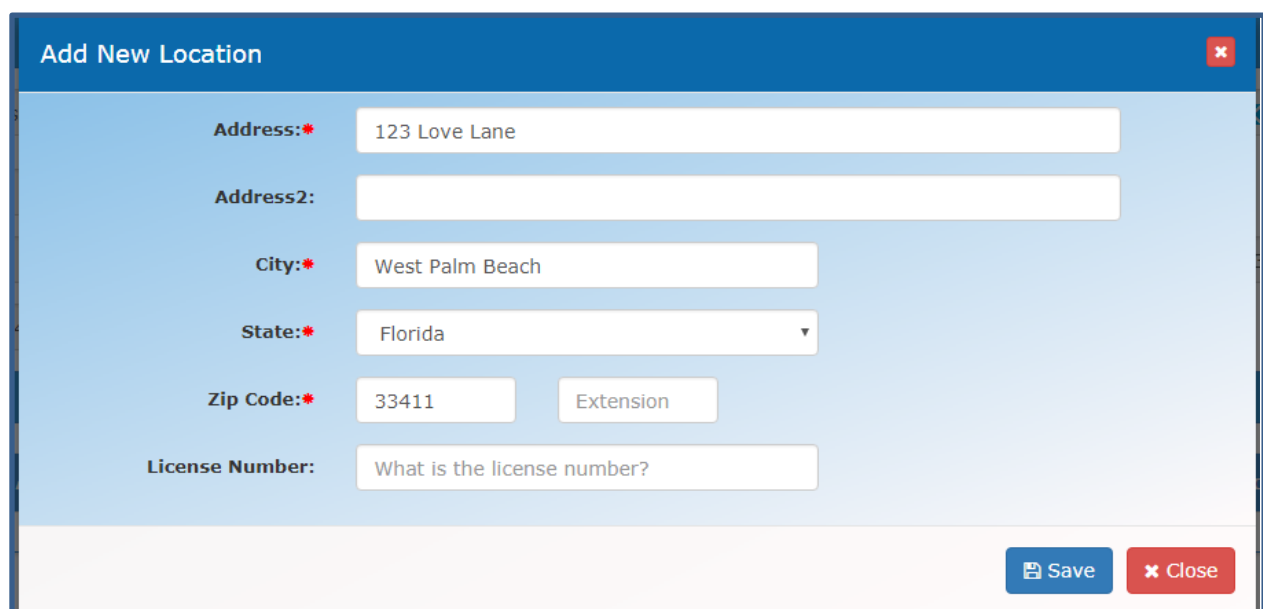
The screenshot shows the 'Agency Information' form. It contains several input fields for agency details. Below the main form is a table titled 'Agency Locations(1)' with one entry. The table has columns for Address, Address2, City, State, ZipCode, and License #. The entry shows '123 Love Lane' as the address, 'West Palm Beach' as the city, 'Florida' as the state, and '33411' as the zip code. There are 'Previous', '1', and 'Next' buttons at the bottom right of the table.

Address	Address2	City	State	ZipCode	License #
123 Love Lane		West Palm Beach	Florida	33411	

Agency Locations

NOTE: An agency can operate/own many businesses in different locations. The application provides the capability to list the address for all the locations

5. Click on the add button  and the following pop up window appears



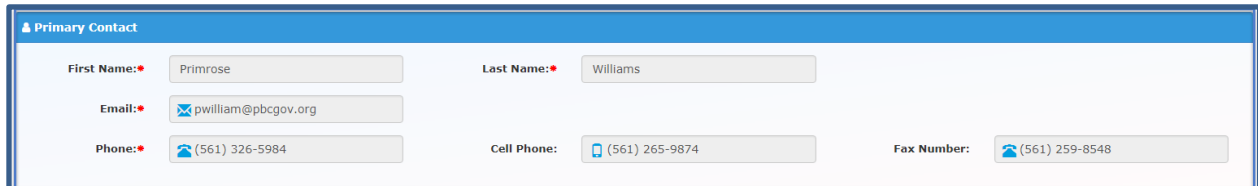
The screenshot shows the 'Add New Location' pop-up window. It contains several input fields for location details. At the bottom right, there are 'Save' and 'Close' buttons.

Address	Address2	City	State	Zip Code	License Number
123 Love Lane		West Palm Beach	Florida	33411	What is the license number?

6. Enter the following required information in the different text boxes
 - a. Address*
 - b. City*
 - c. State *
 - d. Zip Code*
 - e. Phone Number *
 - f. License Number
7. Click on “Save” to save the information
8. Click on “Close” to close the popup and return to application

Primary Contact

2. Enter the following required information in the different text boxes
 - a. First Name*
 - b. Last Name*
 - c. Email *
 - d. Phone*
 - e. Cell Phone
 - f. Fax Number



The screenshot shows a web form titled "Primary Contact". It contains the following fields:

- First Name:** Primrose
- Last Name:** Williams
- Email:** pwilliam@pbcgov.org
- Phone:** (561) 326-5984
- Cell Phone:** (561) 265-9874
- Fax Number:** (561) 259-8548

Camp Information

NOTE: The first section requires the providers to provide a brief description of the camp that will help parents to select the appropriate camp for their child or children

3. Enter the following required(*) information in the text boxes then scroll to the next tab
 - a. Staff to child Ratio *
 - b. Number of Full-Time Summer Staff*
 - c. Total number of years operating as a child care or aftercare facility*
4. Use the radio button to answer the following questions
 - a. Is lunch provided? (Yes, No) (*)
 - b. Are you participating in the Palm Beach County Summer Food Service? (Yes, No)*
 - c. Is your summer camp a Primetime Quality Improvement System (QIS) camp? (Yes, No)*
 - d. Are you interesting in becoming a Quality Improvement System (QIS) camp? (Yes, No) *
 - e. Does your facility operate all year long providing child day care, and/or aftercare and/or after school pragma? (Yes, No) *
 - f. Type of School? (N/A, Public, Charter, Private) *
 - g. Type of Business? (School District, For Profit, Not for Profit, Municipality) *
 - h. Is your camp participating in 2018 Super Spelling Bee Competition? (Yes, No)*
 - i. Type of program (County, City, Boys & Girls Club, Other) *
 - j. Then move to the next tab – Ages and Schedules

Camp Information

Please Provide ONLY three important details about your camp that you would like parents to know. (A brief description will be provided to parents during the application process to assist parents with selecting a camp suitable for their children.) *

1. Small Class Size
2. Clean Environment
3. Great location

Staff to Child Ratio(Eg: 1:25) : * 1:5

Number of Full-Time Summer Staff: * 6

How long have you been operating as a child care or aftercare facility? * 5 Years

Licensed Childcare Provider?: * Yes No 4245698542

Is lunch provided? * Yes No

Are you participating in the Palm Beach County Summer Food Service Program? * Yes No
http://discover.pbcgov.org/youthservices/Pages/Summer_Food.aspx

Is your summer camp a Primetime Quality Improvement System (QIS) camp? * Yes No

Are you interested in becoming a Quality Improvement System (QIS) camp? * Yes No

Type of School? * N/A Public Private Charter

Type of business? * For Profit Not for Profit School District Municipality

Is your camp participating in the 2018 Super Spelling Bee Competition? * Yes No

Type of program? * County City Boys & Girls Club Other

Are you interested in participating in the Palm Beach County Summer Food Service Program? * Yes No
http://discover.pbcgov.org/youthservices/Pages/Summer_Food.aspx

Ages and Schedules

NOTE: This section requires the providers to provide Camp Registration start date and end date.
Camp start date and end date, daily start time and end time. Ages served and camp capacity.

4. Enter the following required information in the different text boxes
 - a. Registration Start Date *
 - b. Registration End Date *
 - c. Ages Served From *
 - d. Ages Served To *
 - e. Start Date *
 - f. End Date *
 - g. Start Time *
 - h. End Time *
5. Review Youth Services Responsibilities
6. Click on “Save as Draft” or “Continue” to move to the Terms and Agreements

Ages and Schedules

Registration Date: * 12/06/2017 03/21/2018

Start Date: * 06/04/2018 08/03/2018

Start Time: * 6:00 AM 6:00 PM

Age(s) Served: * 3 14

Camp Capacity: * 100

Department of Youth Services Responsibilities:

Youth Services Program Coordinator and staff shall:

1. Notify the provider via e-mail when they have been approved to operate as Summer Camp Scholarship Provider.
2. Notify the provider of children approved based on parent's choice of summer camp and provide a unique scholarship number per child. Notification will be provided via e-mail. A listing of approved campers for the 2017 Summer Camp Scholarship Program will be e-mailed to the provider. Only the campers listed are approved to receive services. The list serves as the official approval for scholarships.
3. Process payment to the provider for summer camp services. Youth Services Program Coordinator will accept invoices only for services rendered.
4. Review all invoices and documentation required.
5. Conduct random unannounced monitoring of the provider to ensure compliance with this service application.

