

**Palm Beach County Youth Services Department
Outreach & Community Programming Division**

50 S. Military Trail, Suite 203

West Palm Beach, FL 33415

Tel: (561) 242-5738 Fax: (561) 242-6877

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

Summer Camp _____ Desk Monitoring Checklist

Agency Name:
Agency Contact Name:
Reviewer Name:
Date:
Date Agency Notified of Monitoring Outcome:

Item	Item Description	Yes	No	Comment
1	Camp scheduled to operate at least 7 weeks during the summer			
2	Camp scheduled to operate 5 days a week (with the exception of holidays)			
3	Agency year-end financial documentation (audit, 990, etc.)			
4	CPR Certificate (two certificates required for sites participating in field trips)			
5	Certificate of Insurance			
6	W-9			
7	Any missing/expired documents/attachments			
EEC ONLY				
8	Camp staff includes a minimum of one certified teacher			
9	At least 50% of camp program content is educational			
10	Sample pre/post-tests submitted to YSD Program Coordinator			

11	Pre-test was administered to all children receiving SCSP Scholarship. Test and results submitted to YSD Program Coordinator.			
12	<i>Reminder.</i> Post-test must be administered to all children receiving SCSP Scholarship. Test and results must be submitted to YSD Program Coordinator 72 hours after camp's end date.			
13	<i>Reminder :</i> Camp must submit a EEC Final report to YSD Program Coordinator no later than September 15th (refer to Provider Application)			

NOTE:

Corrective Action: