



Agenda
Children and Families Advisory Board
Tuesday, February 14, 2023
Volusia County Lifeguard Headquarters
Conference Room A
515 S Atlantic Ave, Daytona Beach

Board Members

Dr. Mary Bruno, Chair
Charles Puckett, Vice-Chair
Carrie Baird
Georgann Carnicella
Blanca Maldonado
Charles Moskowitz
Shawnerie Langford
Jessica Deese
Derrick Collins

Staff

Carmen Hall, Community Assistance Director
Maureen Sikora, Assistant County Attorney
Corry Brown, Operations Manager
Antoinette Cannon, Grants Planner

Call to Order

Roll Call

Public Participation

Public participation is encouraged on matters on the agenda. If you desire to be recognized by the chair, please fill out a request form and present it to one of the staff members present. Public comment on issues on the agenda or public participation shall be limited to three minutes.

Item 1 – Minutes

The CFAB will review and discuss the draft minutes for January 4, 2023.

Item 2 – Evaluation of 2023 Summer Camp Provider Applications

The board will establish any exceptions to ineligible applications, provide their evaluation sheets, and make recommendations for approval.

Discussion by board members of matters not on the agenda

Items for staff discussion

Adjournment

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT (TITLE II)

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the County of Volusia ("County") will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of County, should contact the office of the County's ADA Title II Coordinator, Jim Corbett, at (386) 248-1760 as soon as possible but no later than 2 business days before the scheduled event or meeting. This paragraph shall likewise apply to written requests by a physically handicapped person needing a special accommodation to attend a public meeting in accordance with section 286.26, Florida Statutes.

A copy of the County's Notice under the Americans with Disabilities Act (Title II) can be obtained at <https://www.volusia.org/ada> or requested from the County's ADA Title II Coordinator at the telephone number listed above.

NOTICE UNDER SECTION 286.0105, FLORIDA STATUTES

If a person decides to appeal a decision made by the Children and Families Advisory Board with respect to any matter considered at such meeting or hearing, he/she will need a record of the proceedings including all testimony and evidence upon which the appeal is to be based. To that end, such person will want to ensure that a verbatim record of the proceedings is made.



**Minutes
Children and Families Advisory Board
Wednesday, January 4, 2023
Emergency Operations Center - Operations Room
3825 Tiger Bay Road, Daytona Beach**

BOARD MEMBERS

Dr. Mary Bruno, Chair
Charles Puckett, Vice-Chair
Carrie Baird
Georgann Carnicella
Charles Moskowitz
Blanca Maldonado
Shawnerie Langford
Jessica Deese
Derrick Collins

STAFF

Carmen Hall, Community Assistance
Director
Corry Brown, Operations Manager
Andrea Kerr, Assistant County Attorney
Maureen Sikora, Assistant County Attorney
Antoinette Cannon, Grants Planner

CALL TO ORDER

Dr. Mary Bruno, Chair, called the meeting to order at 1:30 p.m.

ROLL CALL

Corry Brown, Community Services Operations Manager, called the roll. Georgann Carnicella, Charles Moskowitz, and Blanca Maldonado were not present. There was a physical quorum.

PUBLIC PARTICIPATION

Three members of the public attended the meeting virtually and five individuals attended the meeting in person. There was no public comment during the meeting.

APPROVAL OF JUNE 14, 2022 MINUTES

Charles Puckett made a **MOTION** to approve the minutes from the June 14, 2022 meeting. Carrie Baird seconded the motion. The motion carried unanimously 6-0.

NEW BUSINESS

Edward Memorial Justice Assistance Grant (JAG) Applications FY 2022/23

Chair Bruno stated that two agencies applied for the JAG program and both agencies had a representative in attendance to provide a brief presentation.

Jennifer Stephenson, representing SMA Healthcare, gave an overview about the Adult Drug Court Counseling program. She explained that if awarded, SMA Healthcare would be able to assist at least 40 drug court clients over the program year. She also explained the expectations of the program and how the program would benefit the community.

Gail Hallmon, representing the House Next Door, gave a presentation about the Success by Design program. She explained that the program would be available at DeLand Middle School and Campbell Middle School and would utilize an evidence-based curriculum to promote school success for students.

Shawnerie Langford asked Ms. Hallmon whether the program was previously offered at both middle schools. Ms. Hallmon explained that last year, the program was only available at Campbell Middle School as a pilot program. She stated that the hope is to expand to serve more children this year. Derrick Collins asked what barriers the agency has seen with students at Campbell Middle School. Ms. Hallmon explained that hopelessness, lack of resources, and resistance to the program are some barriers encountered.

After the presentations concluded, the board recessed to allow board members to complete their individual score sheets and staff time to input the scores from the board members for each agency.

The scores for both agencies were computed by the average score of all board members score sheets that were present at the time of the meeting and staff's score. The total scores were displayed for board members and attendees to see.

SMA Healthcare received a score of 170.50 out of 185 possible points.

House Next Door received a score of 163.33 out of 185 possible points.

Antoinette Cannon, Grants Planner, explained that the board would need to determine and recommend which agencies would be awarded for funding and how to allocate the remaining balance of \$1,522 funds that was not requested by either agency.

Carrie Baird made a **MOTION** to fund House Next Door at the requested amount of \$34,105 and SMA Healthcare at the requested amount of \$104,000 with the additional \$1,522 to total \$105,522. Shawnerie Langford seconded the motion. The motion carried unanimously 6-0.

Ms. Cannon explained that each year the award amount shown within the JAG application is the prior years allocation that is subject to change once funding allocations are released for the current year. She asked that the board make a recommendation on how funds should be disbursed to agencies if the County receives excess or reduced amount of funds.

Carrie Baird made a **MOTION** to adjust each agency's funding amount by the percentage of the current awarded amount once the funding award is confirmed for the 2022/23 JAG program. Charles Puckett seconded the motion. The motion carried unanimously 6-0.

CFAB Annual Report 2022

Chair Bruno explained that the 2022 CFAB Annual Report provides an overview of the board's achievements and funds awarded over the past year. She informed the board that once approved, this report would be sent to the Volusia County Council for review.

Charles Puckett made a **MOTION** to approve and send the 2022 CFAB Annual Report to the Volusia County Council. Carrie Baird seconded the motion. The motion carried unanimously 6-0.

Program Updates

Ms. Cannon presented program updates on fiscal year 21/22 unexpended funds. She informed the board of the agencies that were unable to expend all awarded funds. She explained that Easterseals was unable to expend about 1% of funds due to delays on accessing schools and Early Learning Coalition was unable to expend a little over 1% of RSQ funding because the University of Florida Child Protective Team program was closed in the last week of September due to Hurricane Ian.

Ms. Brown explained the Sickle Cell Services special contract and past issues with finding an agency to fulfill that contract. She explained that the Health Department had the contract in fiscal year 21/22 with a focus on outreach and marketing but had applied for fiscal year 22/23 to partner with another healthcare agency to assist with implementing services in the community. Carmen Hall, Community Assistance Director, added that the agency partnering with the Health Department has provided services in other communities in Florida but never in Volusia County.

Ms. Cannon explained that \$58,242 of JAG funds were unexpended because the prior year's contract was extended 6 months, meaning the agencies did not have a full year to expend 21/22 funds. She informed the board that the county's request for an additional extension for 21/22 funds was denied by the Florida Department of Law Enforcement and agencies would have a full 12 months to expend funds moving forward.

Ms. Cannon explained that \$80,977 in Summer Camp Scholarship funding was unexpended due to vouchers not being utilized and children being determined ineligible due to their grade level exceeding the program maximum. Ms. Brown explained that while staff over budgets by 25% at the beginning of the summer and have a waitlist, toward the end of the summer, many families on the waitlist have found alternative options and are no longer in need of a voucher.

Summer Camp Scholarship Program Annual Report 2022

Ms. Cannon gave an overview of the annual report which included program accomplishments and the proposed changes for the upcoming year. Ms. Cannon presented the list of staff recommendations for the board to review for the 2023 Summer Camp Scholarship Program.

The first recommendation presented was to increase the weekly rate to \$80 as a flat rate. Ms. Cannon explained that increasing the rate and changing to a flat rate would help

expend more funds and simplify the scholarship process because previously the amount awarded was based on income level.

The next recommendation presented was to remove the grade maximum to allow children in higher grades but below the age maximum to receive scholarship vouchers. Ms. Cannon explained that the current requirement resulted in children who met the age limit being denied due to being in a higher grade.

The next recommendation presented to the board was to terminate scholarships if three or more consecutive days of camp are missed on two occurrences that are not pre-approved by the camp provider. Ms. Cannon explained that this would provide more lenience to avoid termination of scholarships.

The last recommendations presented was the length of summer camp scholarships. Ms. Cannon stated that staff is recommending that the scholarship program run for the entire length of Volusia County summer break, June 5, 2023, through August 11, 2023, totaling ten weeks. Staff also recommended a requirement that summer camps are no less than six weeks long.

Summer Camp Scholarship Program 2023

The board began discussion of the 2023 Summer Camp Scholarship Program and staff recommendations.

Ms. Langford asked for clarification of the recommendation regarding terminating scholarships based on absences. Ms. Brown explained that previously the policy was stricter, and vouchers had been terminated when children were out sick or for other extenuating circumstances.

Mr. Puckett asked why a recent report card was still a required document if staff was recommending removing the grade requirement. Ms. Brown explained that it is used to prove the child's grade and that staff was still recommending a grade minimum of completing kindergarten in order to apply.

Mr. Puckett asked if the requirement that children must have completed kindergarten was necessary for the scholarship program if the board removed the grade maximum requirement. The board and staff discussed possible reasons including insurance and exemptions for agencies.

The board asked staff to look into why children may need to have completed Kindergarten to determine whether a report card should be a required document for the 2024 Summer Camp Scholarship program.

Jessica Deese asked why the age maximum is 12 years old and if it was because summer camps do not accommodate older children. Corry Brown explained that the board had made that decision in previous years, but some camps do serve children older than 12 years old. Ms. Deese emphasized the need for 13 and 14 year olds to have somewhere to go in the summer. Derrick Collins agreed with Ms. Deese and emphasized that at-risk

teens would benefit from having a safe place and structure.

Jessica Deese made a **MOTION** to modify the age requirement for children receiving a summer camp scholarship to 5 to 14 years old and children must have completed kindergarten. Derrick Collins seconded the motion. The motion carried unanimously 6-0.

Chair Bruno asked if the board had any further discussion on the other recommendations made by staff.

Charles Puckett made a **MOTION** to approve all staff recommendations for the 2023 Summer Camp Scholarship Program with the exception of the age requirement that was modified. Jessica Deese seconded the motion. The motion carried unanimously 6-0.

The board discussed the proposed 2023 Summer Camp Service Provider Application for Funding. They discussed a need for an additional question asking what age of children the summer camp serves.

Carrie Baird made a **MOTION** to approve the 2023 Summer Camp Service Provider Application for Funding with the addition of a question asking what age the camp serves on page two of the application. Charles Puckett seconded the motion. The motion carried unanimously 6-0.

DISCUSSION BY BOARD MEMBERS OF MATTERS NOT ON THE AGENDA

Chair Bruno went over the meeting schedule for the upcoming year with the board. Carrie Baird stated that she would be unable to attend the meeting scheduled for June 13, 2023. Chair Bruno encouraged the board to let staff know as soon as possible if they would be unable to attend any meetings in the future.

ITEMS FOR STAFF DISCUSSION

There were no items for staff discussion.

ADJOURNMENT

Charles Puckett made a **MOTION** to adjourn the meeting. Carrie Baird seconded the motion. The meeting was adjourned at 2:46 p.m.



Summer Camp Provider Applications Quick Review

| | |
|--|---|
| 360 Prep Academy | <ul style="list-style-type: none"> Late submission (1 hour late) |
| Arts Transforming Our Tomorrow | <ul style="list-style-type: none"> Late submission (1 minute late) Pending fire inspection report (planned for February) Pending Proof of Liability Insurance with the County of Volusia as additional insured (applicant has agreed to do so) |
| Blue Jay Academy | <ul style="list-style-type: none"> Late submission (30 minutes late) Pending Proof of Liability Insurance with the County of Volusia as additional insured |
| Boys and Girls Clubs of Volusia/Flagler Counties | All documents received |
| Chase Academy | <ul style="list-style-type: none"> Price listed on application not accurate (\$125 for Independent Campers/ \$160 for Assisted Campers is correct amounts) |
| City of Daytona Beach | All documents received |
| City of New Smyrna Beach | <ul style="list-style-type: none"> Fire inspection includes deficiencies (re-inspections scheduled for March 3, 2023) |
| City of Ormond Beach | All documents received |
| Discovery Academy | All documents received |
| DME Sports Academy | <ul style="list-style-type: none"> Pending Proof of Liability Insurance with the County of Volusia as additional insured |
| Florida United Methodist Children's Home | <ul style="list-style-type: none"> Pending a clearer copy of the fire inspection report (applicant has agreed to do so) |
| Mt. Calvary Academy | All documents received |
| New Horizon's Youth Academy | <ul style="list-style-type: none"> Late submission (1 hour late) Pending fire inspection report Pending Proof of Liability Insurance with the County of Volusia as additional insured Pending current W-9 form |
| Reign Homeschooling Academy | All documents received |

| | |
|--|--|
| Salvation Army West Volusia | All documents received |
| Temple Learning Center | <ul style="list-style-type: none"> • Pending current W-9 form • Pending Proof of Liability Insurance with the County of Volusia as additional insured (applicant has agreed to do so) |
| Victory Global Academy | <ul style="list-style-type: none"> • Applicant did not attend either provider workshop or the makeup session • Late submission (5 hours late) • Pending fire inspection report • Pending Proof of Liability Insurance with the County of Volusia as additional insured |
| Volusia County Schools Extended Day Enrichment Program | <ul style="list-style-type: none"> • Pending fire inspection for two schools • Pending Proof of Liability Insurance with the County of Volusia as additional insured • Pending current W-9 form |
| Volusia Flagler Family YMCA | All documents received |

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: 360 Prep Academy

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Applicant submitted application on February 1, 2023 at 11:05am and attended a Summer Camp Provider Application Workshop makeup session on January 31, 2023.

Legal Name of Organization

(Name on W9):

Name of Camp

(If different than above):

Mailing Address:

Telephone:

Email:

Executive Director:

Contact Person:

Contact Person's Telephone:

Backup Contact Person:

Backup Contact Person's

Telephone:

360 Prep Academy

360 Prep Summer Sports Camp

2140 S. Riverside Dr, Edgewater FL 3214

386 732 1055 Fax:

360prepacademy@gmail.com

Alpheus Thompson

Alpheus Thompson

386 732 1055

Contact

Person's Email: 360prepacademy@gmail.com

Backup Contact

Person's Email:

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

All Employees will undergo Level 2 background Check prior to employment

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.

Agency Executive Director

Date

1/31/23

Agency Board President

Date

1/31/23

1. Agency Operations and Features of Camp: History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

Our Agency's mission is to help children develop self-esteem, character, courage, responsibility, resourcefulness, and cooperation.

2. Provide the age range of children for your summer camp program: 5-17

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|-----------------|--------------------------|
| 360 Sports Camp | 2140 S. Riverside Dr #23 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|--------------------|-------------------|
| 6/5/23-8/11/23 | 7am-6pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|----------|---------|----------------------|
| 6/5/23 | 8/11/23 | 7am-6pm | 2140 S. Riverside Dr |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

\$180/weekly
\$75 Registration Fee

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

We're a private program and have sponsors, that will take care of payroll and expenses until reimbursement.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Vouchers will be collected, stored, and delivered to Community Assistance by me.

Alpheus Thompson
386 732 1055

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

Reimbursement request will be signed
and submitted by me.
Alpheus Thompson

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

My organization will only hire eligible
screened employees, we will use the
Vesche Program or Mac Data.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

We're currently working on our plan now,
to get prepared for a plan of actions we
will undergo training with the staff as
well as with the kids, so in case of
an emergency the kids will be prepared also.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

once Level 2 Cleared, employees undergo various online and video training, on everything from sexual misconduct to drug prevention,

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

At all times its always Two Adults with Kids, there are no times where a kid is only with one Adult and we follow DCF recommendation

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|-----------------|-----------------|
| Owner / Coach | 1 |
| Coach / Trainer | 5 |
| | |
| | |
| | |

3. How will you determine the number of staff needed?

I will determined the number of staff by the Number of Kids signed up for Program

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

Video and computer training
CPR Training

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|----------|------------------------------|
| 7am-9am | Check in |
| 10-12 pm | Sports Training |
| 12-1 pm | Lunch Lunch |
| 1-2 pm | Group meeting |
| 2-4 pm | Sports Training |
| 4-6 pm | snack & get ready to go home |

2. Does your agency provide food?

Yes ☐ No ☒

i. If yes, what meals are provided daily?

Breakfast ☐ Snack ☐ Lunch ☐

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

We have Refrigerator so they can store food and Snacks

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

~~Baseball game~~ Basketball game
~~Baseball game~~ Baseball game

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

We will attend basketball games, and other sporting events.

iii. Are there additional charges for the field trips?

Yes ☐

No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☒

No ☐

If yes, describe below:

They can stay at center with staff and train.

v. What type of transportation do you use for field trips?

We have a 15 passenger van.

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

This is our first year working with you
~~your~~ your program, but we have several
years running summer programs, Ages 5-18,
we have took kids out of state to compete
in various sports & Events.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

First year with the scholarship program,
But were very excited to work with
you guys in the upcoming future

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

No problems, we have a open door policy,
and were transparent about everything
we do.

2023 Summer Camp Service Provider Application for Funding

4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.

we follow all CDC Recommendations and
we constantly sterilized all and any
equipment ~~and~~ used.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Arts Transforming Our Tomorrow

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Applicant submitted application on February 1, 2023 at 10:01am. Fire inspection planned for February.

Applicant has agreed to add County of Volusia as additional insured on Liability Insurance.

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|---|---------------------------------------|-------------------------|
| Legal Name of Organization (Name on W9): | Arts Transforming Our Tomorrow | | |
| Name of Camp (If different than above): | | | |
| Mailing Address: | 1462 W International Speedway Blvd Daytona Beach fl 32114 | | |
| Telephone: | 386-254-9981 | Fax: | |
| Email: | info@artstot.org | | |
| Executive Director: | Brejoya Smarr | | |
| Contact Person: | Brejoya Smarr | | |
| Contact Person's Telephone: | 386-254-9981 | Contact Person's Email: | brejoya@aol.com |
| Backup Contact Person: | Chaleak Jones | | |
| Backup Contact Person's Telephone: | 904-352-5671 | Backup Contact Person's Email: | chaleak.grier@gmail.com |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☐ No ☒

If any employees have not gone through the screening process, please explain why below:

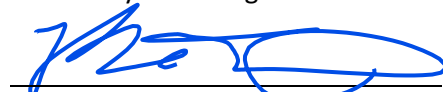
We haven't hired all staff yet.

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

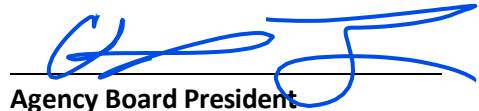
I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



Agency Executive Director

2/1/2023

Date



Agency Board President

2/1/2023

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

The purpose of the business is to provide equal opportunities for student's interested in the arts.

- 2. Provide the age range of children for your summer camp program:** 5-12 _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|--------------------------------|------------------------------------|
| Arts Transforming Our Tomorrow | 1462 W International Speedway Blvd |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|-----------------------------|-------------------|
| June 5, 2023- July 28, 2023 | 9 am - 3 pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|----------|------|----------|
| April 5 | June 5 | 8 am | online |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Registration fee \$20 weekly rate \$165

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

We will be using funds from the families not receiving financial assistance prior to receiving reimbursement.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Brejoya Smarr will collect, complete and submit all appropriate vouchers to the Community Assistance office.

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

We will hand deliver all signed reimbursement requests.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

We have not hired employees just yet. We will begin hiring via Indeed on March 1, 2023. After we find adequate staffing they will be required to complete the Level 2 background screenings through Alpha and Omega background screenings solutions, LLC in DeBary.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

We do not currently have an emergency plan. We will have a written emergency plan by March 1, 2023.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

We will have two administrators and three performing arts teachers. The administrators will be trained to meet childcare guidelines as required by DCF since they will be onsite all day. The performing arts teachers will be trained to take attendance, meet performance guidelines and create a weekly lesson plan.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

Our child to staff ratio will be 1 to 10. We will max out at 20 students with 2 full-time staff personel.

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|----------------|-----------------|
| Administrator | 2 |
| Dance teacher | 1 |
| Art teacher | 1 |
| Music teacher | 1 |
| | |

3. How will you determine the number of staff needed?

The number of staff needed is determined by the National quality standards recommended ratio.

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

We'll only be training our administrators. They'll have to complete online dcf training prior to the first day of camp. We don't require any specific certifications besides the dcf certifications.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|--------------------|---|
| 9 am - 9:30 am | Team building |
| 9:30 am - 11:30 am | ctivity 1 & 2 (choose between music and dance |
| 11:30 am - 12 pm | Lunch |
| 12 pm - 1 pm | free play |
| 1 pm - 2 pm | Education |
| 2 pm - 3 pm | art |

2. Does your agency provide food?

Yes ☐ No ☒

i. If yes, what meals are provided daily?

Breakfast ☐ Snack ☐ Lunch ☐

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

We will have a fridgerator and microwave onsite for children that bring their own food.

3. Does your agency offer field trips during summer camp?

Yes ☐ No ☒

i. If yes, please describe the field trips you offered last summer:

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

None

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☐ No ☒

If yes, describe below:

v. What type of transportation do you use for field trips?

n/a

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

In 2021, we hosted a 6 week camp and served 10 students between the ages of 5 and 10. In 2022, we hosting a 6 week camp and served 12 students between the ages of 5 and 10.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

We've never used the scholarship program before. This year we plan to increase our enrollment through the use of the scholarship program.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

We didn't have any incidents. We have incident reports and a written incident report procedure for staff to follow.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

We will have the administrators keep the facility clean, masks available and hand sanitizer will be onsite.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Blue Jay Academy- Daytona Beach

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Applicant submitted application on February 1, 2023 at 10:26am.

Pending confirmation that the agency will add the County of Volusia as an additional insured.

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|----------------------------------|--------------------------------|-----------------------------------|
| Legal Name of Organization (Name on W9): | Blue Jay Academy-Daytona Beach | | |
| Name of Camp (If different than above): | | | |
| Mailing Address: | 630 N. Wild Olive Ave Suite A | | |
| Telephone: | 386-868-1979 | Fax: | |
| Email: | www.bluejayacademy.com (website) | | |
| Executive Director: | Megan Tanturri (Principal) | | |
| Contact Person: | Elliott Sams, Jr. | | |
| Contact Person's Telephone: | 901-494-2459 | Contact Person's Email: | elliott.sams@bluejayacademy.com |
| Backup Contact Person: | Megan Tanturri | | |
| Backup Contact Person's Telephone: | 386-275-4323 | Backup Contact Person's Email: | megan.tanturri@bluejayacademy.com |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐


If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.


Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.


Agency Executive Director

1-31-23
Date


Agency Board President

1-31-23
Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

The mission of Blue Jay Academy (a special needs school) is to provide an enriched academic/social environment that assists students with all exceptionalities to develop communication, self-advocacy, creativity, independence and opportunities for success.

5-18

2. Provide the age range of children for your summer camp program: _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|------------------|---|
| Blue Jay Academy | 630 N. Wild Olive Ave Suite A Daytona Beach, FL 32118 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|----------------------------|-------------------|
| June 6, 2023-July 28, 2023 | 8:00A.M.-2:00P.M. |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|--------------|-------------------|-----------|
| April 10, 2023 | May 26, 2023 | 8:00A.M.-2:00P.M. | See above |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

The rates for camp are \$150.00 weekly fee and \$25.00 registration fee. If a parent can not make this fee a discounted rate can be discussed with the camp director. This discounted fee can range anywhere from \$50.00-\$100.00

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

The staff is paid weekly via the owner of the school...The camp director buys all snacks and camp activities before camp begins and supplies any further resources as needed.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

The camp director will collect all vouchers and turn them in as instructed. Contact person-Elliott Sams, Jr. Phone number-901-494-2459.

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

The camp director will collect all signed reimbursements and mail them to the division office as instructed.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Yes

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

The camp does has an emergency plan in place. This consists of a lockdown procedure, etc. Walkie-talkies are also on hand and passed out for any emergencies that arise and need immediate attention throughout the day.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

Each camp staffer participates in a one day training to go over rules and expectations for the camp to be successful.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

The camp has no more than 20 campers...The camp is divided into two groups with one camp counselor for each group.

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|----------------|-----------------|
| Camp Director | 1 |
| Camp Counselor | 1 |
| Camp Counselor | 1 |
| | |
| | |

3. How will you determine the number of staff needed?

The number of staff is determined by the number of campers...If the number of campers increase then the number of staff is increased as well.

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

See above.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|---------------------|------------------------------|
| 8:00-9:00A.M. | Movement |
| 9:00A.M.-9:45A.M. | Snack |
| 9:45-11:00A.M. | Arts/Crafts |
| 11:00A.M.-12:00P.M. | Recess |
| 12:00P.M.-1:00P.M. | Lunch |
| 1:00-2:00P.M. | Academic Time/Clean-up/Snack |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☐ Snack ☒ Lunch ☐

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

An edible are snack is provided weekly...This can consist of anything from goldfish, cracker, cookies, pudding, etc.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Bowling
Library
Splash-pad
Musuem
Movies

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

See above; we will go to the horse park/playground this year as well.

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☐ No ☒

If yes, describe below:

v. What type of transportation do you use for field trips?

The camp has a bus that holds about 22 people in total.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

The camp has been running for over 5 years serving students between the ages of 5-18.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

The camp has used this scholarship in the past and it has been very successful for those parents who can not afford to send their child full price.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

If an incident occurs it is written up immediately and the parent is notified via the camp director.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

Each camp is divided into two groups to help with spacing. If someone is sick they are required to stay home for 24 hour free for symptoms or if someone test positive they are required to stay home and quarantine and can not return until the test is negative.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Boys & Girls Clubs of Volusia/Flagler Counties

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|--|---------------------------------------|---------------------|
| Legal Name of Organization (Name on W9): | Boys & Girls Clubs of Volusia/Flagler Counties | | |
| Name of Camp (If different than above): | N/A | | |
| Mailing Address: | 101 N Woodland Blvd, Suite 400, DeLand, FL 32720 | | |
| Telephone: | 386-734-0555 | Fax: | N/A |
| Email: | jsullivan@bgcvfc.org | | |
| Executive Director: | Joe Sullivan | | |
| Contact Person: | Mike Medford | | |
| Contact Person's Telephone: | 386-295-2840 | Contact Person's Email: | mmedford@bgcvfc.org |
| Backup Contact Person: | Lisa Ryals | | |
| Backup Contact Person's Telephone: | 386-295-2841 | Backup Contact Person's Email: | lryals@bgcvfc.org |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:


| |
|-----|
| N/A |
|-----|

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.


Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



Agency Executive Director



Agency Board President

11/12/23

Date

1/12/23

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

Our mission is to inspire and enable all youth especially those from disadvantaged circumstances to realize their full potential as productive, responsible and caring citizens and leaders.

6-18

2. Provide the age range of children for your summer camp program: _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|---------------------------------|--|
| Edgewater | 211 N Ridgewood Ave., Edgewater, FL 32132 |
| Harris Saxon/Deltona | 2329 California Street, Deltona, FL 32738 |
| John H. Dickerson/Daytona Beach | 308 S. Martin Luther King Jr. Blvd., Daytona Beach |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|------------------------------|---------------------------------|
| June 5th - 30th, 2023 | 8:00am - 6:00pm |
| July 3rd - 7th, 2023 | *All Boys & Girls Clubs Closed* |
| July 10th - August 4th, 2023 | 8:00am - 6:00pm |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|----------|------------------|------------------|
| May 1st, 2023 | Ongoing | 24 hours per day | bgcvcf.force.com |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Our regular weekly rate is \$65 but we provide scholarships based on need if families do not qualify for the Summer Voucher Program (\$15 per week for 1st-3rd child, \$5 per week for 4th child and up). There is a \$20 registration fee, with multi-child discounts (\$10 for 2nd-3rd child, \$5 for 4th child and up). Based on a 150 year BGC tradition, we NEVER turn a child away for the inability to pay any fee. In prior years, very few families paid the full weekly membership. Our program runs a week longer than the county requires and we honor the voucher price the county has provided for that week or we scholarship the child ourselves. We continue to serve these youth through fundraising and grants, such as this one, which provides some financial relief to our families.

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

In 2022, BGC raised almost 60% of its total operating budget through special events and fundraising efforts. We typically maintain 45-90 days cash on hand; currently we have approx 90 days COH. Generally, we have \$150,000 in the bank at all times.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

We use a membership tracking software, called MyClubHub, for attendance across all of our sites. MyClubHub is closely monitored by Area Directors and Data Coordinator for consistency and accurate data. Area Directors meet with Unit Directors weekly to pick up all time sensitive documentation such as actual voucher letters. Since we are in close proximity of the county office, a staff member will be delivering all of the required documents by hand.

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

Since we are in close proximity of the county office, a staff member will be delivering all of the required documents by hand.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Boys & Girls Clubs of Volusia/Flagler Counties is a best practices organization. All staff (direct-service and indirect) as well all volunteers, no matter how often they work throughout any given month, are Level 2 Background Screened. All volunteers who work with youth are supervised by Club staff at all times; no volunteer supervises youth without Club staff present.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

Each of our seven facilities are equipped with fire extinguishers that are inspected regularly. Additionally, each Club has a written/posted evacuation plan that visible in the event of a fire or other situation that would require the Club to be vacated. Each facility performs a monthly fire drill so that all youth are used to and comfortable with the procedures a fire evacuation. At the Boys & Girls Clubs of Volusia/Flagler Counties, each of our sites have a close relationship with City and/or County law enforcement. Several of our Site Directors met with local law enforcement to discuss the best strategies in the event of an active intruder. Each site has a different layout, varying challenges when planning escape routes, etc. These conversations with law enforcement officials gives us a better look at how we can best utilize our facilities in the worst of situations. Same as the fire drills, active intruder drills are also practiced regularly. Safety is our top priority, and we strive to ensure to be as prepared as possible for any situation.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

Professional development and training is ongoing here at BGCVFC. When a new staff is hired and brought in, we provide access to an intranet that's hosted by our national organization, Boys & Girls Clubs of America. Once in, staff have access to Spillett University, which is an online video-based school for all Club staff nationwide. That's where the Orientation to the Movement is found (introduction to Boys & Girls Clubs), and training flows into Youth Development and Club Management from there.

Additionally, through our various granters, we have ongoing trainings through their platforms. Department of Juvenile Justice helps manage our training in prevention and the intake/outtake process of the Juvenile Justice System. Department of Education expects to see us hosting trainings in academic/program-based topics, such as mentoring, homework, and holistic learning. Through the Children and Families Advisory Board, we are able to host trainings for local organizations who are all working towards the same set of goals - these trainings are usually focused on the behaviors of youth and how to work through some of those tougher situations.

All BGCVFC employees are required to have a current CPR/First Aid certification on file within 30 days of hire. We provide those trainings as well through a third party. As an organization, all current Club staff renew this certification together every two years.

This does not include the staff meetings and personal professional development plans that are regularly being implemented. Our Unit Directors identify key needs that each staff might need some attention with and address them through meetings, coaching sessions, and bi-annual reviews.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. **Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.***

Include any explanation you feel is necessary.

Boys & Girls Clubs of Volusia/Flagler Counties follows strict ratio guidelines as set forth in our Policy & Procedures Manual and our Boys & Girls Clubs of America National Charter. All ratios include paid, adult BGC staff and volunteers.

Those ratios include:

1:25 at the Club

1:15 on regular field trips

1:8 on water related field trips

Additionally, we are a best practice Boys & Girls Club organization. Level 2 background screened volunteers may accompany youth on the field trips or volunteer at the Clubs, but as our BGC policy states, volunteers are never a replacement for a BGC staff person nor may they ever be left alone with youth regardless of being a screened volunteer.

2. **Provide a list of staffing positions:**

Add pages if needed.

| Title/Position | Number of Staff |
|---------------------|-----------------|
| Program Specialists | 8 |
| Program Directors | 9 |
| Unit Directors | 7 |
| Area Directors | 2 |
| Data Coordinator | 1 |

3. **How will you determine the number of staff needed?**

We determine the number of program staff needed based on attendance/ratio, type of programming for the day and operating hours. Staff schedules ensure that there are no less than 2 staff regardless if attendance drops below 25 present youth.

2023 Summer Camp Service Provider Application for Funding

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

ALL staff, including management/executive, are required to be CPR/First Aid Certified. The following list is NOT all inclusive, this is basic On-boarding Training. BGC has a dedicated online Leadership University, for all staff, at all levels, which progressively moves the employee through a curriculum specific to their position.

Staff Requirements:

- a) CORE: Orientation to the BGC Movement (Leadership University)
- b) BGCA.NET Orientation/Account Set Up
- c) Global BGCA Perspectives and Opportunities
- d) Employee Handbook Review
- e) Policies & Procedures
- f) Suicide Prevention
- g) Sexual Harassment
- h) Incident/Accident Reporting
- i) Child Abuse Reporting
- j) PREA Prison Rape Elimination Act
- k) Trauma Informed Care
- l) Information Security Awareness
- m) Civil Rights: EEO and Harassment
- n) Grant Reporting Requirements
- o) Human Trafficking
- p) Compusys/Dex Support
- q) P-Drive Orientation
- r) Calendar Review/Meeting Schedule
- s) Scorecard Review/Expectations
- t) Program Basics
- u) Effective Guidance and Discipline Techniques
- v) Supervision and Applied Guidance

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|-------------------|--|
| 8:00am - 9:00am | Arrival/Breakfast/Assembly |
| 9:00am - 10:00am | Low Organized Games/Cognitive Games |
| 10:00am - 12:00pm | Brain Games/High Learning Activities |
| 12:00pm - 1:00pm | Lunch/Mentoring |
| 1:00pm - 2:00pm | The Arts |
| 2:00pm - 3:30pm | Outside Organized games, Sports, Fitness |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☒ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

We use the county summer food program for breakfast and lunch. Snacks are provided at the cost of the BGC through donations and fundraising.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Each site offers a varied summer program experience. Some of our Clubs last year offered local field trips to the local skating rink, community pool, library, Daytona Lagoon, FunSpot, etc. These trips are not included in the weekly membership cost of the Summer Program. Club staff work hard to ensure a fair experience for all members, but in many cases these trips are first-come, first-served. Club staff are required to maintain a high level of communication with all parents; we encourage parents to do the same by always speaking to staff when dropping off/picking up Club youth, checking email for announcements, as well as an notice boards our facilities might have set up.

As mentioned above, safety is our top priority. They have been times in the past that field trips had to be postponed or canceled due to inclement weather, staff shortages, vehicular issues, etc. If money was collected and the trip was canceled, all payments are refunded. If a trip is postponed, families who have already paid have an option to attend the postponed trip or get issued a refund.

2023 Summer Camp Service Provider Application for Funding

Those Clubs that opt not to plan field trips, they provide the same level of fun for the youth at their facilities by bringing fun activities into the Clubs, rather than leaving. For example, a lot of our facilities have Water Day, when they rent a water inflatable for all of the kids to enjoy at the Club. Other examples that have happened in the past is the STEM Van hosted by Volusia County Library; Club staff were able call and reserve a date for the STEM Van to visit one of facilities. Club youth were able to enjoy a fun, educational two/three-hour session that taught the kids a little about science and how it applies to real life.

i. Describe the field trips planned for this summer:

The field trips planned for this summer will mostly be about the same. A few of the Clubs are already planning trips to local community centers that have outside play equipment, community pools, pickleball courts, and other Boys & Girls Clubs.

