



SUMMER CAMP SCHOLARSHIP PROGRAM

**Providers' Information/Updates Meeting
2023**



Agenda



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- 1) Community Check-in
- 2) Purpose of SCSP
- 3) Our Campers
- 4) 2023 Provider Applications & Information
- 5) 8th Annual Super Summer Spelling Bee
- 6) 2023 Provider Application
- 7) SCSP Database Updates
- 8) Monitoring
- 9) Parent Application
- 10) Resources
- 11) Questions/ Closing Remarks



1) Community Check-in



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Youth Services Department is now
Sanctuary Certified



www.menti.com

Enter code:

1236 8630



2) Purpose



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The Summer Camp Scholarship Program provides full-tuition and fees for summer camp for children residing in families with income at or below 150% of Federal Poverty Guidelines.

- It gives children educational and recreational opportunities for growth.
- Parents may choose from participating camps throughout Palm Beach County.
- Serving children 5 -14 years old, or up to 17 years old for special populations



Federal Poverty Guidelines



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# of Persons in Household	2022 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$13,590	\$18,075	\$18,754	\$20,385	\$27,180	\$40,770	\$54,360
2	\$18,310	\$24,352	\$25,268	\$27,465	\$36,620	\$54,930	\$73,240
3	\$23,030	\$30,630	\$31,781	\$34,545	\$46,060	\$69,090	\$92,120
4	\$27,750	\$36,908	\$38,295	\$41,625	\$55,550	\$83,250	\$111,000
5	\$32,470	\$43,185	\$44,809	\$48,705	\$64,940	\$97,410	\$129,880
6	\$37,190	\$49,463	\$51,322	\$55,785	\$74,380	\$111,570	\$148,760
7	\$41,910	\$55,740	\$57,836	\$62,865	\$83,820	\$125,730	\$167,640
8	\$46,630	\$62,018	\$64,349	\$69,945	\$93,260	\$139,890	\$186,520

Add \$4,720 for each person in household over 8 persons



3) Our 2022 Campers



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2015-2022 Scholarships Trends



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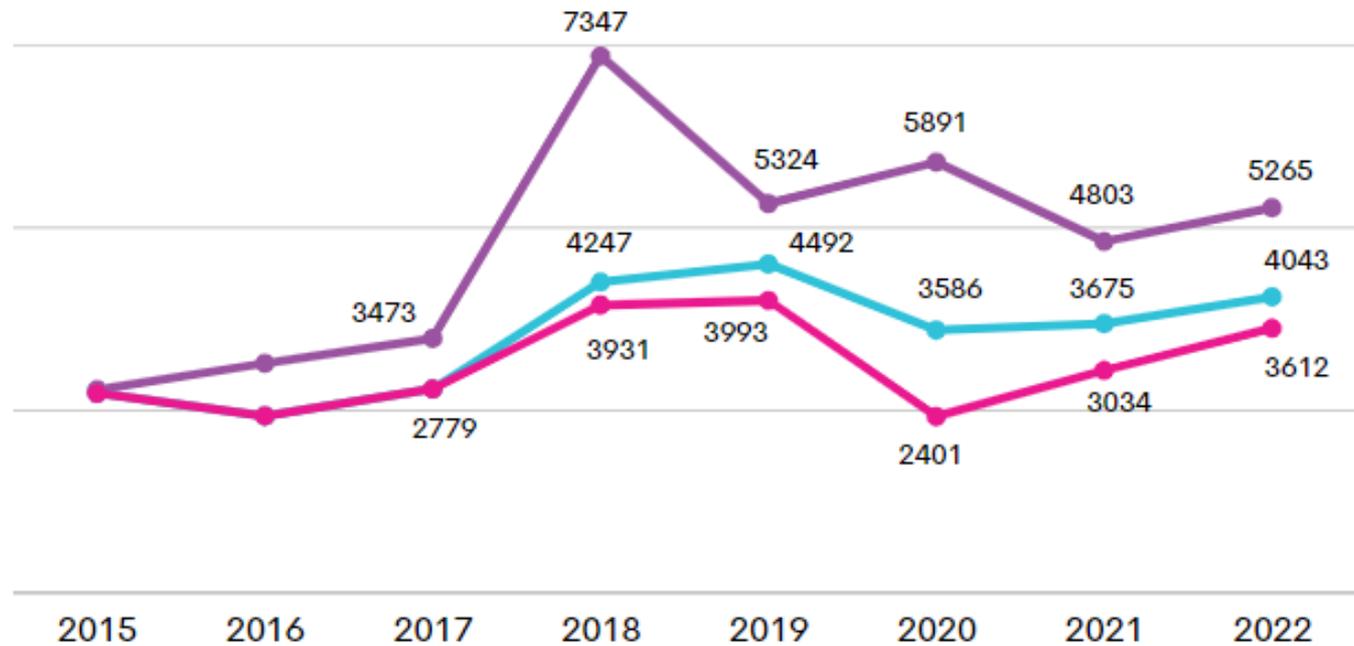


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In 2022, the total amount spent on scholarships was \$3,745,050.



● Applications received ● Scholarships awarded ● Scholarships utilized



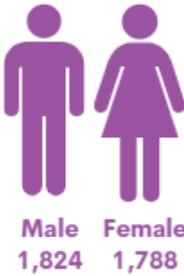
2022 Demographics: Scholarships Utilized



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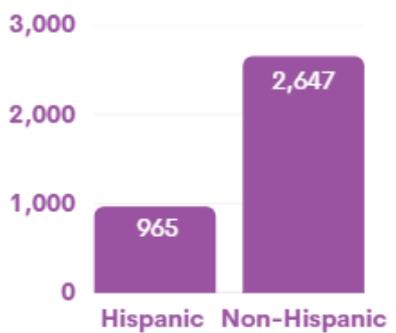
Gender:



Age:



Ethnicity:



2022 Demographics: Scholarships Utilized



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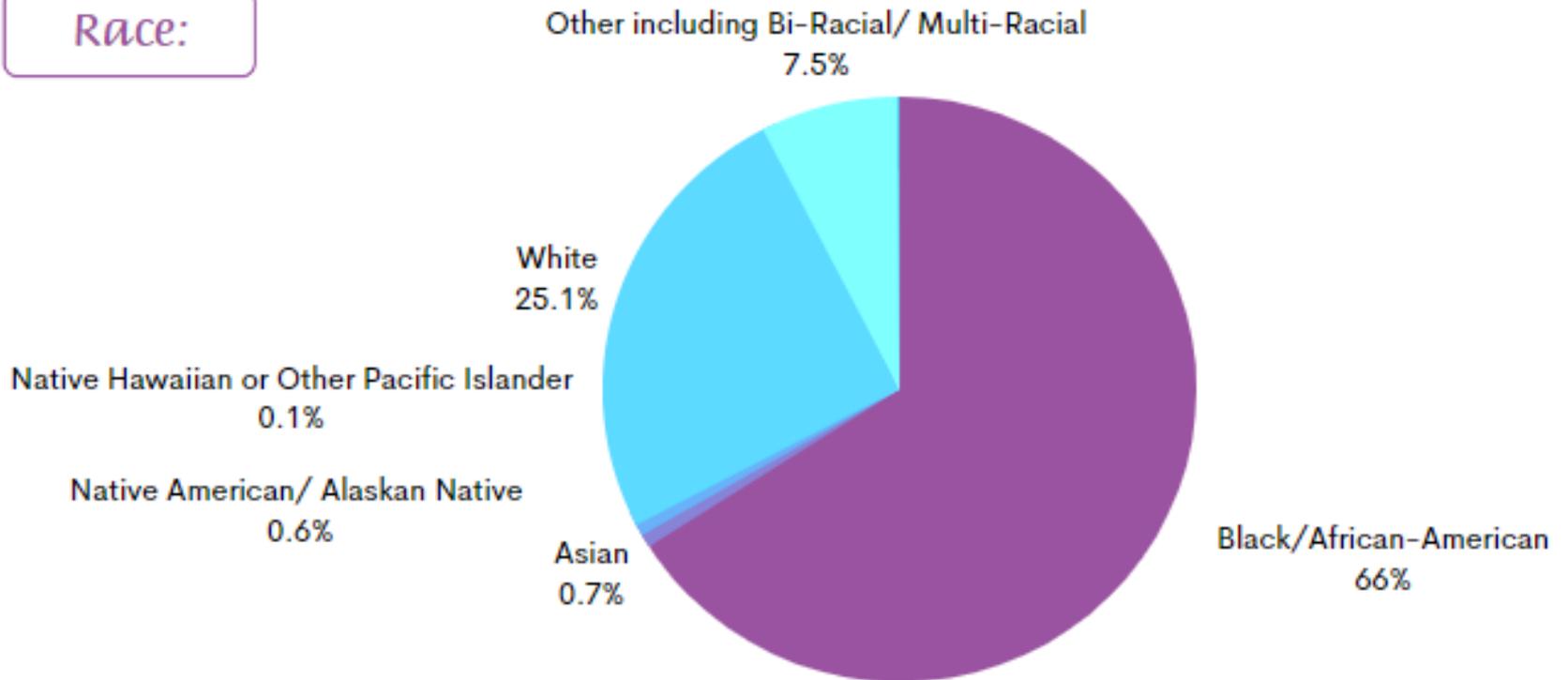


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Race:



2022 Parent Survey



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2022 Parent Survey



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- 85% of respondents were satisfied or extremely satisfied with the camp their child attended
- 88% of respondents would recommend camp to someone else
- 67% of respondents intend to have their child return to camp next year
- Over 60 respondents wrote a positive comments about their campers daily experience- the most common phrase: "loved everything."



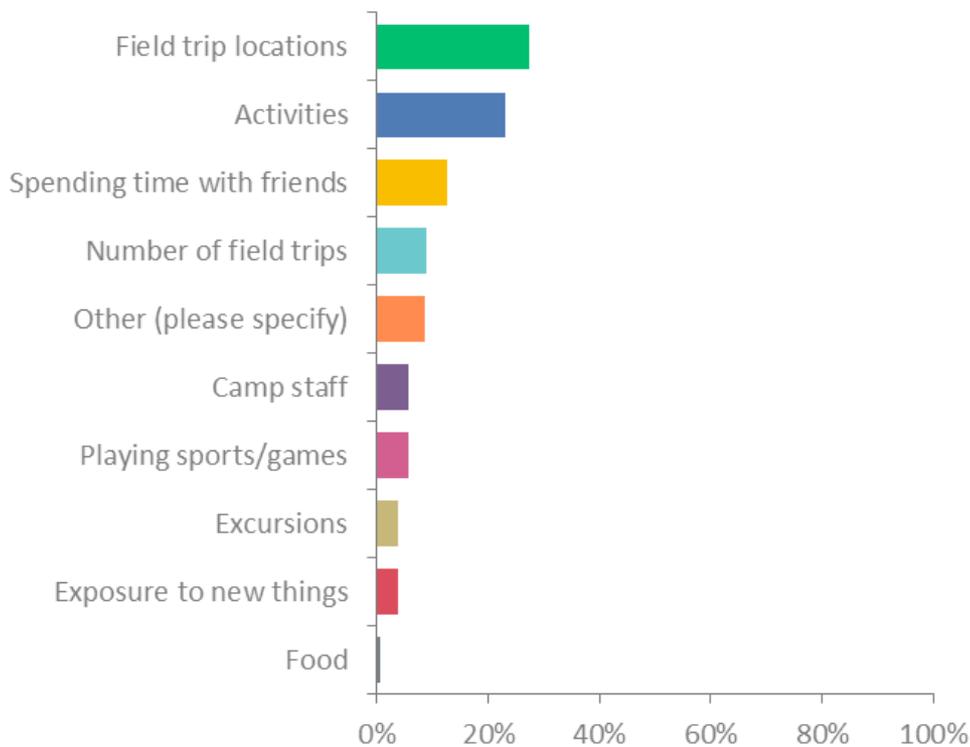
2022 Parent Survey



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What was the camper's FAVORITE part of the summer camp?