Go Back Save as Draft Continue

Terms & Agreements Tab

NOTE: In this section, you must agree to all the terms and conditions and initial each one.

1. Check agree to all the terms and agreements then add your initials in the text box
2. Click on “Save as Draft” or “Continue” to move to Attachments

SCH-2018-00001 (Specialized Camp Application) - Educational Enrichment Camps

Home Check List Application **Terms & Agreements** Attachments

Step 4 of 5, Terms & Agreements Section

#	Agreements	Agree	Initials
1	Providers agree to abide by the fee schedule contained within this application.	<input checked="" type="checkbox"/>	PW
2	Camp Fee per Child, per Week: Allowable maximum fee per child per week is \$120 including registration fees, at least one (1) T-Shirt and all scheduled field trips. (If the maximum fee is above the advertised rate for provider site/program, the advertised rate applies.	<input checked="" type="checkbox"/>	PW
3	Provider agrees not to charge the County more than the advertised fees for the Provider's camp program.	<input checked="" type="checkbox"/>	PW
4	Provider agrees that any scholarship funds provided by the County to Provider for the Summer Camp Scholarship Program must be utilized solely for the purposes of administering the program as approved by the County, and shall not be used for any other purposes. Provider shall provide County with documentation which demonstrates the expenditures that the Provider seeks payment for from the County, and County will either approve or not approve payment(s) based on the documentation so provided.	<input checked="" type="checkbox"/>	PW
5	Provider agrees NOT to accept additional payment from camper/family to cover for fees. Note: Providers may assess a onetime non-refundable fee per child. No registration fee MAY be charged for Homeless, Foster Care Involved or DJJ Involved.	<input checked="" type="checkbox"/>	PW
6	Provider must submit a completed electronic Provider Application with attached files to the Youth Services Department (YSD), by 5:00pm on January 25, 2018. Late and/or incomplete provider packets will not be processed and will not be approved as a Summer Camp Scholarship Program Provider.	<input checked="" type="checkbox"/>	PW
7	Provider must follow Department of Children & Families (DCF) requirements pursuant to Chapter 435 Florida Statutes: Complete DCF Affidavit of Compliance CF- FSP 5218 must be attached to the Provider Application. With this affidavit your agency certifies that all staff are required to have Level 2 background checks and DCF Affidavit of Good Moral Character are on record at your facility. Any cost incurred for screening is to be borne by the Provider. Any DCF changes made to background screening processes in 2018 will have to be implemented by the Provider according to http://www.dcf.state.fl.us/programs/backgroundscreening/clearinghouse/ Note: Upon hiring of new employees after Provider Approval, Provider MUST submit updated DCF Affidavits to Program Coordinator to show clearance for New Hires. This clause does NOT apply if you are a Palm Beach County Public School. However, you must upload a letter listing cleared employees in lieu of the DCF Affidavit of Compliance. (please refer to the Florida Statutes Chapter 435 and Appendix III)	<input checked="" type="checkbox"/>	PW
8	Provider must be non-residential program in Palm Beach County and may NOT be a Family Day Care Facility.	<input checked="" type="checkbox"/>	PW

Go Back Save as Draft Continue

Attachments Tab

NOTE: The files type for the upload are(pdf, docx, doc, dotx, xls, xlsx, jpg,jpeg, png, bmp, tif)

1. Upload a valid document for each of the documents listed in the application
2. Initial each document after you upload the documents validating that this is a true document
3. Click on “Save as Draft” to save the attachments

SCH-2018-00001 (Specialized Camp Application) - Educational Enrichment Camps

Home Check List Application Terms & Agreements Attachments

Step 5 of 5, Attachments Section


Please attach the required documents below in separate files and initial the statements following each required attachment. Attachments CAN NOT exceed 20MB. Please email YSD-Summercamp@pbccgov.org if you have any issues uploading.
Note: The file format must be a .pdf, .docx, .doc, .dotx, .xls, .xlsx, .xlsx, .jpg, .jpeg, .png, .bmp, .tif.