As mentioned above, safety is a top priority. There might be times that field trips will to be postponed or canceled due to inclement weather, staff shortages, vehicular issues, etc. If money was collected and the trip is canceled, all payments will be immediately refunded. If a trip is postponed, families who have already paid have an option to attend the postponed trip or receive a refund.

Those Clubs that opt not to plan field trips, they provide the same level of fun for the youth at their facilities by bringing fun activities into the Clubs, rather than leaving.

ii. Are there additional charges for the field trips?

Yes ☒ No ☐

iii. Is there an alternate plan for children not participating in the field trips?

Yes ☒ No ☐

If yes, describe below:

Those youth who opted not to participate in these activities will have all access to the Club facility and programming as regularly scheduled. Many Clubs enhance traditional field trip days with a special surprise where the youth may have an ice cream party or other fun activity to make up for them not being able to go on the trip. We typically have many more children staying back at our Clubs than attending the field trips either because of cost or because of limited transportation. In either case, we strive to ensure that no child will ever feel 'left out' because they did not go on a trip regardless of the reason.

iv. What type of transportation do you use for field trips?

Each of our Clubs has either a BGC bus or a BGC van available for field trips. All vehicles are insured, and all drivers must pass a driver license screen and a local in-house driver's training course given by our Transportation Specialist. All drivers must possess a clean Florida Driver's License, NO exceptions. Larger trips utilize Volusia County School buses with paid Volusia County drivers.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

The Boys & Girls Clubs of Volusia/Flagler Counties has served nearly 12,000 youth, in summer programs alone, over its 30 years in existence. Last summer (2022), we served over almost 500 youth in our summer programs daily. Youth ranged in ages from six to 18 years of age.

Over the years our locations have varied but we have remained in the same geographic locations. We have been fortunate to know community partners who have granted us with newer and bigger programming spaces within close proximity of the original Club sites. We maintain Clubs in Holly Hill in the old school next to the City Hall, Daytona Beach in the John H. Dickerson Center, New Smyrna Beach in an old fire station across from Pettis Park, Edgewater in the Edgewater United Methodist Church, Deltona in the Harris Saxon Community Center, DeLand in an old church and a newly built facility and Lake Helen in the old teen center adjacent to the police department. We recently opened our first Teen Center at the T. Dewitt Taylor Middle-High School. We additionally operate a site in Flagler County Schools. (no funds from any Volusia funding source ever expended at that site).

The Core Beliefs of the Clubs are to provide: a safe place to learn and grow; ongoing relationships with caring, adult professionals; life enhancing programs and character building experiences; and, hope and opportunity. The Club is a fun, safe and supervised environment for youth to play, learn, and be themselves. Club programs and services promote and enhance the development of youth by instilling:

- A sense of competence—the feeling that there is something youth can do and do well;
- A sense of usefulness—the opportunity to do something of value for others;
- A sense of power or influence—a chance to be heard, to be important and influence decisions;
- A sense of belonging—a setting where an individual knows they have a place and are accepted.

The Summer Camp Program is an all-day program that focuses on providing children educational and fun experiences.

Many of the Summer Enrichment activities are similar to the ones provided in the After-School program but with more emphasis on social and cultural experiences, recreation, team-building via field trips and educational activities.

Children rotate all day through different activities such as computer lab, game room, arts & crafts, literacy classes, movie room, and physical fitness. The program provides them with an opportunity to develop their social skills and life enriching experiences.

This program also allows children to learn values such as friendship, honesty and teamwork by providing a safe and secure environment.

2023 Summer Camp Service Provider Application for Funding

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

For the last 30 years, the Boys & Girls Clubs believes in providing a safe place with fun and engaging activities for all youth regardless of their race, ethnicity, gender and socio-economic status.

We have a rich, proud history of never turning a child away for their inability to pay. Our Club sites serve a population qualifying from 70% to over 93% free/reduced lunch.

We believe in giving members the feeling that there are things they can do and do well while simultaneously giving them the choice to do something of value for others and their community. We provide a place where they know they fit in and are always welcome and we give these kids the chance to be heard and the opportunity to influence positive decisions. Our BGC program has a history of allowing children to learn values such as friendship, honesty and teamwork by providing a safe and secure environment in which they can express and develop such relationships. It allows children to participate in field trips, arts & crafts, computers, movies, game room activities, field days and other indoor and outdoor activities regardless of their financial situation.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

6/15/2022 - A Club member was moving a folding chair from one area of the Club to the other to switch activities. While attempting to fold the chair, his little finger was pinched by one of the folding parts. Ice was applied and parent was notified at pickup.

7/19/2022 - A Club member was running around on a community playground just outside one of our facilities, playing tag with another member. As they were running, one of them tagged the other a little hard while running and she ended up falling into some playground equipment, cutting the area above her nose. Parent was called immediately (parent opted for pick up vs. ambulance) and ice/pressure was applied to the area until parent arrived to pick the child up.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

At the Boys & Girls Clubs of Volusia/Flagler Counties, the safety of our Club members and staff is our highest priority. We have modified certain areas of our operations to better follow the guidelines passed down by the CDC and the Volusia Health Department. While face coverings are not required, we respect and embrace the idea that each child and staff have the freedom to choose. We have modified our cleaning schedules so that high traffic areas (bathrooms, food service areas, general program space, etc) are sanitized every two hours. Program areas (tables, supplies, etc) are sanitized after each use. Youth are asked to wash their hands after every activity as well. When the weather is cooperating, many of our Club programs spend most of their programming and meal times outside, allowing space to spread out if desired, as well as fresh air and sunshine.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: The Chase Academy, Inc.

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Applicant attended Summer Camp Provider Application Workshop makeup session on January 30, 2023.

Price on application is incorrect. Price is increasing to \$125 for Independent Campers and \$160 for Assisted Campers depending on hours attending camps.

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|---|---------------------------------------|----------------------------|
| Legal Name of Organization (Name on W9): | The Chase Academy, Inc. | | |
| Name of Camp (If different than above): | Camp Chase | | |
| Mailing Address: | 2400 S Ridgewood Ave, Suite 17, South Daytona, FL 32119 | | |
| Telephone: | 3863107879 | Fax: | same |
| Email: | mtlundell@tcaofvolusia.org | | |
| Executive Director: | Miriam Lundell | | |
| Contact Person: | Karen Jackson | | |
| Contact Person's Telephone: | 3863107879 | Contact Person's Email: | kjackson@tcaofvolusia.org |
| Backup Contact Person: | Miriam Lundell | | |
| Backup Contact Person's Telephone: | 3866900893 | Backup Contact Person's Email: | mtlundell@tcaofvolusia.org |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.

Miriam Lundell Digitally signed by Miriam Lundell
Date: 2023.01.31 11:34:18 -05'00'

1/30/2023

Agency Executive Director

Date

Amy Filson Digitally signed by Amy Filson
Date: 2023.01.31 11:36:27 -05'00'

1/30/2023

Agency Board President

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

We are a non-profit formed in 2006 by concerned parents, educational professionals, and volunteers who have all lent their expertise to develop an educational program that is designed specifically to meet the individual needs of students with high-functioning Autism Spectrum Disorders (ASD) within a welcoming, secure environment, sensitive to the aspects of ASD that cause students to be uncomfortable at a traditional school. For all of us, children are our first love, and for many of us, our own personal experience with children with ASD has inspired us to bring a better, more suitable quality of education to the community.

- 2. Provide the age range of children for your summer camp program:** 3 - 17 (depends on level) _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|------------|---|
| Camp Chase | 2400 S Ridgewood Ave, STE 17, South Daytona, FL |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|---------------------|-------------------|
| June 12 - August 11 | 8am - 5pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|--------------|-----------|-------------------|
| April 3, 2023 | June 9, 2023 | 8am - 4pm | The Chase Academy |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

\$40 registration fee; Independent Campers who need no assistance eating or toileting and are 5 or older are \$90 per week. Assisted Campers who need assistance eating or toileting and are 3 or older are \$130 per week.

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

We use the remaining tuition funds to get us through the end of the year.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Karen Jackson will be the one responsible for collecting and completing the vouchers. She can be reached at 386-310-7879. She was hand deliver the vouches to your office as we receive and complete them.

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

We will have someone from the staff bring them in by hand delivery to your office.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Yes

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

If someone gets hurt, we have a well stocked first aid kit up front. If necessary, parents will be called for pick up.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

Our summer camp staff has worked here and for the camp for a number of years. Their training includes two weeks of meetings/workshops, including CPI certification tests and how to deal with certain behaviors.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. **Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.***

Include any explanation you feel is necessary.

Independent Campers (ages 5 & up) are on a 1 to 8 ratio. Assisted Campers (ages 3 & up) are on a 1 to 4 ratio.

2. **Provide a list of staffing positions:**

Add pages if needed.

| Title/Position | Number of Staff |
|----------------|-----------------|
| Camp Counselor | 5 |
| | |
| | |
| | |
| | |

3. **How will you determine the number of staff needed?**

This will be determined by the number of campers that enroll, as well as the category they fall into (Independent or Assisted).

4. **What types of training to you offer for your staff? Do you require your staff to have any specific certifications?**

Please Describe.

Our summer camp staff has worked here and for the camp for a number of years. Their training includes two weeks of meetings/workshops, including CPI certification tests and how to deal with certain behaviors from children on the spectrum. They learn how to deescalate certain situations and help the kids calm down.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|---------------|-------------------------------------|
| 8:00 - 9:00 | Drop off & Free play |
| 9:00 - 9:20 | Walk & Snack |
| 9:30 - 10:15 | Group 1 Video Games/Group 2 Craft |
| 10:15 - 11:00 | Switch |
| 11:00 - 11:30 | Lunch |
| 11:30 - 12:15 | Group 1 Video Games/Group 2 PE Game |

2. Does your agency provide food?

Yes ☐ No ☒

i. If yes, what meals are provided daily?

Breakfast ☐ Snack ☐ Lunch ☐

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

We have our campers bring their lunches and snacks from home, due to having special or picky diets. We have microwaves available to use if they want to heat anything up.

3. Does your agency offer field trips during summer camp?

Yes ☐ No ☒

i. If yes, please describe the field trips you offered last summer:

We did not offer any last summer.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

We do not have any planned for this summer.

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☐ No ☒

If yes, describe below:

v. What type of transportation do you use for field trips?

If we had any, the kids would be transported in counselor vehicles.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

We have had a summer program for a number of years. I believe it's been over 6 years. We've provided care for students starting at 3 all the way up to 17, sometimes even older! We have a theme every week that includes a related craft, group activity, and movie, which the kids really seem to enjoy.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

We have been a County summer camp provider for a number of years. Last year, a good chunk of our campers were voucher recipients, at least a quarter of them, if not half.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

We did not have any major accidents other than the occasional scrape or cut. We have a first aid kit in the front office that we use to tend to abrasions, with supplies such as bandaids and anti-bacterial cream, as well as ice packs for bumps and bruises.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

Students will be encouraged to use hand sanitizer and hand-washing stations at every bathroom break and meal time. Meal time will include washing before and after.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: The City of Daytona Beach, Florida

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|--|---------------------------------------|----------------------|
| Legal Name of Organization (Name on W9): | The City of Daytona Beach, Florida | | |
| Name of Camp (If different than above): | Parks & Recreation Department | | |
| Mailing Address: | 301 S. Rldgewood Avenue, Daytona Beach, FL 32114 | | |
| Telephone: | 386-671-8337 | Fax: | 386-671-5986 |
| Email: | | | |
| Executive Director: | Keith Willis | | |
| Contact Person: | Susan Bashans | | |
| Contact Person's Telephone: | 386-405-1388 | Contact Person's Email: | BashansSusan@codb.us |
| Backup Contact Person: | Lubna Nisa | | |
| Backup Contact Person's Telephone: | 386-671-8337 | Backup Contact Person's Email: | NisaLuba@codb.us |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

N/A

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



Agency Executive Director

01/26/2023

Date

Agency Board President

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

The mission of The City of Daytona Beach's Parks & Recreation Department is to enhance the quality of life for all citizens and visitors through good stewardship of the City's natural and physical resources, safe and accessible facilities and exemplary services.

- 2. Provide the age range of children for your summer camp program:** 5 yrs. - 16 yrs.

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|---|---|
| 1. Cherry Cultural & Educational Center | 925 George W. Engram Blvd. Daytona Bch, 32114 |
| 2. Schnebly Recreation Center | 1101 N. Atlantic Avenue, Daytona Beach, 32118 |
| 3. Sunnyland Playground | 825 Washington Street, Daytona Beach, 32114 |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|--------------------------------|--|
| June 5, 2023 - August 4, 2023 | 7:30 a.m. - 5:30 p.m. (at all 4 sites) |
| (Closed Tuesday, July 4, 2023) | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|--------------|-----------------------|----------------------------|
| May 1, 2023 | May 31, 2023 | 8:30 a.m. - 4:30 p.m. | Parks & Recreation Office |
| | | | Room 165, 301 S. Ridgewood |
| | | | Ave., Daytona Beach, 32114 |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Weekly rate is \$30.00 per child. NO Registration Fee

The City of Daytona Beach provides a weekly rate discount to families registering two or more siblings.

The discount is as follows:

10% weekly rate discount per sibling.

(i.e. Weekly rate is \$30.00 for 1st child, \$27.00 for 2nd child/sibling and subsequent siblings)

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

The City of Daytona Beach Parks & Recreation Department allocates funds (from the department's annual operating budget) to the summer program, to cover costs and expenses. Staff wages and camp operating costs will be paid from these funds prior to receiving a reimbursement.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

All original vouchers will be collected from parents at the time of registration.

Registration forms and vouchers will be processed accordingly. Daytona Beach Parks & Recreation administrative staff will submit original vouchers to the Volusia County Community Assistance office in DeLand, via mail, when received by parents. Photocopies of all vouchers will be kept on file in the Parks & Recreation administration office in Daytona Beach.

Lubna Nisa, (386-671-8337) will be the individual responsible for collecting, completing and submitting the vouchers to the Community Assistance office.

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

Reimbursement requests will be completed by Recreation Specialist, Susan Bashans (386-405-1388). Original signed reimbursement requests will be hand delivered to the Volusia County Community Assistance office in DeLand by a designated Parks & Recreation staff.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

ALL personnel applying for a position within the Daytona Beach Parks & Recreation Department must complete a drug test and a Level 2 background screening. All staff are entered in The Clearinghouse, a statewide screening database. ALL staff currently working in Daytona Beach Parks & Recreation have already completed Level 2 background screenings. This includes all administrative and maintenance personnel as well as all community center staff and athletic staff. Daytona Beach Parks & Recreation summer staff are comprised of current staff and seasonal workers. Hiring of seasonal staff begins well in advance of the start of camp, thus ensuring potential staff are in compliance with background screening requirements. Commencement of work is prohibited until personnel is cleared by HR Dept.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

Lock-Down procedures will be used in situations that may result in harm to persons in the facility. The site supervisor will announce the Lock-Down using the facility's communication device (e.g. walkie talkie or cell phone). The alert will be indicated by using the word - "Code Red". The site supervisor or alternate will call 9-1-1 and indicate the need for assistance. In a Lock-Down situation, all children are kept in rooms or other designated locations that are away from the danger. Staff are responsible for accounting for children and ensuring no one leaves the room or safe area (until "all clear" is announced). Staff lock the room door, and if possible, turn off the lights and close window coverings. Designated personnel secure building entrances, ensuring no unauthorized individuals leave or enter the building.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

Summer staff, regardless of experience, are required to attend mandatory summer orientation where they receive training in department program policies and procedures, behavior management, cultural diversity awareness, emergency preparedness, transportation and playground safety. Staff are also trained in first aid, CPR and AED.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. **Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.***

Include any explanation you feel is necessary.

Daytona Beach Parks & Recreation summer program typically operates with a 1-to-15 staff to child ratio. Continuing to following CDC guidelines for COVID-19 however, our ratio has been reduced to 1-to-10. Additional staff are provided during field trips and swim sessions. The max. ratio during swim sessions is 1-to-10. Field trip destinations and circumstance reduce staff to child ratio to 1-to-5 children.

2. **Provide a list of staffing positions:**

Add pages if needed.

| Title/Position | Number of Staff |
|---------------------------------------|-----------------|
| Department Administrator | 1 |
| Recreation Manager | 1 |
| Recreation Coordinator | 3 |
| Recreation Specialist | 6 |
| Recreation Leaders/Recreation Workers | 11/9 |
| Casual Workers | 20 |

3. **How will you determine the number of staff needed?**

Supervision and program quality are paramount factors when determining the number of staff needed. Each facility's physical capacity and enrollment also determine the number of staff at each location. Participant's age, camp activities and programming needs are factors taken into consideration (e.g. additional staff are provided for supervision during field trips, swim sessions and on a daily basis with our 5-7 year olds). Additional staff are also required to comply with certain CDC guidelines.

4. **What types of training to you offer for your staff? Do you require your staff to have any specific certifications?**

Please Describe.

Certification and experience working with youth is preferred, but not required. Some of our summer staff have worked or are currently working in a DCF licensed after school program. These licensed programs require staff to maintain annual state mandated training and certifications. Summer staff receive training in department program policies and procedures, behavior management, cultural diversity awareness, emergency preparedness, transportation and playground safety. Staff are also trained in first aid, CPR and AED.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|---|--|
| 7:30 a.m. - 10:30 a.m. | Sign In/Breakfast/Outdoor Activities - All Ages |
| 10:30 a.m. - 12:00 p.m. | Swim Sessions & Rotating Activities Age Groups |
| 12:00 p.m. - 1:00 p.m. | Lunch - All ages |
| 1:00 p.m. - 3:00 p.m. | Rotating Activities - Age Groups |
| 3:00 p.m. - 5:30 p.m. | Outdoor Choice/Cool Down/Sign-Out - All Ages |
| Age Group Activities include but not limited to | organized sports, crafts, games, reading enrich. |

* Daily schedule is adjusted on - field trip days; during special event days; and during inclement weather.

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☐ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

The City of Daytona Beach summer program participates in the Federal Summer Foods Service program. This federally funded program provides free daily meals to all persons under the age of 18. These meals are also provided during field trips. Children are always permitted to bring their own food, and all children are allowed to receive a meal from our program even when they bring their own.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Last summer, our children spent days swimming at DeLeon Springs and Daytona Lagoon. They took in a movie at the CMX Cinemas and cheered on their knight at Medieval Times. Many children showed off their athleticism at Skyzone and Astro Skate. It was the first time on ice for many as they learned to skate at Daytona Ice Arena. At GameTime the children competed against each other and themselves while playing 100+ interactive arcade games. Our summer field trips concluded with a visit to SeaWorld.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

Weekly field trips to local establishments and area attractions are offered at least once a week. There is an additional charge for the field trips. Field trips range in cost from \$6.00 to \$20.00. Theme park trip is approximately \$40.00. Field trips are recreational and entertaining in nature. Most field trips encourage physical fitness and all have some educational aspect. This year's anticipated field trip destinations include, DeLeon Springs, Skyzone, Daytona Lagoon, Astro Skate, Marine Science Center, GameTime, Museum of Arts & Science and Sea World.

iii. Are there additional charges for the field trips?

Yes ☒ No ☐

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☒ No ☐

If yes, describe below:

All field trips are optional. Participation in field trips is encouraged, however, program staff will always have planned activities at each facility for those who do not attend a field trip.

v. What type of transportation do you use for field trips?

The City of Daytona Beach summer program will utilize Volusia County Transportation school buses for all field trips. All school bus drivers are certified licensed drivers with Volusia County Transportation. All school buses are equipped with safety restraints, cameras and first aid kits.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

The City of Daytona Beach has been providing summer programs for over a century, serving thousands of children ranging in age from 5 to 16 years. Over the years our department has collaborated with community agencies to provide additional enriching opportunities for our summer program participants. A summer reading program was established to provide weekly, multi-day reading assistance and tutorials to five, six and seven year olds. Weekly swim lessons were provided through a grant from Healthy Kids. Girl Scouts of America met weekly with our summer participants and worked on various projects. Some of the girls have gone on to earn their bronze, silver and gold awards. Our athletic division provided all participants with an opportunity to develop skills and sport specific abilities in various sports.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

Over the years, The City of Daytona Beach has served hundreds of children who have been awarded scholarships from the county. Last year, the City of Daytona Beach served 67 children. The scholarships helped to subsidize fees related to the summer camp and afforded families the opportunity to register their children for our program, providing them with a safe, supervised, recreational and educational experience during the summer.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

The City of Daytona Beach summer program operates with a 'have fun but safety first' mentality. The program rules, regulations and behavior policies are designed to minimize incidents and accidents. Program rules are reviewed with participants daily. Outside of incidental scrapes/minor bumps and bruises during play, our last summer cycle encountered little in terms of accidents. Staff are trained in first aid/CPR/AED should an accident occur. All incidents or injuries are documented and the child's parent/guardian and program supervisor are notified. The nature of the injury dictates when emergency personnel are contacted. During documentation, contributing factors are investigated and if applicable, corrective action is taken to prevent reoccurrence.

2023 Summer Camp Service Provider Application for Funding

4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.

The following programming modifications have been adopted in order to follow CDC guidelines.

- Reduction in room capacities and total program enrollment at each location.
- Increase frequency of cleaning, sanitizing and disinfecting rooms and program materials.
- Face mask and gloves will be worn by staff during breakfast and lunch food serve times.
- Sanitizing stations have been placed in various locations throughout each facility.

The City of Daytona Beach continues to monitor the ongoing health epidemic. Should conditions or circumstances change, further modifications to our policies and procedures will be made as needed.

2023 Summer Camp Service Provider Application for Funding

I. Agency Operations and Features of Camp:

3. List all camp locations by address:

| Camp | | Address |
|-------------|-------------------------------------|--|
| 4. | YSG Cultural and Educational Center | 1000 Vine Street, Daytona Beach, 32117 |
| 5. | Palm Terrace Elementary School | 1825 Dunn Ave. Daytona Beach, 32114 |
| 6. | Turie T. Small Elementary School | 800 South Street, Daytona Beach, 32114 |

Please note: Camp locations 5 & 6 are TENTATIVE.

When confirmed, the City of Daytona Beach will submit a current fire inspection report for both locations.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: City of New Smyrna Beach

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Current fire inspection included deficiencies that will be re-inspected on March 3, 2023.

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|--------------------------|--------------------------------|------------------------|
| Legal Name of Organization (Name on W9): | City of New Smyrna Beach | | |
| Name of Camp (If different than above): | Babe James Summer Camp | | |
| Mailing Address: | 210 Sams Ave | | |
| Telephone: | 386-410-2890 | Fax: | |
| Email: | kshelton@cityofnsb.com | | |
| Executive Director: | Robert Salazar | | |
| Contact Person: | Kimla Shelton | | |
| Contact Person's Telephone: | 386-410-2890 | Contact Person's Email: | kshelton@cityofnsb.com |
| Backup Contact Person: | Deedria Bevins | | |
| Backup Contact Person's Telephone: | 386-410-2890 | Backup Contact Person's Email: | dbevins@cityofnsb.com |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☐ No ☒

If any employees have not gone through the screening process, please explain why below:


Everyone that works @ Babe James is required to have a Level II background check. The only ones that do not have one completed would be any summer staff that have not been hired yet. The City of New Smyrna Beach requires this as a condition of employment.

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



Agency Executive Director

11/31/23

Date



Agency Board President

11/31/23

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

The purpose of the City of New Smyrna Beach's Summer Camp is to give the children a safe space to have fun during the day while giving the parents a sense of relief that their children are being taken care of in a responsible and caring manner,

- 2. Provide the age range of children for your summer camp program:** Ages 5 - 14

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|-----------------------------|------------------------------------|
| Babe James Community Center | 201 N Myrtle Ave, New Smyrna Beach |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|-------------------------------|-------------------|
| June 5, 2023 - August 5, 2023 | 7:30am - 5:30pm |
| Monday through Friday | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|-----------|-----------------|-------------------|
| April 24, 2023 | When full | 8:30am - 4:30pm | Babe James Center |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Registration Fee is \$25 per person
Weekly fee is \$60 for residents and \$65 for non residents.

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

Since we are a municipal government, we are funded from the general fund using line items to pay all operating expenses and employees. All expenses will be covered prior to reimbursement.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

We require the completed original voucher when registering for summer camp.

Dee Dee Bevins will be the one collecting the vouchers and will make sure that they are filled out correctly and submitted. She will also be responsible for all the attendance sheets.

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

We will be mailing all signed reimbursement requests to the county through the postal service.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Everyone will be required to pass the DCF Level II screening as part of the city's hiring process, whether it is for employment or to volunteer.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

When there is an emergency, all counselors are required to gather up the children in their group and count them to make sure they have everyone. If it is safe, they can proceed to the nearest exit. There is an established meeting place for all groups. That is the parking lot of the church across the street. If they are not able to come back to the building, all groups will walk to a local park where there are restrooms and drinking water available along with a covered pavilion if the weather is bad.

If staff and children are not able to come back in the building, parents will be notified as to where to pick up their children.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

We conduct an in house training for all volunteers and staff with specific procedures about specific scenarios. We do not require our staff to have specific certification, however we will conduct a CPR training through our city's Fire Department.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

Our staff to children ratio is 1 staff member for no more than 15 children.

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|--------------------------------------|-----------------|
| Program Coordinator | 1 position |
| Recreation Leader/full and part time | 4 positions |
| Summer Camp Counselor | 6 positions |
| | |
| | |

3. How will you determine the number of staff needed?

During our Summer Camp, we have 5 full time and 6 seasonal positions. So accounting for absences we will not take registrations for more than 130 children.

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

We do a one day in house training of policies and procedures that we follow.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|------------------------------|--|
| 7:30am-8:00am | Arrival Time |
| 8:00am-9:00am | Breakfast |
| 9am-12:00pm | Gym, Game, Computer & Art Rooms, Gym, Playground |
| 12:00pm-1:00pm | Lunch |
| 1:00pm-3:00pm; 3:00pm-3:30pm | Rotations (same as above)/ Snack Time |
| 3:30pm-5:30pm | End of Day Rotations; Children depart |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☐ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

We do the summer food program that is offered by the county. We allow children to bring their own if they would like. On occasion we may get food from an outside vendor for all children, but we do let parents know ahead of time.
We have a full kitchen so we have storage to put items that need refrigeration.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Last summer the children went to Wonder Works, Central Florida Zoo, Daytona Lagoon, Bowling, Roller Skating, Movies and we also did swimming lessons at the YMCA 2 times a week.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

We will be going to the Muesum of Arts & Sciences, doing boat tours with the Marine Discovery Center, Daytona Lagoon, Bowling, Canaveral Seashore and swimming lessons twice a week.

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☐ No ☒

If yes, describe below:

.

v. What type of transportation do you use for field trips?

The City has it's own bus and we contract with the county for an additional school bus and driver.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

The city of New Smyrna Beach has been offering a summer camp for over 30 years. We serve children 5 (have to have completed kindergarten) through 14 (having completed 8th grade). We have partnered with the Atlantic Center of the Arts for a Summer STEAM Program as well as a Poetry Program for the last 2 years and will do so again this year. We also have a group of retired teachers who come in 2 times a week to work with the children on handwriting and reading.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

We have previously participated in the summer scholarship program with the county. In 2022 we had approximately 24 participants in our camp.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

We have a playground at Babe James and last year there were 2 kids on the teeter totter. One of them jumped off, forcing the other side to immediately slam down to the ground. The participant hit her mouth on the handle. We gave her ice for her mouth and her parents were called immediately.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

If a staff member tests positive for COVID and they do not have any symptoms, they may return to work and must wear a mask per CDC guidelines. If they have any symptoms, they can return to work when their symptoms are improving and they must wear a mask per CDC guidelines. If a parent tells us their child has tested positive for COVID, they will be required to follow the same guidelines.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: City of Ormond Beach

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|---------------------------------------|---------------------------------------|-------------------------------|
| Legal Name of Organization (Name on W9): | City of Ormond Beach | | |
| Name of Camp (If different than above): | | | |
| Mailing Address: | 399 N US 1 Ormond Beach Florida 32174 | | |
| Telephone: | 386-676-3200 | Fax: | 386-676-3367 |
| Email: | Joyce.Shanahan@ormondbeach.org | | |
| Executive Director: | Joyce Shanahan, City Manager | | |
| Contact Person: | Kelly Britto | | |
| Contact Person's Telephone: | 386-676-3277 | Contact Person's Email: | kelly.britto@ormondbeach.org |
| Backup Contact Person: | Stefan Sibley | | |
| Backup Contact Person's Telephone: | 386-676-3246 | Backup Contact Person's Email: | stefan.sibley@ormondbeach.org |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

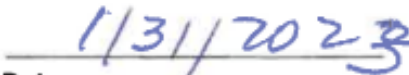
Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



Agency Executive Director


Agency Board President



Date

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

The mission of the Leisure Services Department is to provide the community recreational, cultural, leisure and educational services that enhance the quality of life in a courteous and cost-effective manner.

- 2. Provide the age range of children for your summer camp program:** 6 through 12

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|--------------------|--|
| Summer Connections | South Ormond Neighborhood Center, 176 Division Ave, Ormond Beach, FL |
| Camp T-Rec | Nova Community Center 440 N. Nova Rd, Ormond Beach, FL |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|------------------------------------|------------------------------|
| Summer Connections June 12 - Aug 4 | Monday-Friday, 8:00am-5:00pm |
| Camp T-Rec June 19 - July 21 | Monday-Friday, 8:30am-2:30pm |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|---------------|---|---|
| April 3, 2023 | June 12, 2023 | M-Th 7:30am-4:30pm Fri 7:30am-3:00pm | 399 N. US 1, Ormond Beach, Florida 32174 |
| April 3, 2023 | June 12, 2023 | M-F 3:00pm- 5:00pm | 440 N. Nova Rd, Ormond Beach, Florida 32174 |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Special Population Programs All programs will have 3 sessions of 3 weeks in length

Park Pals Calling All Creators Kids Club The Crew Social Squad Park Pals

3 weeks: Ormond Beach resident: \$46 Non-Resident \$69

Summer Connections: Ormond Beach resident: \$256/4 week session or \$77/week

Ormond Beach scholarship rate: \$23/4 week session or \$7/week

Non-Resident \$389/4 week session or \$117/week

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

Both camps are funded from the center's yearly budget. We apply for the scholarship so that a child who could not afford the camp is given the financial assistance to attend.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Signed, completed vouchers will be required at the time of registration. These will be completed and submitted weekly to Community Assistance.

Kelly Britto 386-676-3277

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

Original signed reimbursement requests will be mailed.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Yes. All City permanent and temporary staff are required to have a Level 2 background screening.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

Please see the link blow for our emergency plan.

<https://www.ormondbeach.org/DocumentCenter/View/6091/Peacetime-Emergency-Plan-Bookmarked-?bidId=>

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

A new counselor orientation day is held prior to the first day of summer camp. A sample camp schedule is reviewed. All policies and procedures are reviewed, and all questions are answered. New counselors meet each other, tour the facility, and have CPR training. Summer food program training is provided to those in charge prior to the beginning of camp. For those working with special needs population, disability awareness training is provided.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

12:1 for Summer Connections
3:1 for Camp T-Rec

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|--|-----------------|
| Counselors- Summer Connections Counselors- Camp T-Rec | 6 and 7 |
| Lead Counselors- Summer Connections | 2 |
| Site Supervisor- Summer Connections Site Supervisor- Camp T-Rec | 1 |
| T-Rec Assistant- Camp T-Rec | 1 |
| Coordinator- Camp | 1 |

3. How will you determine the number of staff needed?

The number of staff is based on the child to staff ratio of 12:1 for Summer Connections.
The number of staff is based on the child to staff ratio of 3:1 for Camp T-Rec.

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

A new counselor orientation day is held prior to the first day of summer camp. A sample camp schedule is reviewed. All policies and procedures are reviewed, and all questions are answered. New counselors meet each other, tour the facility, and have CPR training. Summer food program training is provided to those in charge prior to the beginning of camp. For those working with special needs population, disability awareness training is provided.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|-------------------------|---|
| 8:30- 9:00 | Camp T-Rec: Arrive/gym time |
| 9:00-9:30 9:30-10:00 | Exercise Time Breakfast |
| 10:00-10:30 10:30-11:00 | Playground Time, Arts and crafts, guest stories |
| 11:30-12:00 12:00-12:30 | Story Time Lunch |
| 12:30-1:00 1:00-2:00 | Free Time Centers |
| 2:00-3:00 | Snack, Dismissal |

2. Does your agency provide food?

Yes ☐ No ☒

i. If yes, what meals are provided daily?

Breakfast ☐ Snack ☒ Lunch ☐

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

We use the camp budget for an afternoon snack; Volusia County food program for breakfast and lunches.
Parents provide lunches for individual needs.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

We did not offer field trips last year due to Covid-19 restrictions.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

We will offer in and out of county fields trips. The field trips will be determined.

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☒ No ☐

If yes, describe below:

Children not participating in field trips are requested to stay home, however, if children show up to camp that are not going on the field trip, a counselor will stay with them.

v. What type of transportation do you use for field trips?

Volusia County school buses and charter buses.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

Nova Community Center Special Populations programs for Summer 2023

We would like to offer the programs that we started last summer. This will help us prepare and plan without having to change last minute to lack of staff. In the case of no staff, the programs will have a limit of 9 children with 2 group leaders and will go from 5 days to 2 days a week. The programs will not be advertised to the parents until the amount of available staff is determined.

Calling All Creators will be held Mondays and Thursdays from 9:00am-12:00pm. The age range will be 5-adult with special needs. The group will take part in drama, music and art activities.

The participants will have a choice of activities to participant in.

Park Pals will be held Wednesdays, Thursdays and Fridays from 9:00am-12:00pm. The age range will be 5-adult with special needs. The group will spend the majority of the time outside playing on the playground, playing sports or having a water day. The participants will have a choice of activities to participant in.

Kids' Club will be held Monday-Friday from 1:00pm-4:00pm. Participants will be children with special needs 5-15 years old. We will play sports, play games, and do creative activities while socializing with our friends.

Social Squad will be held Monday-Friday from 1:00-4:00pm. Participants will be young adults with special needs 16-adult year old. We will play sports, play games and do creative activities while socializing with friends.

The CREW (Cursing Round Every Wednesday) will be held Wednesdays from 9:00am-4:00pm. This will be a field trip program with the age range of 5-adult with special needs.

The registration forms will be the same as last year. The programs will be 3 sessions of 3 weeks in length.

SONC which houses the Summer Connections camp, has been in place in Ormond Beach for over 50-years and allows children to have a fun and safe camp experience. The center also offers tutoring assistance over the summer.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

Last year, the City of Ormond Beach was able to provide 2 Volusia County children with the ability to attend our summer camp, thanks to the scholarship provided by Community Assistance. In previous years, the city has been able to offer to 30 children the ability to take part of our summer program.

2023 Summer Camp Service Provider Application for Funding

- 3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.**

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

Two children bitted heads playing basketball. The parents were called; ice was applied; wound was cleaned. One child was taken to the doctor by the parent, other than that, precautions are taken to ensure horseplay does not occur. First aid supple are stocked and staff is aware of the location of portable and stationary first aid kits, as well as AED.

For emergencies, 911 would be called as would the parent/guardian of the child.

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

We will encourage hand washing, and mainstain small groups.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Awakening Abilities, LLC D/B/A Discovery Academy

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

2023 Summer Camp Service Provider Application for Funding

Legal Name of Organization
(Name on W9): Awakening Abilities, LLC D/B/A Discovery Academy

Name of Camp
(If different than above): Discovery Academy Summer Camp

Mailing Address: 227 N. Ridgewood Ave. Edgewater, FL 32132

Telephone: 386-428-0860 **Fax:** _____

Email: heather@discovery-academy.org

Executive Director: Adel Ceballos-Rosario

Contact Person: Heather Lyman

Contact Person's Telephone: 386-428-0860 **Contact Person's Email:** heather@discovery-academy.org

Backup Contact Person: Adel Ceballos-Rosario

Backup Contact Person's Telephone: 386-428-0860 **Backup Contact Person's Email:** adel@discovery-academy.org

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

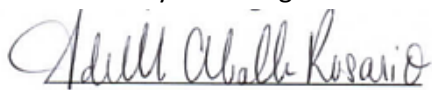
If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



Agency Executive Director

1-24-2023

Date

Agency Board President

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

Our mission is to provide a safe and inclusive program for students to experience fun, challenging and creative ways to grow and learn in a supportive environment.

- 2. Provide the age range of children for your summer camp program:** 5-14

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|-------------------------------|---|
| Discovery Academy Summer Camp | 227 N. Ridgewood Ave. Edgewater, FL 32132 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|--------------------|-------------------|
| June 14- Aug 4 | 8 am - 5 pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|----------|--------------|-------------------|
| Mar 20 | June 9 | M-F from 8-5 | Discovery Academy |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Weekly rate will be \$100 for each child; \$50 registration fee

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

Staff and camp operation will be paid for by the past year private pay funds from school year 2022-2023.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Heather Lyman will be responsible for collecting, completing and submitting all vouchers to Community Assistance. She will hand deliver the vouchers.

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

Heather Lyman will hand deliver the signed reimbursement requests by the dates stated in the Memorandum of Understanding.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

All employees are current teachers during the school year and have completed the level 2 background screening.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

All children will have a medical card on file in case of event of medical emergency. Fire emergency will be handled by all staff and children to evacuate the building to a secure location where a head count will be taken. The director will call and facilitate the fire department. Lockdown procedures will have all doors leading outside locked and all staff and children in a secure location within their classroom. The director will call and facilitate the police department. The facility will close in the event of an impending hurricane.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

All employees will attend a half day training on June 6th. All employees will undergo training on procedures in place for snack, lunches, recess time, incidents and emergencies.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

1 - to - 10 ratio for staff to child

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|--------------------|-----------------|
| Director | 1 |
| Program Leads | 4 |
| Program Assistants | 2 |
| | |
| | |

3. How will you determine the number of staff needed?

The number of staff needed will be based on children enrolled in the program, staying within the 1-10 ratio.

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

First Aid/CPR training is done every 2 years and all staff are currently up to date.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|-------|-------------------------------|
| 8-9 | Arrivals/Free Time |
| 9-10 | Story time/PE/Dance/Movement |
| 10-12 | Board games/Lunch/Recess |
| 12-2 | Art/Centers/Silent Reading |
| 2-4 | Snack/Tutoring/Writing/Recess |
| 4-5 | Computers/Movie |

2. Does your agency provide food?

Yes ☐ No ☒

i. If yes, what meals are provided daily?

Breakfast ☐ Snack ☐ Lunch ☐

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

3. Does your agency offer field trips during summer camp?

Yes ☐ No ☒

i. If yes, please describe the field trips you offered last summer:

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

No field trips planned

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☐ No ☒

If yes, describe below:

v. What type of transportation do you use for field trips?

n/a

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

Discovery Academy has not provided a similar program in the past, but we do operate on a day to day basis within the school year as an Elementary and Middle School. We have students aged 4-14. We have continued success with our students and staff.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

We have not participated in the program before. We will incorporate the scholarship program into our current program as we are normally closed during the summer weeks between school years. We currently have 145 students but do not expect that many for the summer program.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

We did not have a summer program last year, but are prepared and do handle accidents throughout the school year. We have a protocol to call the parent after we have addressed the situation. If the student needs medical attention, we call when necessary or treat when we are able to.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

Children are not allowed to participate in the program with a fever of 100 or more or with a positive COVID test. All children and staff are encouraged to get vaccinated but are not required. All children that have a fever must stay home for at least 24 hours.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: DME Sports Academy

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Pending confirmation that the agency will add the County of Volusia as an additional insured on their Liability Insurance.

2023 Summer Camp Service Provider Application for Funding

Legal Name of Organization
(Name on W9): DME Sports Academy

Name of Camp
(If different than above):

Mailing Address: 2441 Bellevue Ave, Daytona Beach, FL 32114

Telephone: 386-271-3378 **Fax:** n/a

Email: kathy.wheeler@dmesports.com

Executive Director: Kathy Wheeler

Contact Person: Kathy Wheeler / Director

Contact Person's Telephone: 386-416-8514 **Contact Person's Email:** kathy.wheeler@dmesports.com

Backup Contact Person: Stacey McKnight / Co-Director

Backup Contact Person's Telephone: 386-846-3179 **Backup Contact Person's Email:** smcknight07@gmail.com

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

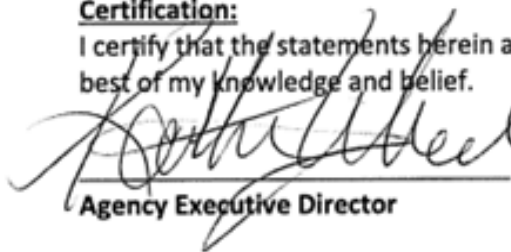
If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



Agency Executive Director

1/31/2023

Date

Agency Board President

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

Our mission is to provide parents/gaurdians a welcomed and safe environmentfor their children. We provide physical and learning activites throughout the day. Counselors are positive role models to provide life skills to our young children.

- 2. Provide the age range of children for your summer camp program:** 5-12 _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|--------------------|--|
| DME Sports Academy | 2441 Bellevue Ave, Daytona Beach, FL 32114 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|-----------------------|-------------------|
| June 5th - August 4th | 7:30am - 6:00pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|----------|--------|---------------------|
| March 1st | open | 8:00am | DME Academy Website |
| | | | dmeacademy.com |
| | | | 386-271-3378 |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Weekly Rate \$175

Registration fee \$25

Multi-Child Discount Available

2 Summer Camp T-Shirts Included

Breakfast, Lunch & Afternoon Snack Included

Transportation to all Field Trips Included

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

We are a yearround international as well as domestic school. DME Academy is responsible for all payroll for the summer camp staff.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Summer Camp Co-Director is responsible for this task. She will submit the weekly attendance sheets and email them to the county accordingly. Vouchers are collected prior to or on the first day the camper attends.

Stacey McKnight 386-846-3179

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

As the director, I will crosscheck attendance and \$amounts, then I will submit the reimbursement form by mail.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

All faculty, staff facility crews and volunteers are required a minimum Level 2 Background screening. They are not permitted to work with DME until approved by MacData and administration.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

Our administration requires fire drills, tornado drills & lock down drills on a monthly basis. We continue this throughout the summer with the counselors. We utilize the training week to run through our emergency procedures with the counselors.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

We have required counselor training the week prior to camp. We review all policies and procedures. Ex. Check-in/Check-out, Ratios, Head Counts, Bathroom procedures, Lock Downs, Fire Drills & Field Trip Safety.

We are required to take the blood born pathogen course. We have 4 CPR certified counselors. In addition we also have a full time trainer on campus to administer any aid.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. **Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.***

Include any explanation you feel is necessary.

1:20 On-Campus / 1:10 Off Campus

We also have a Junior Counselor program ages 13 to 14. (5) slots only. These kids have gone through years of our summer program and are chosen by the counselors each year. They provide assistance with bathroom breaks, lunches, field trips etc.

2. **Provide a list of staffing positions:**

Add pages if needed.

| Title/Position | Number of Staff |
|----------------------|-----------------|
| Summer Camp Director | 1 |
| Co-Director | 1 |
| Counselors | 14 |
| Kitchen Staff | 1 |
| Bus Driver | 1 |

3. **How will you determine the number of staff needed?**

Parents/Guardians are required to pay for weekly rate and field trips on the Friday prior to the week. We compile a count based on those numbers and schedule counselors accordingly.

4. **What types of training do you offer for your staff? Do you require your staff to have any specific certifications?**

Please Describe.

We have required counselor training the week prior to camp. We review all policies and procedures. Ex. Check-in/Check-out, Ratios, Head Counts, Bathroom procedures, Lock Downs, Fire Drills & Field Trip Safety.

We are required to take the blood born pathogen course. We have 4 CPR certified counselors. In addition we also have a full time trainer on campus to administer any aid.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|------------------------------|---|
| 7:30 - 8:30 | Check-In |
| 8:30-9/8:45-9:15/9-9:30 | Breakfast Served K-1st/2nd-3rd/4th-6th |
| 9:30-11:30 | Structured Games/Arts & Crafts/Courts & Turf Field |
| 11:30-2/11:45-12:15/12-12:30 | Lunch Served K1st/2nd-3rd/4th-6th |
| 1:00-4:00 | Trip/On-Campus Activities for campers that do not attend trip |
| 4:00-6:00 | Snack Time/Game Time/Video Time/Parent Pick Up |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☒ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

We are on the Volusia County food program. We are required to go through a training seminar on handling and distribution of the food. Patricia Hubbard has not provided us with the menu as of yet.

Our afternoon snack consists of crackers, chips, popcorn, fruit, pretzels, etc.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Field Trips / Monday, Tuesday, Thursday, Friday

Wednesday is On-Campus Movie Day

Bowling, Skating, Trampoline Parks, Putt-Putt Golf, Animal Rescue, Science Center, Zoo

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

See attached calendar for an example of how our field trips will look like.

iii. Are there additional charges for the field trips?

Yes ☒ No ☐

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☒ No ☐

If yes, describe below:

For those not participating, we provide on campus activities: structured games, arts & crafts, basketball & volleyball courts and turf field

v. What type of transportation do you use for field trips?

46 Passenger Freightliner
(3) 15 Passenger Vans

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

This will DME Sports Academy's 4th year . However, as Director this will be my 14th year and my Co-Director's 11th year. Our counselors have grown up through the camp or are teachers during the school year. Our summer camp was previously at Warner Christian Academy. The age groups we serve are 5-12. Our Junior Counselor program is limited to 5 campers and their ages are 13 & 14.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

DME Sports Academy has participated in this program for three years. We feel the program gives children an opportunity they otherwise would not have had. We do not put a limit on the amount of scholarship campers we accept. The amount of kids we have had in the past range from 10 to 15 each summer.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

We have an accident/incident report that we require counselors to fill out when something occurs. The Director & Co-Director signs off on the reports and we require the parent or guardian to sign off. If an injury warrants a phone call, we do so. We require parents/guardians to provide three emergency contacts.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

We will follow the CDC guidelines that are required. If the parent/gaurdian request his or her child to wear a mask, we will ensure their child do so. We clean and disinfect all equipment and the facility daily to prevent spread of any illness. We require campers to wash hands before each meal. We apply the 24 hour fever free rule before attending camp that day.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Florida United Methodist Childrens Home Inc.

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Applicant attended Summer Camp Provider Application Workshop makeup session on January 31, 2023.

Pending a clearer copy of the fire inspection report.

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|--|---------------------------------------|----------------------------|
| Legal Name of Organization (Name on W9): | Florida United Methodist Childrens Home Inc | | |
| Name of Camp (If different than above): | In As Much | | |
| Mailing Address: | 51 Childrens Way Enterprise Fl 32725 | | |
| Telephone: | 386-668-6771 | Fax: | 386-668-1692 |
| Email: | jayne.carroll@fumch.org/samantha.addison@fumch.org | | |
| Executive Director: | Kitwana McTyer | | |
| Contact Person: | Jayne Carroll | | |
| Contact Person's Telephone: | 386-668-6771 | Contact Person's Email: | jayne.carroll@fumch.org |
| Backup Contact Person: | Samantha Addison | | |
| Backup Contact Person's Telephone: | 386-668-6771 | Backup Contact Person's Email: | samantha.addison@fumch.org |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

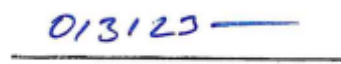
Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



Agency Executive Director



Date

Agency Board President

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

Empowering children and families to experience the transforming love of Christ through holistic care.

- 2. Provide the age range of children for your summer camp program:** 5-12 (must have K complete)

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|------------|--------------------------------------|
| In As Much | 51 Childrens Way Enterprise FL 32725 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|--------------------|-------------------|
| June 5-Aug 4 | 7:30am-5:30pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|--------------|-------------|---------------------|
| April 1, 2023 | May 26, 2023 | 8:00-5:30pm | 775 Jacob Brock Ave |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Weekly Fee: \$90

Registration \$45

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

Staffing and programs are funded by the agencies annual budget. The budget provides for staffing and program supplies. Funding also comes from tuition paid by families in the community. We are a part of a large non-profit organization.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Staff will collect and process any necessary paperwork and properly deliver for scholarship funding.

Persons responsible will be Jayne Carroll and Samantha Addison. 386-668-6771

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

Lead staff will complete reimbursement requests and deliver to Community Assistance Office.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

All staff are Level 2 Background screened

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

Please see attached emergency plan

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

We require all staff to be American Red Cross certified in CPR, First Aid, and AED. We also require some staff to carry a lifeguard certification. Lead staff are Child Development Associate level education or higher. All staff have developmentally appropriate practice training.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

Child to staff ration range from 1 staff to 10 children to 1 staff to 18 children

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|----------------|-----------------|
| Camp lead | 2 |
| Camp Counselor | 3 |
| | |
| | |
| | |

3. How will you determine the number of staff needed?

Staffing will be determined by the number of children attending. Support staff will be added for outings.

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

We require all staff to be American Red Cross certified in CPR, First Aid, and AED. We also require some staff to carry a lifeguard certification. Lead staff are Child Development Associate level education or higher. All staff have developmentally appropriate practice training.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|------------------------------|-------------|
| please see attached schedule | |
| | |
| | |
| | |
| | |
| | |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☒ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

All meals are prepared onsite and meet the requirements of the DOH food program

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

We offer 1 to 2 trips a week. Trips may include Daytona Lagoon, bowling, PuttPutt, Parks, etc

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

Trips are still tentative. We are planning for Daytona Lagoon, Bowling, Wonder Works, Zoo, Parks, and Arcade.

iii. Are there additional charges for the field trips?

Yes ☒ No ☐

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☒ No ☐

If yes, describe below:

Remain at the center for age appropriate activities

v. What type of transportation do you use for field trips?

Agency owned 60 passenger bus, 23 passenger van, and 12 passenger vans

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

Funch at 51 Childrens Way Enterprise has served children for over 110 years. The In As Much Education Program has been licensed and serving children birth through 12 for over 40 years. In 2003 we customized a program for children aged 5-12 that serves them over the summer break. This program serves between 40-60 children each summer. Our campus offers an olympic size swimming pool, gymnasium, tennis courts, playgrounds, picnic areas, library computer lab, and over 100 acres of scenic beauty. This program offers arts and crafts, writing, group activities, swimming, field trips and a variety of planned activities to enhance self image and build problem solving skills and character

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

We have been an approved scholarship site provider in the past. 2012-2016 and 2019-2022

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

Over the years injuries have ranged from minor scratches to incidents that require medical attention. All staff are certified CPR First aid trained. We have a registered nurse on campus available to us if needed. Safety is the top priority and staff are aware and prevent most incidents before they occur. All incidents are recorded on written reports and communicated with the parent. The environment is fun but orderly and the students follow safety protocol

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

See attached

2020 Illness Policy updates to include Covid-19

Protocols for children who become ill while in care or reasons to exclude children at drop-off. The following health issues will result in parent being called to take their child home:

- Fever of 100.04 degrees or more
- Running, Red Eyes or pink eye (conjunctivitis) must remain out until symptom free.
- Thick Green Discharge from nose
- Acute Skin Rash or Open Sores
- Diarrhea
- Unusual Fatigue and/or Irritability
- Vomiting
- Acute Respiratory Illness Symptoms
 - Persistent Cough
 - Fever or chills (periods of coldness accompanied by shivering.)
 - Shortness of Breath
- Sore throat
- Headache that causes a change in behavior (crying, lethargic affect)
- Muscle pain causing a change in behavior
- New confusion or inability to arouse

Children excluded at drop off or sent home with these symptoms must remain out for five days past the last symptom and must have a doctor's note of clearance to return to school.

All children who have symptoms must be isolated in the clinic until pick up. Staff who are working with a child who shows symptoms must change clothing and disinfect the area where the child has been. (Staff are required to keep two complete changes of clothing in their car or resource room.)

Any reports of Covid-19 positive children or staff will be disclosed to staff and parents but the individual's identity will remain anonymous.

We will report all cases of Covid-19 to the Florida Health Department and follow all of their recommendations.

Summer Camp Schedule

| | |
|-------------|--|
| 7:30-8:00 | Arrival/Breakfast/Quiet Activities |
| 8:00-9:00 | Organized activities in Cafeteria/Media |
| 9:00-10:00 | Group 1 Media – art, centers Group 2 Cafeteria – practical life, field activities |
| 10:00-11:00 | Group 1 Cafeteria – practical life, field activities Group 2 Media – art, centers |
| 11:00-12:30 | Swim / change for lunch |
| 12:30-1:15 | Lunch |
| 1:15-2:00 | Group Activities/Centers (media, café) |
| 2:00-3:00 | Group 1 Gym Group 2 Daily Activities |
| 3:00-3:30 | Snack |
| 3:30-4:30 | Group 1 Daily Activities Group 2 Gym |
| 4:30-5:30 | Group 2 Organized Activities (media) Group 1 Organized Activities (café) |
| 5:30 | Pick up |

Parents if you need to pick your child up before 430 pm please let camp staff know that morning in writing so we can have them at In As Much and not on campus as this will cause a delay in your pick up time. Thank you

Group 1 younger/ Group 2 older

DISASTER PLANNING

In As Much & Alexander House

- Person in charge.
 - Jayne Carroll 386-804-1426
 - Samantha Addison 386-837-8525
- Alternative sites.
 - Wal-Mart of Orange City
 - Baptist Church in Osteen
- Communication between staff and parents. (Cellular phones, radios.)
 - Jayne's cell 386-804-1426
- Emergency supplies. (Food, water, first aid.)
- Individual emergency plans. (Fire, tornado, evacuation, power outage.)
 - Fire – Children will be evacuated from the building as on drills. Once children and staff are accounted for they will exit rear playground gate and go to the gymnasium.
 - Thunderstorms And/Or Lightning – Get out of open areas and into an enclosed building as quickly as possible upon the approach of a storm. Do not seek shelter under trees or close to metal fences or outside equipment. Stay indoors until storm is passed.
 - Tornado – In the event of tornado threat, children will be moved to the downstairs center hall where staff and children will sit and wait for the all clear.
 - Other severe weather – In the event of predictable weather such as a hurricane, we will be closed if the public schools are closed.
 - Evacuation – Evacuation of the students from FUMCH will only be done if we deem the facility is no longer safe. FUMCH is the ideal location in the event of an emergency. FUMCH has an independent water and food supply, medical personnel, generators etc. If the sheriff orders an evacuation the children will:
 - (Plan 1) Be loaded onto the school bus and transported to safe location.
 - (Plan 2) If the school bus is unavailable the Hardin Hall staff will pass the center and each take children in personal vehicles as will center staff, to the prearranged safe location. In the event Plan 2 is used, individual information sheets will be sent with each child.
 - Power outage – A power outage will not affect the operation of the center. The center will close in the event that the area loses power for a prolong time. (More than one day).
 - Contagious Disease – If a child develops symptoms which are suspicious or comes from home with symptoms that are suspicious:
 - Isolate the child in the area he/she is in.
 - Isolate any other children or adults that have had contact with the child.
 - Close doors and do not allow anyone to enter or leave.
 - Call the Health Department first.