ANSWER CHOICES	RESPONSES	
Field trip locations	27.38%	92
Activities	22.92%	77
Spending time with friends	12.50%	42
Number of field trips	8.93%	30
Other (please specify)	8.63%	29
Camp staff	5.65%	19
Playing sports/games	5.65%	19
Excursions	3.87%	13
Exposure to new things	3.87%	13
Food	0.60%	2
TOTAL		336

2022 Parent Survey



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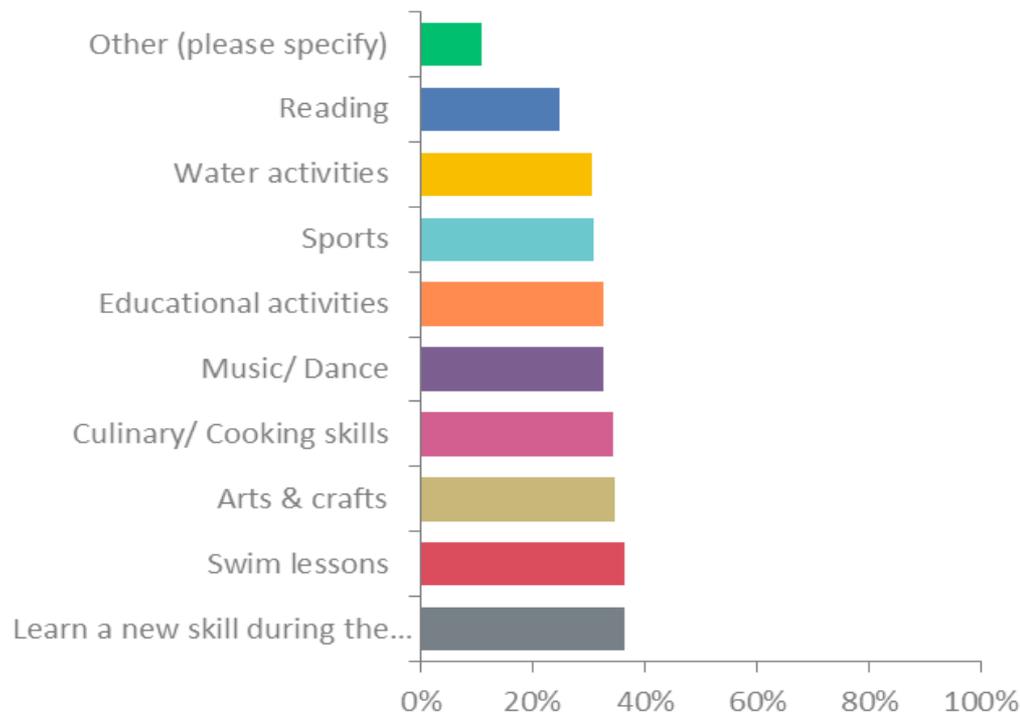


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What activities would you like the camp to offer next summer?



ANSWER CHOICES	RESPONSES	
Other (please specify)	10.94%	36
Reading	24.92%	82
Water activities	30.70%	101
Sports	31.00%	102
Educational activities	32.52%	107
Music/ Dance	32.52%	107
Culinary/ Cooking skills	34.35%	113
Arts & crafts	34.65%	114
Swim lessons	36.47%	120
Learn a new skill during the summer	36.47%	120
TOTAL		1002

2022 Parent Survey



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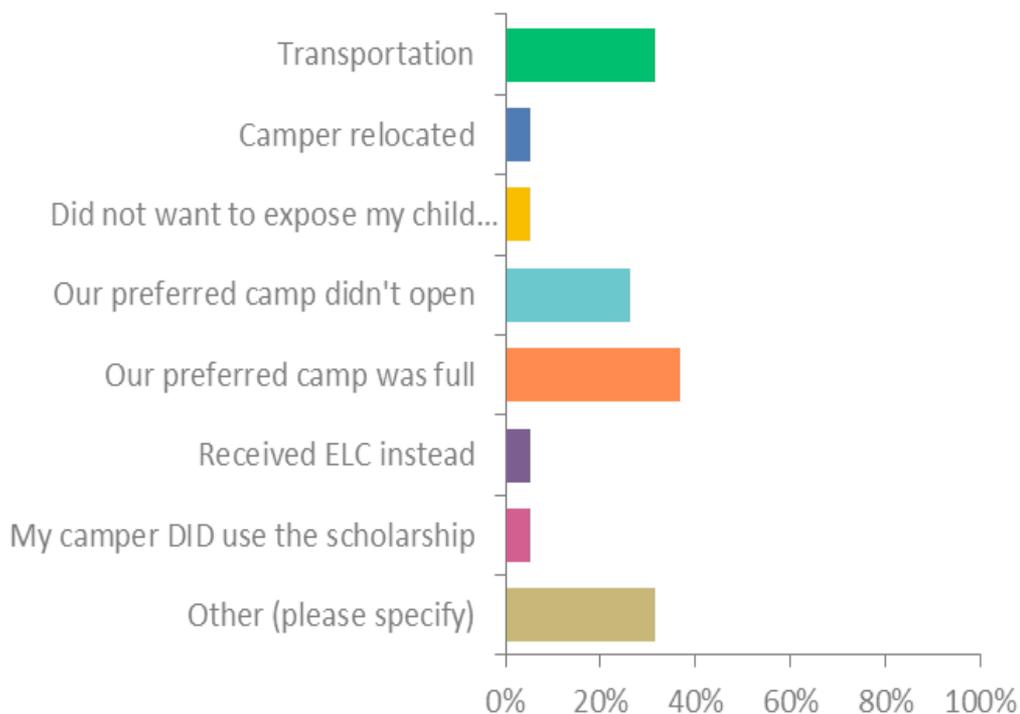


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Please tell us the reason your child did not attend summer camp?



ANSWER CHOICES	RESPONSES	
Transportation	31.58%	6
Camper relocated	5.26%	1
Did not want to expose my child to COVID-19	5.26%	1
Our preferred camp didn't open	26.32%	5
Our preferred camp was full	36.84%	7
Received ELC instead	5.26%	1
My camper DID use the scholarship	5.26%	1
Other (please specify)	31.58%	6
TOTAL		28

4) 2022 Provider Application & Info



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Summer Camp

Register Login

LOGIN

User Name

Password:

Summer Camp - Secured by Enterprise Connect
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LOGIN

[Forgot Password?](#)

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2022 Camp Stats



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- 75 provider applications



- 107 camp sites were originally approved for 2022



- 14 of those sites did not open



- 2 camps opened but never had any campers



- 91 camps had enrolled campers & provided services



2022 Operating Camps by Type



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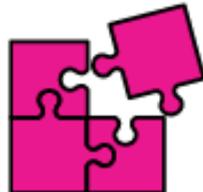
Summer Camp Types:



Educational Enrichment Camps (EEC)
provide a curriculum that includes educational advancements to prevent summer learning loss



Specialty Camps
focus on sports, dance, technology, art, and/or wellness



Special Needs Camps
provide support to campers on the autism spectrum and related disabilities requiring supervised daytime care



Regular Camps
all other camps not specifically mentioned above



2022 Operating Camps by Type



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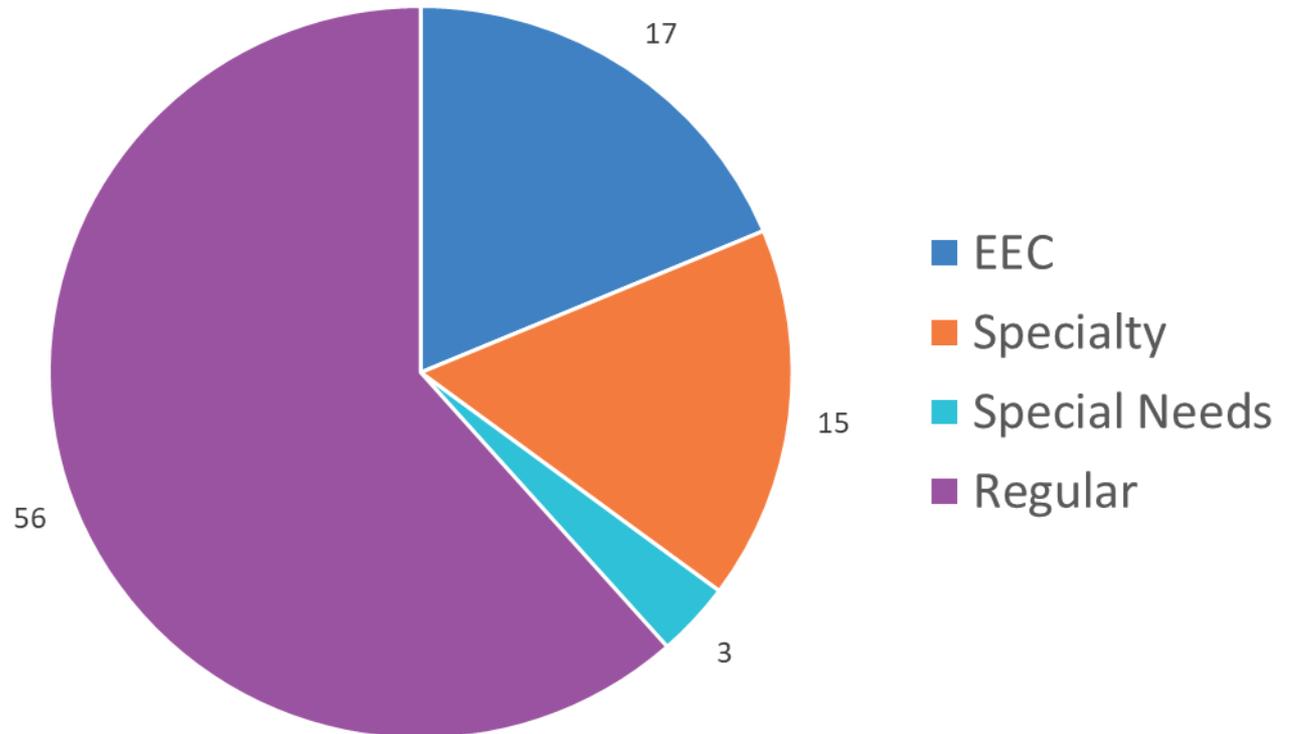
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5) 8th Annual Super Summer Spelling Bee



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The spelling bee is an academic activity that encourages the spirit of learning while preventing summer slide.

8th Annual Super Summer Spelling Bee



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YSD hosted the 8th annual Super Summer Spelling Bee

- Virtual event via Zoom & kahoot!
- 172 spellers participated
- 33 registered camps
- All winners received a trophy and book.
- 1st place camper won a Kindle!



8th Annual Countywide Spelling Bee
Thursday
JULY 14, 2022
Virtual Spelling Bee
via Zoom & Kahoot!
With the purpose of providing academic activities to encourage the spirit of learning while preventing summer slide!
Limited to Summer Camp Scholarship Program's participating camps only. Register spellers via the Summer Camp Scholarship Program portal. Under the "Spelling Bee" tab.
Deadline to register is July 12, 2022

Awards • Prizes • and Much More!

Categories:
(grade entering in fall '22)

K-2nd Grade

3rd-5th Grade

6th-8th Grade

9th-12th Grade

Times:

8:30-9:30 am

10:00-11:00 am

11:30 am-12:30 pm

2:00-3:00 pm

Contact Information:

Amrita Rampersad

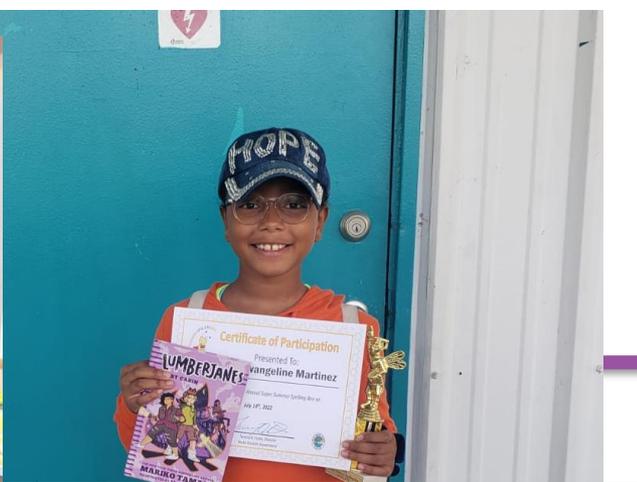
Tel: (561) 242-5713 • Email: YSD-SummerCamp@pbcgov.org

Website: https://discover.pbcgov.org/youthservices/Pages/super_spelling_bee.aspx



Palm Beach County
County Attorney's Office





6) 2022 Provider Application



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- Role of the Provider
- Dates to Remember
- Eligibility Guidelines
 - ✓ Required Forms
 - ✓ Reimbursement
- Provider Presentation
- Direct Deposit



Role of the Provider



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1. Complete and submit the provider application with appropriate documents
2. Marketing and recruiting for enrollment
3. Parent application **assistance** & follow up
4. Camp schedule/ providing services
5. Billing - attendance logs, complying with the policy for payment
6. Compliance with programming, change notification, **communication with YSD**, etc.



Dates to Remember



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Camp Dates: 5/30/23 – 8/4/23

Provider Application Dates: Open: 11/16/2023 Close: 1/6/2023

Parent Application Dates: Open: 1/30/2023 Close: 4/14/2023

9th Annual Super Summer Spelling Bee: In-Person date TBD/mid-July

Billing Cycles: (Failure to meet deadline date may result in non-payment)

Mid-cycle: 5/30/2023 – 6/23/2023 Last day to submit: 7/7/2023

End Cycle: 6/26/2023 – 8/4/2023 Last day to submit: 8/18/2023



Starting an application - Application Type



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My Applications

General Details

Show 10 entries

Filter:

	Application #	Legal Name	Application Type	Status	Created	Submitted	Reviewed	Preview	
	DFS-2022-00002		Specialized Camp	DRAFT	10/28/2021				
	DFR-2022-00001		Summer Camp	DRAFT	10/28/2021				

Showing 1 to 2 of 2 entries

Previous 1 Next

+ Add New Summer Camp Application

+ Add New Specialized Camp Application

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★ New



Eligibility



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- Sunbiz
- DCF Affidavit of Compliance
- Daily Activity Schedule
- Field Trip Safety Policy
- Certification of Insurance (COI)
- Fire Inspection Certificate ←   **New**



Sunbiz & W-9



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Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Foreign Limited Liability Company
BLUE & CO., LLC

Filing Information

Document Number M16000003245
FEI/EIN Number 35-1178661
Date Filed 02/26/2016
State IN
Status ACTIVE

Principal Address

12800 N MERIDIAN STREET STE 400
CARMEL, IN 46032

Mailing Address

12800 N MERIDIAN STREET STE 400
CARMEL, IN 46032

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title MGR

SMITH, KATHY J
12800 N MERIDIAN STREET STE 400
CARMEL, IN 46032

Annual Reports

Report Year	Filed Date
2017	03/13/2017
2018	04/20/2018
2019	04/18/2019

Form W-9

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Exempt payee

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional) Please Enter your Show Name(s)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

Part II Certification

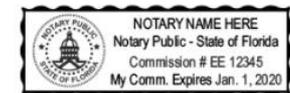
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions Note. If a requester gives you a form other than Form W-9 to request



Daily Activity Schedule



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Camp Name: **SAMPLE - DAILY ACTIVITY SCHEDULE** **Date Range:** _____

Type of Camp: *(please circle)* **Regular** **EEC** **Specialty** **Sports** **Special Needs**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 am – 8:00 am	Daily Sign In / Indoor & Outdoor Activities				
8:00 am – 8:30 am	Breakfast & Announcements				
8:30 am – 10:00 am	Math	Spanish	Reading	Robotics	Field Trip/ Activities
10:00 am – 11:00 am	Math	Spanish	Reading	Robotics	
11:00 am – 12:00 pm	Fitness	Outdoor Activity	Nutrition	Art	
12:00 pm – 1:00 pm	Lunch	Lunch	Lunch	Lunch	
1:00 pm – 2:00 pm	Rest Time	Rest Time	Rest Time	Rest Time	
2:00 pm – 3:00 pm	Snack Time	Snack Time	Snack Time	Snack Time	
3:00 pm – 4:00 pm	Spelling Bee	Spelling Bee	Spelling Bee	Spelling Bee	
4:00 pm – 5:00 pm	Outdoor Play	Art	Writing	Music	Movie
5:00 pm – 6:00 pm	Daily Sign Out / Dismissal / Indoor & Outdoor Activities				



Certificate of Insurance (COI)



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Issued Date: "COI issued date should be within 15 days from the date of its receipt. COI should not, unless approved by Risk Management be accepted if issued more than 30 days from the date of its receipt"