#	Type	File	Initials
1	W-9 for Agency The W-9 I attached is accurate with the Authorized Signature	✓ W-9.pdf	PW
2	Curriculum (Educational Enrichment Camps ONLY) The attachment confirms that I will be able to provide the approved Summer Camp Curriculum	Curriculum.pdf	PW
3	Proof of least one (1) Certified Teacher (Educational Enrichment Camps ONLY) The proof of one Certified Teacher I attached is a Valid School District Teacher	✓ ProofofCertifiedTeacher.pdf	PW
4	Field Trip List The field trip list I attached is for the full 2018 Summer.	✓ FieldTripList.pdf	PW
5	Daily Activity Schedule The daily activity schedule I attached provides an accurate description of "a day in the life" of my camp and shows activities beginning when the child arrives to camp and when the child leaves.	✓ DailyActivitySchedule.pdf	PW
6	First/Aid CPR Certificate First/Aid CPR Certificate attached is a valid document	✓ FirstAidCPR.pdf	PW
7	Sunbiz Business Certification from Florida Department of State of Division of Corporations The Sunbiz Business Certification I have attached is current and is issued from Florida Department of Division of Corporations for my agency.	✓ SunbizBusiness.pdf	PW
8	Field Trip Safety Guidelines The field trip safety guidelines I attached provide an accurate description of the safety guidelines my staff and children who attend my camp are expected to follow when they go on a field trip.	✓ FieldTripSafety.pdf	PW

Go Back Save as Draft Preview Application Submit Application

Preview Application

4. Click on Preview the application to see the application (This is just a sample)



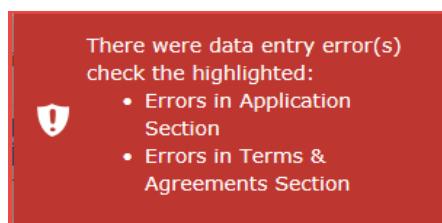


Summer Camp

Check List


#	Requirements	Result
1	Summer Camp Budget	Yes
2	DCF Affidavit of Compliance (See appendix 111)	Yes
3	Insurance Documents	Yes
4	Provider Application, all pages initialed and signed with W-9 verifying authorized signature	Yes
5	Summer Camp Fees are the max allowed or less(\$120.00)	Yes
6	Staff to Child Ratio, max 1:25 with an extra Aid for Fieldtrips and at least one (1) First/ Aid CPR Certified staff at all times (see Florida Statute)	Yes
7	First Aid/CPR certificate for at least one staff	Yes
8	Field Trip List	Yes
9	Field Trip Safety Guidelines	Yes

5. Click on Submit Application. If you did not complete the application, it will not allow you to submit the application and you will get a similar error message depending on the section that you did not complete



6. Correct the errors and click on "Submit Application again"
7. The Signature Page displays for you to sign the application


Signature ✕



Sign Above

In consideration for the payment and other due and valuable consideration, the Provider accepts all rules and regulations as set forth by the Summer Camp Scholarship Program, Youth Services Department, Palm Beach County, Florida and accepts and agrees to abide by the requirements as stated herein, pursuant to PPM #: YSD-OCP-01. This application is effective as of (today's date) and will automatically terminate on a year from today's date unless terminated earlier as provided herein. *

10/30/2017




Full Name: *

Primrose Williams

✕

Today's Date: *

10/30/2017




Save


✕ Clear

✕ Close

Click on "Save" the application and your dashboard will show the application with a status of Submitted

Dashboard


Summer Camp


 **Primrose M Williams**



[Dashboard](#)
[Help](#)

My Applications

General Details

Application Type: -- Select Any --
Status: -- Select Any --

 Search

Application #	Camp	Legal Name	Application Type	Status	Created	Submitted	Reviewed	Preview
REG-2018-00001	Primrose Williams	Bright Future Academy	Summer Camp	Returned	12/10/2017	12/10/2017	12/11/2017	
SCH-2018-00001	Primrose Williams	Cambridge Academy	Specialized Camp	Returned	12/10/2017	12/11/2017	12/11/2017	

Showing 1 to 2 of 2 entries

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[Next](#)

+ Add New Summer Camp Application

+ Add New Specialized Camp Application