ACORD TM CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY)
PRODUCER Insurance Company Information				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Camp/Agency Legal Name				INSURERS AFFORDING COVERAGE		NAIC #
				INSURER A:		
				INSURER B:		
				INSURER C:		
				INSURER D:		
				INSURER E:		
COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	123456	10/24/19	10/24/20	EACH OCCURRENCE	\$ 500,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	123456	10/24/19	10/24/20	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				BODILY INJURY (Per person)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	123456	10/24/19	10/24/20	BODILY INJURY (Per accident)	\$
	OTHER Sexual Abuse/molestation	123456	10/24/19	10/24/20	PROPERTY DAMAGE (Per accident)	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						
Palm Beach County Board of County Commissioner s, a Political Subdivision of the State of Florida, Its Officers, Employees and Agents.						
CERTIFICATE HOLDER				CANCELLATION		
Palm Beach County C/O Youth Services Department 50 S. Military Trail, Suite #203 West Palm Beach, FL 33415				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		



Issued Date: "COI issued date should be within 15 days from the date of its receipt. COI should not, unless approved by Risk Management be accepted if issued more than 30 days from the date of its receipt".

ACORDTM CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER Insurance Company Information		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Camp/Agency Legal Name		
		INSURERS AFFORDING COVERAGE
		INSURER A:
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	123456	10/24/19	10/24/20	EACH OCCURRENCE	\$ 500,000
		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	123456	10/24/19	10/24/20	COMBINED SINGLE LIMIT (Per accident)	\$ 500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$

Check the boxes that applies to your automobile

GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$									
EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$									
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <small>If yes, describe under SPECIAL PROVISIONS below</small>		Workers Comp Insurance & Employers Liability as required pursuant with Florida Statute Chapter 440	123456	10/24/19	10/24/20	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$ 500,000													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
OTHER Sexual Abuse/molestation		123456		10/24/19	10/24/20	Policy limit or exclude coverage \$250,000								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS														
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, Its Officers, Employees and Agents.														
CERTIFICATE HOLDER		CANCELLATION												
Palm Beach County C/O Youth Services Department 50 S. Military Trail, Suite #203 West Palm Beach, FL 33415		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE												

Reimbursement / Invoice Submission



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MID-CYCLE BILLING
MAY 30TH – JUNE 23RD

DUE DATE:
JULY 7TH
2023

END-CYCLE BILLING
JUNE 26TH – AUG 4TH

DUE DATE:
AUGUST 18TH
2023



Reimbursement Guidelines



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- Camp must be **offered 5 days a week** to request reimbursement (only exceptions being County-observed holidays or natural disasters)
- Camps are required to provide services for a minimum of **7 weeks**
- Providers must provide a minimum of **9 hours** of supervised activities daily
- Camper must attend camp a **minimum of 4 consecutive daily hours at least 3 days within the week** for provider to request reimbursement
 - ★ **New** Applicant is responsible for ensuring camper attends camp a minimum of 3 days per week for a total of 12 hours.



Reimbursement Guidelines



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- Providers will be paid for 1st week if camper failed to attend. **ONLY IF the Program Coordinator is notified within that week.**
- Providers are **not** allowed to substitute a child, accept child or reassign scholarship number to another child without prior YSD Approval.
- Approved providers are not eligible to receive scholarships for their own children.
- A parents & a camp staff must sign all attendance sheets.
- Reimbursement rate is **\$130 weekly** (with the exception of Special Needs camps)
 - EECs were increased to \$150 weekly in 2022



Reimbursement Guidelines



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- If camp will not be operating due to vacation, it should be stated on your camp calendar/ daily activity schedule. There will be no reimbursement.
- Applicant shall not be charged for any portion of SCSP. However, camp may assess a one-time, non-refundable registration fee up to \$25.00 per camper.
 - **No registration fee may be charged to families of Homelessness, Foster Care involved, DJJ involved, and Bridges-SRP.**
- Summer Camp reimbursement must include registration fees, at least one t-shirt, and **all scheduled field trips.**



Reimbursement Guidelines



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- Field Trip List must include locations and dates for each scheduled trip.
- Field trips must be available to all SCSP campers and must not be charged any additional fees or costs for the trip.

★ New

- Any “excursions” that may require additional fees paid by camper (i.e. Disney World, Sea World, etc.) **must be submitted to YSD for approval.** Such fees are not covered by the scholarship.



2023 Policy Updates



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- If a Provider declines acceptance of a child, **YSD staff requires reason** for denial or inability to accommodate child in order to proceed with new camp selection.
- Camp changes will become effective **at the start of the week** following the Applicant's request.
- Camp changes must be requested before the end of the fourth week of camp (mid-cycle).
- Daily Activity Schedule for all camps must also demonstrate a **minimum of one-hour academic** activities/instruction daily.
- Curriculum and sample pre/post-tests, must be submitted with EEC applications.



Reimbursement Guidelines



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EEC CAMPS PRE & POST-TESTS:

- Will need to be uploaded with the attendance sheets
 - Mid-cycle = Pre-Tests
 - End Cycle = Post-Tests



Scholarship #	Week 1	Week 2	Week 3	Week 4	Attachment	Status
2022-01219	Sick ✓	☐ ☒ ☒	☑ ☒ ☒	☑ ☒ ☒	Layla.pdf	✓ Valid
2022-02688	☐ ☒ ☒	☑ ☒ ☒	☑ ☒ ☒	☑ ☒ ☒	Amina.pdf	✓ Valid
2022-01227	Vacation ✓	☑ ☒ ☒	☑ ☒ ☒	☑ ☒ ☒	Arianna.pdf	✓ Valid
2022-02505	☐ ☒ ☒	☑ ☒ ☒	☑ ☒ ☒	☑ ☒ ☒	austin.pdf	✓ Valid



★ New

Provider Presentation



- Provide full picture of camp to funders
- To be scheduled after approved application
- 15-20 minute presentation

9 Areas of Review:

1. **Activities** - Opportunities for development of skills rather than just recreation or having fun
2. **Staff Growth & Development** – Training and development options for staff
3. **Campers (building character)** - Providing activities & opportunities for emotional & personal growth
4. **Facility/ Location**
5. **Managing Conflict** - Procedure/plan in place to manage a conflict
6. **Marketing** - Informing the neighboring community about your services
7. **Nutritious Meals**
8. **Preventing Summer Slide** - the loss of academic skills & knowledge over the course of summer vacation
9. **Safety & Sanitation** - to ensure staff & campers are practicing appropriate safety measures



Provider Presentation



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All received presentations can be found on our website:

<https://discover.pbcgov.org/youthservices/Pages/Camp-Provider-Presentations.aspx>

Summer Camp Provider Presentations

[Return to the Summer Camp Page](#)



SELECT A CATEGORY TO VIEW PROVIDER PRESENTATIONS

Select a Category:

Educational Enrichment Camps (EEC)

Regular Camps

Special Needs Camps

Specialty Camps

Sports Camps



Direct Deposit



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- Launched direct deposit in 2022
- Not required for camps facilitated by school district or municipalities
- Camps received payment 2-3 days after issuance
- Information will be entered with your application



Direct Deposit



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Mailing Information (For Reimbursement)

Address: 2333A West Glades Road

City:

Attention Name: Boca Raton Housing Authority

- The application's mailing address must match the vendor address on the ACH form
- Routing #/ Account # must match EXACTLY on the ACH form and the voided check (including any 0s)



Direct Deposit



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“Provider is verifying that they received an ACH payment last summer, and that the account information is correct and has not changed since that payment was received.”

Agree	Initials
<input checked="" type="checkbox"/>	AW

“School District of Palm Beach County or municipality providers ONLY may select to opt-out of the ACH/direct deposit process and receive a paper check via mail. Select to receive a paper check.”

Agree	Initials
<input checked="" type="checkbox"/>	AW

- 2 new questions added ★ **New**
- You do not need to select these to proceed – ONLY if they apply to you



7) SCSP Database Updates



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Summer Camp

[Register](#)

[Login](#)

LOGIN

User Name

Enter your user name

Password:

Enter your password

Summer Camp - Secured by Enterprise Connect

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[LOGIN](#)

[Forgot Password?](#)



SCSP Database Updates



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Application Number: DFS-2022-00002 Status: Draft

- Home
- Application
- Direct Deposit
- Camps**
- Check List
- Terms & Agreements
- Attachments

Step 3 of 6, Camp Section

Location Information

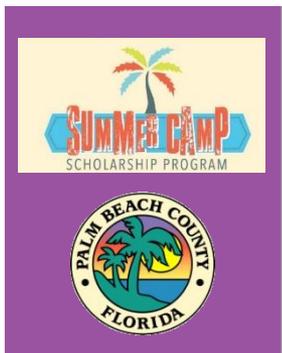
Site Name:*

Camp Happy

Address:*

Camp Happy

Has this address obtained a pre-operational site visit with SCSP in the past?:* Yes No



SCSP Database Updates



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- Secondary Contact

Phone*



Application Number: REG-2022-00016 Status: Approved Change Status: APPROVED

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

Step 3 of 7, Camp Section + Add New Camp

Site Name: Marjorie S Fisher Boys & Girls Club #20	Address: 905 Drexel Rd, West Palm Beach 33413		
Site Name: Belle Glade Elementary Boys & Girls Club #61	Address: 350 SW 10th St, Belle Glade 33430		
Site Name: Boca Raton Boys & Girls Club #80	Address: 300 New Castle St, Boca Raton 33487		
Site Name: Canal Point Elementary Boys & Girls Club #62	Address: 37000 Main St, Canal Point 33438		
Site Name: Delray Beach Boys & Girls Club #50	Address: 1451 SW 7th St, Delray Beach 33444		
Site Name: Florence De George Boys & Girls Club #70	Address: 4105 Pinewood Ave, West Palm Beach 33407		
Site Name: Glade View Elementary Boys & Girls Club #63	Address: 1100 SW Avenue G, Belle Glade 33430		
Site Name: Gove Elementary Boys & Girls Club #64	Address: 1000 SE Avenue G, Belle Glade 33430		
Site Name: Max M. Fisher Boys & Girls Club #40	Address: 221 W 12th St, Riviera Beach 33404		

Go Back Continue

8) Monitoring & Compliance



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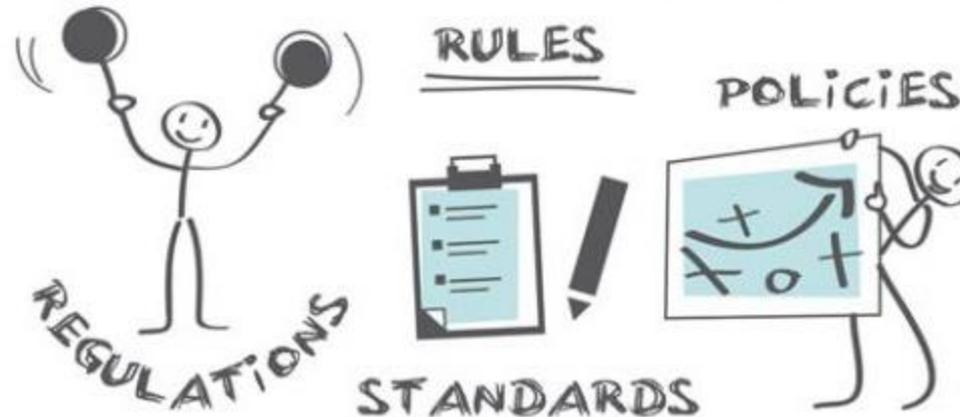
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COMPLIANCE



Monitoring



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- Pre-Op Site Monitoring for new camps/new sites
 - YSD to Schedule & Notify
- Desk Monitoring
 - To begin in May for ALL camps
- On-Site Monitoring
 - Pending results of Risk Assessment
 - All sites monitored at least every 3 years
- Final Monitoring Report



*Camps are responsible to ensure compliance with all laws and regulations pertaining to summer camps

Monitoring



- Location
- Programming
- Safety
- Supervision



Monitoring – Risk Assessment



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- In 2021:
 - 100% desk monitoring completed
 - 98% on-site monitoring completed

★ **New**

- In 2022:
 - 100% desk monitoring completed
 - Launched Risk Assessment tool
 - On-site monitoring conducted at all new sites and any high risk sites
 - All camps must receive on-site monitoring once every 3 years



Monitoring – Risk Assessment



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- Longevity
 - # of years in operation (all 1st & 2nd year camps must have on-site monitoring)
- Provider Presentation
 - Were Assessment Areas met requirement or was support needed
- Desk Audit
 - Identified findings/item deficiencies
- History of Corrective Action
 - Documentation expired, incorrect, or missing
 - Findings that are not related to documentation



Monitoring – Risk Assessment



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- **Grievance**
 - Received by parent or camp staff
- **Negative Survey Results**
 - From the end of summer parent survey
- **Deadlines**
 - Provider failed to meet deadlines by the due date provided
- **Results in low, medium, and high risk**
 - All high risk sites are visited
 - Many medium risk sites had unscheduled site visits



9) Parent Application



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- Schedule
- Eligibility Guidelines
 - ✓ Eligibility Criteria
 - ✓ Required documentation
 - ✓ Application Instructions
 - ✓ Income Guidelines



Parent Applications



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Parents Application: January 30st – April 14th 2023

Outreach Events	Date/ Time
Youth Services Extended Office Hours Tues & Thurs *appointment only	Until 7:00 pm
Palm Beach County Library - 3650 Summit Blvd, West Palm Beach, FL 33406	Saturday, February 4th 9am – 2pm
Palm Beach County Library - Glades Branch 20701 95th Ave S, Boca Raton, FL 33434	Saturday, February 25th 10am – 3pm
Belle Glade Library – 725 NW 4th St Belle Glade, FL 33430	Saturday, March 4th 9am – 2pm
Belle Glade Library – 725 NW 4th St Belle Glade, FL 33430	Saturday, March 25th 10am – 3pm



Applications are First Come, First Scholarship

First Come, First Scholarship!



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Eligibility Criteria:

Applications must meet one of the following criteria:

- Parent Applications - Household income of 150% of the Federal Poverty Level Guideline
- Agency Applications - Specialized Populations
 - Homeless/Foster Care Involved; DJJ Involved; Bridges



Parent Application Eligibility



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Eligibility Criteria:

Camper(s) must be

- A resident of Palm Beach County
- 5 years old/ enrolled or completed Voluntary Pre-Kindergarten
- Not older than 14 years old by June 1st of the application calendar year
 - Specialized Populations (foster care, homeless, DJJ, or has a Special Needs diagnosis as approved by YSD staff), the age can be extended to 17 years old; dependent on funding



Parent Application Documentation Requirements



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Eligibility Documentation – Proof of Income:



Applicants can no longer select “unemployed” and not upload anything. All applications will require proof of income, unemployment, or FRL letter.

Proof of Income for Entire Household (to determine household is at or below 150% of the Federal Poverty Guideline):

Earned Income - paystub; verification letter from employer, other- as approved by YSD staff.

Unearned Income- TANF, SSI, SSA/SSDI or other, as approved by YSD staff.

Any Other Income - unemployment, alimony, child-support, rental income, death benefits, etc.).

Free/ Reduced Lunch Letter from SDPBC, in-lieu of earned income as approved by YSD staff.



Parent Application Assistance



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- Camps are encouraged to assist families with their applications
- YSD also provides assistance
- Created *Provider Waiver* for camps and YSD to utilize
- Camps MAY NOT create/submit applications obo applicants

★ New



Provider Waiver

I understand that (Summer Camp provider name) _____ is **NOT** responsible for submitting my Summer Camp Scholarship Program application. Staff is only available to provide guidance and answer questions regarding the application. I am responsible for submitting the completed application (including signing this document) for consideration of acceptance into the Summer Camp Scholarship Program.

Applications that are not submitted will not be reviewed.

By signing this waiver, I agree that I am fully aware that it is my responsibility to complete and submit the Summer Camp Scholarship Program application by the deadline.

Print Name

Signature

Date



Palm Beach County
Board of County Commissioners



Application Instructions



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Full directions can be found on our website
(Eligibility Information -> Parent Application Process At A Glance):

<https://discover.pbcgov.org/youthservices/PDF/SummerCamp/Parent%20Application%20Process%20At%20A%20Glance.pdf>

Steps to complete Summer Camp Scholarship Application

- Step 1 Log in to Youth Services Department website:
www.pbcgov.com/youthservices/Pages/Summer_Camp.aspx
- Step 2 Click on Parent Application 
- Step 3 Click **Register** (on top right side of screen)
- Step 4 Choose **"Parent"**
- Step 5 Complete an **External User Registration** and save
- Step 6 Login in with your **User Name (email address)** and **Password**
- Step 7 Click 



10) Resources



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- Found on our website:
 - ELO- Prime Time
 - MH Counseling Services – YSD
 - PBC Behavioral Health Coalition
 - Drowning Coalition of PBC
 - FLIPANY



Thank you funders!



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thank you
very much



10) Questions



www.pbcgov.com/youthservices



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To schedule a meeting email:

Arampersad@pbcgov.org and Vmessine@pbcgov.org



Contact



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Outreach & Community Programming Division
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West Palm Beach, FL 33415
Main Phone (561)242-5713



Website <http://www.discover.pbcgov.com/youthservices>