- Deltona 386-789-7507
- Deland 386-822-6215
- **Center for Disease Control – 770-488-7100**

- Wait for instructions from the Health Department and notify the Safety officer.
 - Do not release any information to public or media. The FUMCH spokes person and the health department will inform the public of any problems or findings. Until a problem is confirmed we will follow the directions of the health department. Remember this is a precaution and there may be no problem.
- Clear summary of emergency duties of staff.
- **Evaluate the situation.**
 - **Call 911 for fire (after evacuation)**
 - **Call 911 for medical emergency.**
 - **Decide (with Leadership) if children should be evacuated.**
 - **Decide which evacuation location will be the safest.**
 - **Account for all students in care.**
 - **Take student and staff information book and medications and evacuate. If children are transported in separate vehicles make sure each student travels with his or her information sheet and document which staff has which students.**
 - **Notify sheriff, radio and television stations of location.**
 - **Communicate with the sheriff's department for other important information**
 - **Assure that each student is cared for until delivered to parent or guardian.**
- Back up staff that can come in quickly.
- Hardin Hall staff and Burton staff.
- Primary and backup radios with extra batteries.
- Emergency log. (Contains student information, company phone numbers, staff numbers, parent numbers, radio and television station numbers, area safe building addresses & phone numbers.)
- Two way radios for communication among staff.
- First aid kits

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Mt. Calvary Academy

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|---------------------|--------------------------------|---------------------|
| Legal Name of Organization (Name on W9): | Mt. Calvary Academy | | |
| Name of Camp (If different than above): | | | |
| Mailing Address: | 700 Bellevue Ave. | | |
| Telephone: | 386.333.9986 | Fax: | 386.258.0456 |
| Email: | jjamesmca@gmail.com | | |
| Executive Director: | Diana Potter | | |
| Contact Person: | Jessica James | | |
| Contact Person's Telephone: | 386.333.9989 | Contact Person's Email: | jjamesmca@gmail.com |
| Backup Contact Person: | Doris Ross-Hill | | |
| Backup Contact Person's Telephone: | 386.316.3185 | Backup Contact Person's Email: | dhillmca@gmail.com |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

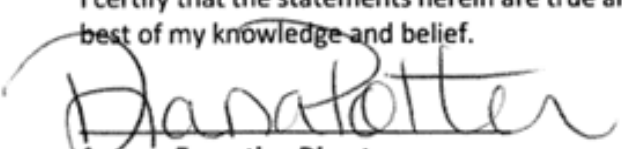
N/A

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.


Agency Executive Director

1/31/2023

Date


Agency Board President

1/31/2023

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

Mt. Calvary Academy's mission is to provide safe, fun, educational experiences for students in our local community. We endeavor to work together with families in our community to assist with character building, social skills and exploration of our local community through interesting field trips. We also have a goal to provide health and fitness enjoyment, as well as opportunities to practice good sportsmanship, through supervised playground activities. It is our mission to encourage creativity through arts and crafts and to improve reading fluency through grade-level tutoring. Our tag-line is "where learning is a pleasure" and we want to positively influence student development so that our youth have an opportunity to become productive citizens with a respect for God and man.

Ages 5 to 12

2. Provide the age range of children for your summer camp program: _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|---------------------|--|
| Mt. Calvary Academy | 700 Bellevue Avenue, Daytona Beach, FL 32114 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|--------------------------------|-------------------|
| June 12, 2023 to July 28, 2023 | 7am to 5:30pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|--------------|------------|-------------------------|
| April 3, 2023 | June 2, 2023 | 8am to 5pm | 700 Bellevue Ave. |
| | | | Daytona Beach, FL 32114 |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Registration Fee = \$45.00 Weekly Rate = \$70.00 per week

There is a one-time registration fee of \$45.00 which includes all field trips, supplies, and crafts. The weekly rate is \$70.00 per week which includes camp from 7am to 5:30pm, Mon. - Fri., breakfast, lunch, and afternoon snack. There are no discounts.

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

Mt. Calvary Academy operates a Pre-K3 through 8th grade for nine months of the year. During this time, the school budgets throughout the entire school year for the expense of summer camp. We appropriate and set aside the necessary funds for summer camp. This is how we are able to pay for staff and camp operation prior to receiving reimbursement. Our school has operated summer camp for the past several years and has a solid history of financial solvency. We have been financially stable for several years. In addition, we understand that this is a reimbursement program. The reimbursements are included in our financial planning.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Mt. Calvary Academy will ensure that original vouchers are collected, completed, and submitted to Community Assistance by keeping diligent records (a checklist) of those who have registered, along with registrant contact information. During registration, parents are verbally encouraged to submit their vouchers. Received vouchers will be kept in a designated file and parents/guardians who have not submitted vouchers will be contacted and reminded. Vouchers will be collected and submitted in a timely manner. Voucher submission deadlines will be posted in our office. A second person will assist with voucher collection if needed. Vouchers will be reviewed for completion by two people. Responsible Person: Jessica James - (386) 333-9989

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

Original reimbursement requests will be signed, completed, and submitted by mail, by the required delivery dates, by the summer camp director (or her designee). Dates of deadlines and the mailing address will be posted in the office for reference. Stamps and envelopes will be available in the office.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

We diligently comply with Florida Law by requiring all summer camp owners, employees, and volunteers that assist more than 10 hours per month to complete Level 2 Background Screening. Current staff, which will be employed during the 2023 summer camp are currently screened and in compliance.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

With regard to emergency preparedness, during the operation of summer camp, we will conduct a drill of evacuation for situations such as fire, inclement weather (tornadoes) or a necessary lock-down of the facility due to an outside threat. Staff and campers will participate in the drill by exiting through the doors assigned to them. They will line up on the parking lot away from the building. Staff will immediately take a head count and call roll to account for all students. A report of the drill will be logged. The summer camp lock-down drill will allow for the practice of safe sheltering-in-place. The First-Aid supply kits will be properly stocked according to the required DCF checklist.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

All new hires attend new hire orientation, attend staff training sessions in person, and complete online training. This training record is maintained in the employee file. In addition, in-service training is completed bi-monthly in the form of a workshop, staff training, webinar, etc. In-service records are also maintained in the employee files. Professional development is available at anytime through pre-recorded video libraries which are available to employees. Feedback is received from employees who complete training. Assessments are also completed for most trainings.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. **Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.***

Include any explanation you feel is necessary.

The staff to child ratio for ages five to twelve is 1:10. We plan, during the school year, for staffing in the summer. We already have teachers designated to staff the summer camp. Additional members of our current staff would be delighted to participate in summer camp if needed. Also, we have additional volunteers (parents/guardians) who support us when on field trips.

2. **Provide a list of staffing positions:**

Add pages if needed.

| Title/Position | Number of Staff |
|----------------------|-----------------|
| Administrative | 2 |
| Teachers | 4 |
| Culinar Staff | 1 |
| Facility Maintenance | 1 |
| | |

3. **How will you determine the number of staff needed?**

Having operated summer camp for nearly 30 years allows us to have data regarding average summer camp attendance. We forecast/project a likely attendance based on the enrollment data from previous years. We prepare by securing staff in advance. If we have an unusually high or low attendance for summer camp, we adjust the staff to child ratio as appropriate. Our staff is accustomed to our model of staffing for summer camp.

4. **What types of training to you offer for your staff? Do you require your staff to have any specific certifications?**

Please Describe.

Summer staff are provided with a formal Summer Camp Orientation that includes, but is not limited to, the training topics of Accident Prevention, Classroom Safety, Playground Safety, Classroom Management, Parent-teacher Relations, Managing Volunteers on Field Trips, Keeping Students Safe On Field Trips, and Managing Classroom Resources. Some staff have CPR/First Aid Certifications. Culinary staff has Serv Safe Food Handling Certification.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|-------------------------|-------------|
| Please see attachment 1 | |
| | |
| | |
| | |
| | |
| | |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☒ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

Food is purchased from a local, membership-only retail warehouse club. Nutritious, meals are served daily that contribute to the wellness, healthy growth, and development of young children. We follow established guidelines provided by the FLDH's Child Care Food Program. Weekly camp menus & student allergy lists are posted. Food is prepared on-site by culinary staff. Students can bring their own lunch as an option and store it in a cooler. Lunch is provided during field trips.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Our field trips are intentionally designed to explore the treasures of our local community. They are also designed to be fun, interesting, and/or educational. Previous field trips have included the Museum of Arts and Sciences, Daytona Lagoon, Congo River Golf, Volusia Co. Libraries, Vol. County Parks, Angel & Phelps Chocolate Factory, Local Theaters, and more. We also host a series of FUN DAYS held on the camp premises.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

We enjoy sharing the exciting attractions within our local community. This coming summer, tentative field trips include the Ponce Inlet Light House, Sugar Mill Gardens, City Island Children's Library and Park, DAve & Busters, MOAS Children's Museum & Planetarium, Marine Science Center, Jacke Robinson Ball Park, CMX Luxury Theaters, and Daytona Lagoon.

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☐ No ☐

If yes, describe below:

All field trips are included in the registration fee. If a child does not wish to attend the field trip, they have the option of staying home or staying in the activity room with a staff member. An alternate activity will be provided.

v. What type of transportation do you use for field trips?

Transportation is provided by DCF inspected school vans. Vans maintain current automotive maintenance and fire safety inspections. All van drivers have valid Driver licenses . Automobile insurance is also current.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

Mt. Calvary Academy has been operating successful summer camp for 30 years. Several of these years have been as a Volusia County Summer Camp provider. The avg. number of children served each summer has been 50. The participants have been between Kindg. and 6th grade. We are proud to have served the local community by providing a safe, fun, affordable summer camp in a clean and spacious facility. We utilize a 3/4 acre playground that includes a basketball court, swings, and more. We are proud to be serving a 2nd generation of students at MCA. Many of our parents select our Summer camp year after year. We believe this is because we are able to help contribute to positive student character development and to offer tutoring in a safe, fun environment with great staff.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

Every year, we look forward to being a provder for those who are eligible for the scholarship. We believe all children should have an opportunity to have a great summer while learning, growing, & interacting with other children in a safe environment with teachers who care about them. We anticipate serving 30 scholarship recipients in addition to roughly 20 who pay out of pocket. Many scholarship recipients return to us every summer. Some scholarship recipients say that they were referred to us by other parents. These parents have developed trusted reslationships with our staff. Our reltationship with the county staff has always been a pleasure.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

We strive to be proactive and prepared. Teachers are trained to interact with & focus on students while in the activity area and on the playground instead of being aloof and disengaged. They position themselves in areas on the playground where they have optimal visual vantage points. Students are taught safety habits and precautions. Safety reminders are contantly reviewed. First aid cabinets are well-stocked and accessible. We utilize report forms for accidents/incidents, maintain emergency contact numbers for students, and have staff that are certified in CPR and first aid. We are very thankful that we have only experienced minor scrapes and scratches at our site during the last several summer camps.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

We have been and will continue to follow CDC guidelines. We will provide optional masks and have appropriate distancing in seating arrangements. We train for proper and frequent hand-washing. Time is built into our schedules for sanitizing and disinfecting toys, activity areas, etc. by teachers. The building is sanitized with a hospital-grade sanitizer weekly and hand sanitizer is abundantly available. CDC flyers are posted in the office.

ATTACHMENT #1

TENTATIVE DAILY SCHEDULE (Fieldtrips on Fridays)

| Time | Activity |
|----------|---|
| 7:00 am | Arrival Time & Free Play (Board Games, Movie Time, etc.) |
| 8:30 am | Breakfast |
| 9:00 am | Supervised playground activities & team sports (weather may require team-based, indoor games) |
| 10:00 am | Fun Reading tutoring/ Reading activities |
| 11:00 am | Free Play (Board Games, Free Choice, etc.) |
| 12 noon | Lunch |
| 12:45 pm | Creative Arts & Crafts |
| 1:30 pm | Science Theme Activity/Current Events Theme Activity |
| 2:00 pm | Afternoon Snack |
| 2:30 pm | Supervised playground activities & team sports |
| 3:30 pm | Quiet Time Activities (puzzles, table-top activities, drawing/coloring) |
| 4:00 pm | Movie Time/Music Time |
| 5:00 pm | Wrap-Up Activities/Clean Up Time |
| 5:30 pm | Camp Closed |

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: New Horizon's Youth Academy, Inc.

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Applicant attended Summer Camp Provider Application Workshop makeup session on February 1, 2023.
 Application was submitted on February 1, 2023 at 11:00am. Pending confirmation that the agency will add the County of Volusia as an additional insured and a current fire inspection. Pending a current W-9 form.

2023 Summer Camp Service Provider Application for Funding

Legal Name of Organization
(Name on W9):
Name of Camp
(If different than above):

New Horizon's Youth Academy, Inc

Mailing Address:

2820 Doyle Road, Ste 8

Telephone:

407-878-2847 Fax:

Email:

catrina@newhorizonsyouth.org

Executive Director:

Catrina Killingsworth

Contact Person:

Catrina Killingsworth

Contact Person's Telephone:

407-314-4142

Contact

Person's Email: same.

Backup Contact Person:

Margareth Torres

Backup Contact Person's
Telephone:

407-878-2847

Backup Contact

Person's Email:

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

| | |
|----|--|
| NA | |
|----|--|

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.

Catrina Killingsworth
Agency Executive Director

1/30/23
Date

Agency Board President

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

To invest in kids of all ages in every area of their developing stages. To enhance their learning, keeping them entrusted about learning while discovering their skills and sharpening them.

2. Provide the age range of children for your summer camp program: 5-11

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|-----------------------------|---|
| New Horizon's Youth Academy | 2820 Doyle Road, Ste 8 Deltona, FL 32738 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|--------------------|-------------------|
| June 5 - August 4 | 8:00 - 5:30 pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|----------|--------|-----------------------------|
| 4/10/23 | 4/21/23 | 5:00pm | 2820 Doyle Road, Deltona FL |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Registration \$:
Weekly Rate \$:

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

There are funds that will be set aside and we have private pay parents.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Catrina the Director will Collect all paper work and
Catrina will bring the paperwork to the Community
Assistance Center. Catrina Killingsworth 407-314-4142

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

The Signed Reimbursement request will be hand delivery to the office on assigned Date.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Yes on all Staff

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

Children will be load up and taken to a safe place and parents will be notified immediately. This will include where to pick up the children.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

All Employees are trained through DCF Required training and through EIC.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

1-15 for children 5-teen (11).

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|-----------------------|------------------|
| Catrina Killingsworth | Director / Owner |
| Margareth Torres | Staff |
| Shairren McQueen | Staff |
| | |
| | |

3. How will you determine the number of staff needed?

Based on the ~~number~~ number of children sign up.

4. What types of training do you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

Training will be based on the DCF training and EIC training. CPR + 1st Aider

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|---------------|------------------------------|
| 8:00 – 8:30 | Breakfast |
| 9:00 – 10:00 | Writing, Reading (Education) |
| 10:00 – 11:00 | Free Play |
| 11:00 – 12:00 | Dustbowl Acting. |
| 12:00 – 1:00 | Lunch |
| 1:00 – 2:00 | Rest area. |

2. Does your agency provide food?

Yes ☐ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☒ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

We will provide for all three meals. If the child brings their lunch we will have cooler that will keep their food cool.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Boating
Skating
Cigi Pizza
Water Park.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

Field Trips Planned are
Baking
Skating Ring
Cigi Pizza
Water Park.

iii. Are there additional charges for the field trips?

Yes ☒ No ☐

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☒ No ☐

If yes, describe below:

Children will have activities at the center.

v. What type of transportation do you use for field trips?

Children will be transportation by Center Van.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

The Center has provide camp for the pass two years. We provided care for child 5-11 yrs old. The Daycare ~~had~~ provide care for younger children.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

We have participated in the scholarship program for the past two years with no problems or incidents. The center can hold 45 kids. The camp will do remedial or ready, math, Writing, Sport wado, Team buldy ~~at~~ activities along with Field Trips and Free play.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

As a camp we did not have any problems.

2023 Summer Camp Service Provider Application for Funding

4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.

As a center ~~will~~ we follow all Social Distancing.
Bring Sick children that is sick, (coughing, runny nose,
or fever has to go home). All children are required to wash
hands and no sharing food. We have the child space out
so that they are not up on each other.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Reign Homeschooling Academy, Inc.

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Applicant attended Summer Camp Provider Application Workshop makeup session on January 31, 2023.

2023 Summer Camp Service Provider Application for Funding

Legal Name of Organization
(Name on W9): Reign Homeschooling Academy, Inc

Name of Camp
(If different than above): Camp Destiny

Mailing Address: 1060 W. Granada Blvd Ormond Beach, FL 32174

Telephone: 386.898.811 **Fax:** _____

Email: Dmyers@reignhomeschooling.com

Executive Director: Kevin Myers

Contact Person: Deon Myers

Contact Person's Telephone: 386.334.1551 **Contact Person's Email:** dmyers@reignhomeschooling.com

Backup Contact Person: Tunisia Segarra

Backup Contact Person's Telephone: 347.998.6293 **Backup Contact Person's Email:** tsegarra@reignhomeschooling.com

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

Every employee is screened.

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

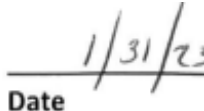
Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



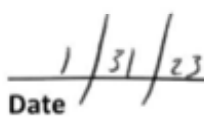
Agency Executive Director



Date



Agency Board President



Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

Camp Destiny is committed to providing a summer camp experience through Science, Technology, Engineering, Art, and Math that tremendously impacts every camper while having FUN!

2. Provide the age range of children for your summer camp program: _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|--------------|---|
| Camp Destiny | 1060 W. Granada Blvd Ormond Beach, FL 32174 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|-----------------------------|-------------------|
| June 12, 2023-July 28, 2023 | 8am-5pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|---------------|---------|---|
| April 1, 2023 | June 12, 2022 | 8am-5pm | 1060 W. Granada Blvd Ormond Beach, FL, 32174 |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

Weekly Rate: \$90
Registration:\$45

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

Our agencies funding derives from our private school's summer camp reserves account. This account is separate from our general operating account and budgeted for throughout the year in order to cover camp overhead and expenses.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Vouchers from all campers will be collected and completed during the registration process and immediately submitted to the Community Assistance office by Deon Myers, 386.334.1551. Any campers that has been approved for the voucher will not be allowed to enroll without their voucher.

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

All signed and completed reimbursement requests will be hand delivered to the office by the requested due dates.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Once an applicant is approved by the hiring team, that individual is required to be fingerprinted and a Level 2 background screening by the FDLE immediately and work cannot be initiated until it is completed.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

What follows is a suggested plan of action:

1. Make victim and others safe from further harm.

2. Assess victim as having a life-threatening emergency or a non-life-threatening emergency.

Once determined as a life threatening or non-life-threatening emergency:

a. Give first aid b. Notify Camp Director c. Notify parent/guardian d. Activate EMS(911), if needed.

3. Obtain victim's medical records and signed parental consent for emergency treatment for EMS personnel.

4. Assign adult staff member to remain with victim until arrival of parents.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

Camp Destiny provides an "in house" training specific to our individual camp needs that takes place weeks prior to the first day of camp as well as continued coaching if necessary. We require certifications i.e. First Aid and CPR and welcome any other DCF approved certifications as an added benefit.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. **Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.***

Include any explanation you feel is necessary.

15-1 for 5yrs-7yrs
20-1 for 8yrs-13yrs

2. **Provide a list of staffing positions:**

Add pages if needed.

| Title/Position | Number of Staff |
|-------------------------|-----------------|
| Camp Director | 1 |
| Assistant Camp Director | 1 |
| Camp Counselor | 3 |
| Camp Supervisor | 1 |
| Camp Manager | 1 |

3. **How will you determine the number of staff needed?**

As always and identical to how our private school operates; we never go outside of our 15:1 ratio. If we approach the higher end of the ratio, we then pull from our pool of submitted and approved, non-employed applicants.

4. **What types of training to you offer for your staff? Do you require your staff to have any specific certifications?**

Please Describe.

Camp Destiny provides an "in house" training specific to our individual camp needs that takes place weeks prior to the first day of camp as well as continued coaching if necessary. We require certifications i.e. First Aid and CPR and welcome any other DCF approved certifications as an added benefit.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|-------------|--|
| 7:30-8:00 | Arrival time/Breakfast/Morning Enrichment Activities |
| 8:00-9:00 | Life Skills/Brain Challenges/Crafts |
| 10:00-11:00 | Outdoor Play(Weather Permitting) |
| 11:00-12:00 | Free Play/Fundamental Board Games |
| 12:00-1:00 | Lunch |
| 1:00-3:30 | STRAM Activity Rotation |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☐ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

Our breakfast and lunch is provided by the "Volusia County Summer Lunch Program." Meals consists of cereal and milk, pancakes, and/or muffins for breakfast and fruit, sandwiched, milk and veggies for lunch.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

The field trips that Camp Destiny offered last year were primarily geared toward Science, Technology, Engineering, Art and Math. We visited Daytona State College' Science building. We went to the Museum of Arts and Sciences, etc.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

Over 90% of the field trips that Camp Destiny will offer this year are geared toward Science, Technology, Engineering, Art and Math. This focus has been extremely successful for us as a whole since we implemented it. Our campers will also participate

iii. Are there additional charges for the field trips?

Yes ☒ No ☐

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☒ No ☐

If yes, describe below:

Campers that do not participate in a scheduled field trip will remain at camp with the proper amount of staff to facilitate a normal day of camp.

v. What type of transportation do you use for field trips?

We have a lease agreement with the "Volusia County School Board's Department of Transportation" to utilize their school buses for field trips.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

Camp Destiny has served the MIdtown area of Daytona Beach for the past nine years. Camp being hosted at the old "Bonner Elementary" location has recorded over 1,060 campers between the ages of 5-18 that have attended Camp Destiny within this short period of time. We have recently ventured to the Ormond Beach area where we have continued to provide a summer school enviornment blended with camp activities. Our campers have continuously reported that upon their return to the following school year that they are prepared and ready for the next grade level. Daytona State College's STEM program has partnered with our camp for the past 8 years to ensure that all academic basis were being covered as well.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

From the onset of our summer camps inception, we have received children with scholarships. Our history and successes are stated in the answer prior to this question.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

What follows is a suggested plan of action:

1. Make victim and others safe from further harm.
2. Assess victim as having a life-threatening emergency or a non-lifethreatening emergency. Once determined as a life threatening or non-lifethreatening emergency:
 - a. Give first aid
 - b. Notify Camp Director
 - c. Notify parent/guardian
 - d. Activate EMS(911), if needed.
3. Obtain victim's medical records and signed parental consent for emergency treatment for EMS personnel.
4. Assign adult staff member to remain with victim until arrival of parents.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

Small groups of campers stay together all day, each day. Campers remain at least 6 ft apart and do not share objects. Outdoor activities are prioritized. All campers are from the local geographical area(e.g. city, town, county, community). Educate staff, campers, and their families about when they should stay home and when they can return to camp. Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among campers and staff. If soap and water are not available, hand sanitizer that contains 60% alcohol can be used (for staff and older children who can safely use hand sanitizer). Teach and reinforce the use of masks. Develop a schedule for increased, routine cleaning and disinfecting.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Salvation Army West Volusia

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

2023 Summer Camp Service Provider Application for Funding

Legal Name of Organization
(Name on W9):
Name of Camp
(If different than above):

The Salvation Army West Volusia

Mailing Address:

1240 South High Street Deland FL

Telephone:

386 738-2406

Fax:

386-738-21025

Email:

Camilo.Rojas@uss.salvationarmy.org

Executive Director:

Captain Camilo Rojas

Contact Person:

Rodney Mintz

Contact Person's Telephone:

386 738-2406 Ext 306

Contact

Person's Email:

Rodney.Mintz@uss.salvationarmy.org

Backup Contact Person:

Backup Contact Person's
Telephone:

Backup Contact
Person's Email:

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.

Agency Executive Director

Date

01/26/23

Agency Board President

Date

1/27/23

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

meeting the spiritual, Emotional & physical Needs of Our Community without discrimination

2. Provide the age range of children for your summer camp program: _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|------------------------------------|---------------------------------------|
| The Salvation Army West Volusia | 1240 S High Street Deland FL 32720 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|--------------------|-------------------|
| 6/12 - 7/21/23 | 8:30am to 4pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|-----------------|----------|-------------|----------|
| 5/1/23 - 6/9/22 | | 9:00-4:00pm | |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

\$80.00 per week
\$40.00 Registration per
Child

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

We will use funds
from our operations
account.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

The vouchers will be
filed and submitted
on time

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

Hand Delivery

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

yes

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

The Staff is Trained on Various Situation Like active Shooter training. we have 6 exits and we have will

follow our Training for the Various scenarios that could Take place

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

We have a course That is Required by The Salvation Army Called Safe From Harm it goes over the adult require ment OF At Least two adults at all times When Children are Present. it teaches the proper way to do things and what to Avoid In addition we have oreintation For camp staff & on the Job training.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

1 to 8 ratio
most times there will
be two staff members our
Executive Director.

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|-------------------------|-----------------|
| Summer Camp Coordinator | 1 |
| Summer Camp Assistant | 1 |
| Food Service Worker | 1 |
| Administrator | 1 |
| | 4 |

3. How will you determine the number of staff needed?

According to the amount
of children that are attending.
We will follow the recommendations
of the program

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

Safe from Harm Training
required by The Salvation
Army

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|--|----------------------------|
| 8:30am to 9:00 am | Breakfast |
| 9:00am to 10:00 pm | Bible story time |
| 10:00am to 10:30am | Break |
| 10:30am to 11:00am | Play ground |
| 12:30pm to 1:30 pm | Lunch |
| 3:00 pm to 3:30 pm 3:30 pm to 4:00 pm | Break movie/ playground |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☐ Snack ☒ Lunch ☐

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

Volusia County Summer Foods
Provides the meals. The
Salvation Army will provide
a snack daily.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Trips to the movies, zoo, pool,
mini golf, bowling, orlando
Science Center

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

Educational Field trips
Recreational field trip

iii. Are there additional charges for the field trips?

Yes ☐

No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☐

No ☒

If yes, describe below:

v. What type of transportation do you use for field trips?

We have a 12 passenger
Bus & a 14 passenger Bus

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

Since 2010. we have had a Summer-Camp, for ages 6 thru 12 years old.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

We have offered a grant privately through board members and private donors as well as having scholarships thru the County of Volusia

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

NONE

2023 Summer Camp Service Provider Application for Funding

4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.

We will Sanitize and
Clean equipment and
all areas that the children
come in contact with
according to CDC

guidelines, masks & Handsanitizer
will be available for everyone
in multiple areas and
easily acceptable

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Temple Learning Center

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Pending current W-9 form from the agency.

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|---|--------------------------------|-----------------------------|
| Legal Name of Organization (Name on W9): | Temple of God Church of DeLand, Inc. | | |
| Name of Camp (If different than above): | TEMPLE LEARNING CENTER | | |
| Mailing Address: | 820 S Adelle Ave. DeLand, Florida 32720 | | |
| Telephone: | 386-748-9254 | Fax: | |
| Email: | volorialmanning@hotmail.com | | |
| Executive Director: | Voloria Manning | | |
| Contact Person: | Voloria Manning | | |
| Contact Person's Telephone: | 386-748-9254 | Contact Person's Email: | volorialmanning@hotmail.com |
| Backup Contact Person: | Glenda Gibbs | | |
| Backup Contact Person's Telephone: | 386-873-7274 | Backup Contact Person's Email: | gibbscenter@hotmail.com |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

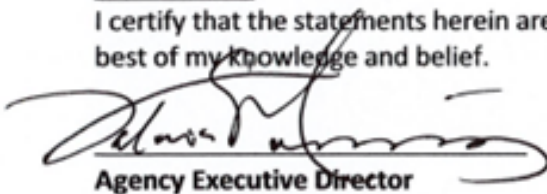
If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.


Agency Executive Director

1/29/23
Date


Agency Board President

Jan 29, 2023
Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

Temple Learning Center has a line-up of amazing summer camp programs to keep campers busy all summer long. From Daily Super Field Trips to Community Gardening, there is something for everyone! Our mission is to keep children in a safe and healthy environment while learning and having FUN.

- 2. Provide the age range of children for your summer camp program:** 5-14 age range

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|------------------------|------------------------------------|
| Temple Learning Center | 820 S Adelle Ave. DeLand, FL 32720 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|-------------------------------|-------------------|
| June 5, 2023- August 11, 2023 | 8AM-5PM |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|-----------|---------|------------------|
| MAY 1/23 | JUNE 9/23 | 8AM-5PM | 820 S Adelle Ave |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

\$90 WEEK RATE

\$15 REGISTRATION FEE

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

CHURCH: Temple of God Church of DeLand, Inc will pay staff and camp operaton.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Director: Voloria Manning@386-748-9254 will collected all documents and submit timely

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

All documents will be hand delivery by the dates requested.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Level 2 Background Screenings are completed for staff

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

Depending on emergency level involved, accommodate with first aid kit. Emergency kits are always on hand, writeup incident parent or guardian read and sign document. If severe injury call 911 and parents, administer care and keep the child calm.

Who were involve?

What did they do?

Why did it happen?

Were there any witnesses?

What is the extent of damage to the person or property?

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

First Aid and CPR

All Staff Retired Volusia School Board Teachers

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

Elementary School Age 1-10
Middle School Age 1-5

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|----------------|-----------------|
| Camp Leader | 1 |
| Assistance | 2 |
| Director | 1 |
| | |
| | |

3. How will you determine the number of staff needed?

Only 30 children

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

First Aid and CPR

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|-------------------|---|
| 8:00AM - 9:00AM | Breakfast/Devotion/ Storytime |
| 9:00AM - 10:00AM | Outdoor Activities/ Sports/ Play Ground |
| 10:00AM - 11:00AM | Indoor Activities/ Singalong/ Arts&Crafts |
| 11:00AM - 12:00PM | Table Game |
| 12:00PM - 1:00PM | Lunch - Free Time |
| 1:00PM - 5:00PM | Field Trips |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☐ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

Summer Camp Food Program

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Summer camp is a great place for children to learn, have fun coming together, and making new friends. Last year summer camp campers visit the SANFORD FLORIDA ZOO & SPLASH PAD, HARD ROCK POOL PARTY, FAMILY FUN TOWN, DAYTONA LAGOON, SUNRAIL WINTER PARK (ICE CREAM SHOP), HONTOON ISLAND FERRY & PICNIC, DELEON SPRING STATE PARK, GOOD TIME BOUNCE - PARTY, CHISHOLM CENTER SWIMMING POOL, SUNSHINE BOWLING ALLEY, RINK SKATING, DELAND LIBRARY CHILDREN READING & EVENTS, EPIC THEATER MOVIE MALL, DAY CAMPING ON SITE PLAYGROUND, COMMUNITY GARDEN, SING ALONG @ (2) NURSING HOME: UNIVERSITY WEST REHABILITATION CENTER & GRAND VILLA OF DELAND.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

Summer camp is a great place for children to learn, have fun coming together, and making new friends. Last year summer camp campers visit the SANFORD FLORIDA ZOO & SPLASH PAD, HARD ROCK POOL PARTY, FAMILY FUN TOWN, DAYTONA LAGOON, SUNRAIL WINTER PARK (ICE CREAM SHOP), HONTOON ISLAND FERRY & PICNIC, DELEON SPRING STATE PARK, GOOD TIME BOUNCE - PARTY, CHISHOLM CENTER SWIMMING POOL, SUNSHINE BOWLING ALLEY, RINK SKATING, DELAND LIBRARY CHILDREN READING & EVENTS, EPIC THEATER MOVIE MALL, DAY CAMPING ON SITE PLAYGROUND, COMMUNITY GARDEN, SING ALONG @ (2) NURSING HOME: UNIVERSITY WEST REHABILITATION CENTER & GRAND VILLA OF DELAND.

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☐ No ☒

If yes, describe below:

ALL CHILDREN ATTEND TRIPS

v. What type of transportation do you use for field trips?

2 VAN 15 PASSENGER VEHICLES
1 CAR

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

Temple Learning Ceneter Summer Camp have been in operation for seven years. The majority of children enrolled are from the Spring Hill community near Starke Elementary School. The staff have close relationship with the children and their families. All staff members are retired from Volusia County School Board. We are all Christian and service in various positions in our churches. Many local establishments accommodate our children will free admission or big discount. We attend the DeLand Library Children Department weekly from Reading Book Club, computer games and special children events. The children visit the community garden and nursing home.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

Summer Camp Scholarship is shared by word of mouth, flyers in churches/neighborhood and social media. Parents can enroll their child into Temple Learning Center summer camp one week before camp start and scholarship information is shared if needed.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

None

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

All children temperature are taking during morning sign in, if over 99.9 the children parent need to make other arrangement. Hand washing and hand sanitizer are use if hands feel grubby or visibly dirty. Hand washing before and after meal time. A table with sanitizer and face masks are available at all time. Masks are recommended in indoor public transportation and are required by Temple Learning Center on SunRail trip.

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Victory Global Academy

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

The applicant did not attend a provider workshop or makeup session. The application was submitted on February 1st at 3:14pm. Pending confirmation that the agency will add the County of Volusia as an additional insured for their Liability Insurance and pending confirmation of a fire inspection.

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|---|---------------------------------------|-------------------|
| Legal Name of Organization (Name on W9): | Victory Global Academy | | |
| Name of Camp (If different than above): | Dorcas E. McCoy | | |
| Mailing Address: | 1051 Mason Avenue Daytona Beach, FL 32117 | | |
| Telephone: | 386-334-4636 | Fax: | N/A |
| Email: | DorcasPhD@aol.com | | |
| Executive Director: | Dr. Dorcas E. McCoy | | |
| Contact Person: | Dr. Dorcas E. McCoy | | |
| Contact Person's Telephone: | 386-334-4636 | Contact Person's Email: | DorcasPhD@aol.com |
| Backup Contact Person: | Mr. Luke B. McCoy, Sr. | | |
| Backup Contact Person's Telephone: | 386-547-8447 | Backup Contact Person's Email: | DeaLuke@aol.com |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

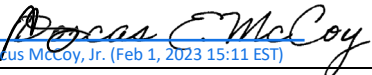
N/A

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.


Dorcas E. McCoy, Jr. (Feb 1, 2023 15:11 EST)

Agency Executive Director

2-01-2023

Date


Dorcas E. McCoy, Jr. (Feb 1, 2023 15:11 EST)

Agency Board President

2-01-2023

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

The mission of Victory Global Academy is to prepare student ambassadors to promote world peace. Using a Multi-lingual, Multi-literate, and Multi-cultural curriculum, students will be introduced to diverse languages, cultures and religions as a pathway to the promotion of world peace. The theme for the 2023 summer camp is "A World Without Borders." The curriculum focuses on the benefits of inclusion with a seven-part focus on world religion, global languages, global health, global wealth, global culture, world travel and world recreation/sports. In light of the growing racial and ethnic tensions, students will be taught the importance of cultural competencies and inclusion as combatants against economic, social, racial, political, religious, gender and other injustices.

Age 6-15

2. Provide the age range of children for your summer camp program: _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|------------------------|---|
| Victory Global Academy | 1051 Mason Avenue Daytona Beach, FL 32117 |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|------------------------|-------------------|
| June 5-August 11, 2023 | 7:30 AM-5:30 PM |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|-----------------|-----------------|-----------------------------|
| June 3, 2023 | August 11, 2023 | 9:00 AM-5:30 PM | ason Ave. Daytona Beach, FL |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

The weekly rate per child is \$75 per week. Registration is \$25 and includes: a VGA back pack, five VGA t-shirts, breakfast, lunch, daily field trips, recreational activities, language tutorials, math tutorials, health and wellness tutorials, cultural competency tutorials and admission/transportation to exciting field trips.

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

Victory Global Academy is sponsored in part by two non-profit organizations: the Florida Ecclesiastical Diocese and the Greater Refuge Memorial Church. The sponsors will cover the cost prior to reimbursement.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Ms. Lukeeshaa McCoy, a certified tax specialist, is responsible for collecting vouchers, ensuring they are properly completed and submitted. She will record data on an excel spread sheet, providing a copy to the Community Assistance Division office and a copy for VGA's records. The process will be explained during our Summer Camp registrations. Ms. McCoy's telephone number is 386-852-3984..

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

Using data from the excel sheet referenced above, Ms. Lukeeshaa McCoy will prepare the request, ensure the signature of the Executive Director (Dr. Dorcas McCoy) is affixed to the request and submit to the Community Assistance Division office no later than the dates indicated in the MOU.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Yes. Level 2 background screenings have been completed for the owner and each of the permanent seven staff members.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

Our emergency plan includes practice drills in which students and staff are introduced to the exits and emergency drills.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

VGA summer camp staff are required to participate in a eight-hour training retreat. The idea is to walk the staff through a day at the summer camp from the lenses of diverse students. We begin with cultural inclusion activities. Throughout the day, we focus on the VGA mission, team building, leadership, conflict management, camp structure and daily agenda. Select staffers are required to undergo CPR training or present evidence of certification. All of our staffers have earned a minimum of an undergraduate degree in their respective disciplines. Many are certified teachers or permanent substitutes.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. **Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.***

Include any explanation you feel is necessary.

Based on an estimated 50 to 55 students, our child to staff ratio will be 1 to 8.

2. **Provide a list of staffing positions:**

Add pages if needed.

| Title/Position | Number of Staff |
|---|-----------------|
| Executive Director | 1 |
| Dean of Students/Director of Transportation | 1 |
| Accountant/Registrar | 1 |
| Culural Compentencies Coach | 1 |
| Academic Instructors/Coaches | 4 |

3. **How will you determine the number of staff needed?**

The number of staff needed will be determined by the number of students registered and programming needs.

4. **What types of training to you offer for your staff? Do you require your staff to have any specific certifications?**

Please Describe.

All of our staff have earned college degrees, many are certified teacher or long term substitute teachers with trainings through Volusia County Schools. We have several pre-camp orientations in which is introduced to health and safety issues as well as the anticipated student learning outcomes, culural competencies benchmarks and the overall Victory Global Academy curriculum.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|--------------------|---------------------------------------|
| 7:30 -9:00 AM | Registration and Breakfast |
| 9:30-10:30 AM | Devotion and Daily Overview |
| 10:30 AM-2:00 Noon | Rotational Classes and Instruction |
| 12:00-1:00 PM | Lunch |
| 1:00-4:00 PM | Daily Field Trips and Debriefing |
| 4:00-5:30 PM | Snacks, Arts and Crafts and Departure |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☒ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

VGA is a Summer Break Stop Meal Site. Breakfast and lunch will be provided free of charge. Occasionally, VGA will provide cultural snacks to enhance lessons on cultural competencies.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Each fieldtrip is designed to build cultural competencies and the need for diversity, equity and inclusion. last summer, our field trips include: Cobb Theater, Museum of Arts and Sciences, Dave and Busters, Hibatchi Grill, Jamaican Restaurant, Midtown Pool and Recreational Center, Bowling, Ponce Inlet, Daytona State Museum of Arts and Sciences, Daytona Lagoon, Skating, the Dr. Mary McLeod Bethune Museum, the Freemanville and Thurman Home and more.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

Each fieldtrip is designed to build cultural competencies and the need for diversity, equity and inclusion. This summer, our anticipated field trips include: Cobb Theater, Museum of Arts and Sciences, Dave and Busters, Hibatchi Grill, Jamaican Restaurant, Midtown Pool and Recreational Center, Bowling, Ponce Inlet, Daytona State Museum of Arts and Sciences, Daytona Lagoon, Skating, the Dr. Mary McLeod Bethune Museum, the Freemanville and Thurman Home and more.

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☒ No ☐

If yes, describe below:

Children not participating in the field trips have the option at staying at the camp and working on supervised projects while the field trips are in progress.

v. What type of transportation do you use for field trips?

We have a School Bus and Vans

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

VGA has a five-year history of providing camps. Past camps have included a global languages virtual camp, a 2021 and 2022 Volusia County summer camp, three mission trips to the Dominican Republic and vacation bible schools.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

In the summer of 2022, we had 54 students enrolled with an average weekly attendance of 35. An estimated 95% of the students enrolled received scholarships from Volusia County. The scholarship program is essential for the overwhelming majority of students we serve. Even with the scholarship, some parents struggled and/or failed to pay the remaining \$5.00 balance each week. In those cases, we absorbed the cost. We have 7 class room, each of which can hold ten students. We also have an auditorium which can hold 50 students. Our maximum capacity with social distancing is 100 students.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

We did not experience any accidents last year. Our most frequent incident was students experiencing loose and eventual loss of teeth. In those instances, we informed parents of took weakness and encouraged them to monitor. We also have a registered RN on staff who assisted with teeth and other minor scrapes/bruises as needed. We also experienced children horse playing. In those cases, we put students in time out as deemed appropriate. We also wrote warnings and informed parents.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

VGA is committed to promoting behavior that reduce the likelihood of spread of the Covid 19 vaccine. Last summer, students created tik tok Covid 19 videos for parents and the community. We will fully adhere to and enforce CDC recommended guidelines including:

1. Encouraging staff and students to stay home when sick.
2. Teaching hand, hygiene and respiratory etiquette.
3. Teaching and reinforcing wearing of masks.
4. Ensuring possession of adequate supplies (i.e. soap, paper towels, tissues, hand sanitizer with at least 60 percent alcohol, disinfectant wipes, masks, and no-touch/foot pedal trash cans
5. Posted CDS Signs
6. Pre-packaged lunches

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: School District of Volusia County, FL

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

Pending fire inspection reports for two schools. Pending confirmation that the agency will add the County of Volusia as an additional insured. Pending a current W-9 form from the agency.

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|---------------------------------------|---------------------------------------|----------------------------|
| Legal Name of Organization (Name on W9): | School District of Volusia County, FL | | |
| Name of Camp (If different than above): | EDEP/BTB Summer Camp | | |
| Mailing Address: | 200 N. Clara Ave. DeLand FL 32720 | | |
| Telephone: | 386-734-7190 x 20625 | Fax: | 386-943-3432 |
| Email: | glschwar@volusia.k12.fl.us | | |
| Executive Director: | Tami Fisher | | |
| Contact Person: | Greg Schwartz | | |
| Contact Person's Telephone: | 386-734-7190 x 20625 | Contact Person's Email: | glschwar@volusia.k12.fl.us |
| Backup Contact Person: | Annette DeAngelo | | |
| Backup Contact Person's Telephone: | 386-734-7190 x 20631 | Backup Contact Person's Email: | madeange@volusia.k12.fl.us |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.

Tami Fisher
Digitally signed by Tami Fisher
Date: 2023.01.30 14:49:47
+05'00'

01/30/2023

Agency Executive Director

Date

Agency Board President

Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

Extended Day Enrichment Program (EDEP)-K through 5 grades, EDEP was developed in response to the present and growing need for supervised programs for elementary-age students during the out of school hours. Every child and youth should have a safe and supportive environment while engaging in activities that support academic achievement and promote social, emotional, and physical development during the summer break.

- 2. Provide the age range of children for your summer camp program:** 5-12 (K-5th grade) _____

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|--------------------------|--|
| Cypress Creek Elementary | 6100 S. Williamson Blvd. Port Orange Fl. 32128 |
| Deltona Lakes Elementary | 2135 Providence Blvd., Deltona Fl. 32725 |
| Orange City Elementary | 555 E. University Ave, Orange City, Fl. 32763 |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|-------------------------------|-------------------|
| June 12th, 2023-July 28th2023 | 6:30am-5:45pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|--------------------|-----------------|----------------|----------|
| February 6th, 2023 | March 9th, 2023 | 24 hours a day | Online |
| | | | |
| | | | |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

EDEP Summer Camp registration fee is \$25 per student and the EDEP Summer Camp weekly fee is \$90 per student.

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

Staff will be paid for through our VCS EDEP payroll department, our department is 100% self-funded and has money available as needed to cover payroll expenses until reimbursement is issued.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Parent's submit the Community Assistance Letter to each Site Facilitator who in turn submits the form to the EDEP district office where we confirm enrollment.

VCS EDEP/BTB Summer Camp contact person is Annette DeAngelo 386-734-7190 x 20631
madeange@volusia.k12.fl.us

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

EDEP office (Annette DeAngelo) will submit the signed reimbursemnt requests to Volusia County within the submission window.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Yes, all employees are DCF cleared.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

If an emergency occurs the Site Facilitator will inact their schools emergency plan.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

Each Site Facilitator and Co-Site Facilitator receives training from our team of EDEP coaches, in turn those Site Facilitators train their staff.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.*

Include any explanation you feel is necessary.

EDEP Summer Camp maintains a ratio of 1 to 15 on site and 1-10 on off-campus trips.

2. Provide a list of staffing positions:

Add pages if needed.

| Title/Position | Number of Staff |
|---------------------|-----------------|
| Site Facilitator | 14 |
| Co-Site Facilitator | 14 |
| Group Leader | 140 |
| | |
| | |

3. How will you determine the number of staff needed?

Staff is determined by the number of students enrolled at each school site.

4. What types of training to you offer for your staff? Do you require your staff to have any specific certifications?

Please Describe.

Site Facilitators and Co-Site Facilitatos will recieve weekly training that they will pass to their group leaders.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|-------------|--|
| 6:30-8:00am | Check-in and Breakfast |
| 8am-9am | Outdoor Activity |
| 9am-12pm | ELA Enrichment & School Based Activity |
| 12pm-1pm | Lunch |
| 1pm-3pm | Math/STEM Enrichment/School Based Activity |
| 3pm-5:45 | Afternoon Snack/Games, Arts & Crafts |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☐ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

VCS School Way Cafe provides breakfast and lunch for our EDEP Camp.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Last summer we only offered on-campus vendors, this year we are planning trips weekly off-campus.

2023 Summer Camp Service Provider Application for Funding

ii. Describe the field trips planned for this summer:

Ponce Inlet Lighthouse
Marine Science Center
Planetarium
Sun Splash Park
Reptile Discovery Center
Freedom Park Chocolate Factory
Bowling
Movies
Olive Garden

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☐ No ☒

If yes, describe below:

v. What type of transportation do you use for field trips?

Volusia County Schools transportation via busses.

2023 Summer Camp Service Provider Application for Funding

IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

EDEP summer camps have been going strong for twenty plus years. We serve students K-5 that have completed Kindergarten. We offer academic enrichment activities to all of our students to help offset summer learning loss.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

Communication between Volusia County to the EDEP Summer Camp was clear, consistent and always available for any questions. VCS EDEP Summer Camp hosted 108 students during the summer of 2022 that were involved with the Volusia County scholarship program.

3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

We had a student fall from the monkey bars at Spruce Creek El. that broke her arm. The Site Facilitator followed VCS procedures and provided all necessary insurance documentation to the parents.

2023 Summer Camp Service Provider Application for Funding

- 4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.**

We will follow the CDC & VCS guidelines and use multiple areas at each school site to limit exposure across all individuals in the program.

VCS EDEP/BTB Summer Camp Page 2

| Camp | Address |
|-------------------------|---|
| Pride Elementary | 1100 Learning Lane, Deltona Fl. 32738 |
| Blue Lake | 282 North Blue Lake Ave. Deland Fl. 32724 |
| George Marks | 1000 N. Garfield Ave. Deland Fl. 32724 |
| Spirit Elementary | 1500 Meadowlark Dr. Deltona Fl. 32725 |
| Pathways Elementary | 2100 Airport Rd. Ormond Beach, Fl. 32174 |
| Indian River Elementary | 650 Roberts Rd. Edgewater Fl. 32141 |
| Enterprise Elementary | 211 Main St. Enterprise Fl. 32725 |
| Pine Trail Elementary | 300 Airport Rd. Ormond Beach Fl. 32174 |
| Discovery Elementary | 975 Abigail Dr. Deltona, Fl. 32725 |
| Osteen Elementary | 500 Doyle Rd. Osteen, FL. 32764 |
| Spruce Creek Elementary | 642 Taylor Rd. Port Orange, Fl. 32127 |

2023 Summer Camp Scholarship Provider Eligibility Criteria

Applicant Name: Volusia Flagler Family YMCA

| Yes | No | Eligibility Criteria (to be filled out by County staff) |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has attended the mandatory application workshop. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant submitted their application on or before the required deadline. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide current fire inspection(s) for all camp location(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has provided/agreed to provide Proof of Liability Insurance with the County of Volusia listed as additional insured. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant has submitted a current W-9 form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The applicant agrees to comply with the requirement to have Level 2 Background screenings. |

CFAB Member: _____

| Yes | No | Eligibility Criteria (to be filled out by board member) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a stated mission. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant will offer camp during the required dates and times as determined by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a clear procedure for collecting and completing vouchers, including providing the name and contact information of the person responsible for completing the task. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant ensures staff to child ratio established by DCF is met. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of the different types of training offered and required for employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has a schedule of planned activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies food service plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant identifies field trip plans/protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has had at least one year of experience working with a summer camp or similar services. |
| <input type="checkbox"/> | <input type="checkbox"/> | The applicant has provided an explanation of an incident and/or emergency response protocol plan. |

Comments:

2023 Summer Camp Service Provider Application for Funding

| | | | |
|---|--|--------------------------------|--------------------|
| Legal Name of Organization (Name on W9): | Volusia Flagler Family YMCA | | |
| Name of Camp (If different than above): | | | |
| Mailing Address: | 761 E. International Speedway Blvd, Deland, FL 32724 | | |
| Telephone: | 386-736-6000 | Fax: | 386-822-9622 |
| Email: | ekammer@vfymca.org | | |
| Executive Director: | Chris Seilkop | | |
| Contact Person: | Liz Kammer | | |
| Contact Person's Telephone: | 386-736-6000 | Contact Person's Email: | ekammer@vfymca.org |
| Backup Contact Person: | Katie Lyle | | |
| Backup Contact Person's Telephone: | 386-409-9622 | Backup Contact Person's Email: | klyle@vfymca.org |

Background Check:

All employees of this agency working near children have undergone a level 2 background screening through the Florida Department of Law Enforcement (FDLE) for child abuse involvement. A level 2 background screen includes a fingerprint check of state and federal criminal history information conducted through FDLE and the Federal Bureau of Investigation. Records of this action are on file with the agency. A list of summer camp staff will be provided by start of camp.

Yes ☒ No ☐

If any employees have not gone through the screening process, please explain why below:


N/A

This agency is in good standing with the County of Volusia and local governments and has not had a contract(s) for service terminated for cause.

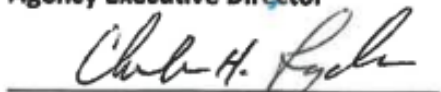
Yes ☒ No ☐

Certification:

I certify that the statements herein are true and correct, and are the established policies of my agency, to the best of my knowledge and belief.



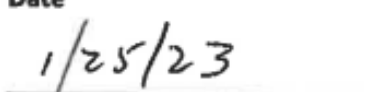
Agency Executive Director



Agency Board President



Date



Date

2023 Summer Camp Service Provider Application for Funding

- I. **Agency Operations and Features of Camp:** History of agency practices and summer camp agenda.

1. Briefly describe the agency's mission:

The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. At the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background has the opportunity to learn, grow and thrive. We believe that all kids deserve the opportunity to discover who they are and what they can achieve. That's why, through the Y, more youth today are cultivating the values, skills and relationships that lead to positive behaviors, better health and educational achievement.

- 2. Provide the age range of children for your summer camp program:** 5 years old to 12 years old

3. List all camp locations by address:

If more than three (3), attach list with addresses to the back of this application.

| Camp | Address |
|--------------------------|---------|
| Please see attached list | |
| | |
| | |

4. Provide dates of summer camp and time of operation:

The 2023 Summer Camp Program is scheduled to be funded from June 5, 2023 – August 11, 2023.

| Dates of operation | Time of operation |
|--------------------------------|-------------------|
| June 5, 2023 - August 11, 2023 | 7am to 6pm |
| | |
| | |

5. Provide beginning and end date, time and location for camp registration:

These dates and locations will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

| Beginning Date | End Date | Time | Location |
|----------------|----------------|-----------|--------------------------|
| March 20, 2023 | August 4, 2023 | 5am - 7pm | All Y Locations |
| | | | Please see attached list |
| | | | for addresses |

2023 Summer Camp Service Provider Application for Funding

6. Provide the weekly rate and registration fee:

If your agency offers discounted rates, include a clear description of the discount. Rates submitted in this application will be published as a part of the summer camp scholarship provider list exactly as submitted and approved.

The YMCA Registration fee is \$50 per child and the weekly is \$95 for Y Members and \$115 for Community Participants. This year we will continue to offer the Y Member weekly rate (\$95) to all recipients of the County Summer Camp Voucher.

In addition, if anyone is having difficulty paying the registration fee or weekly fee the parent can contact us for an additional scholarship from the Y to help subsidize that cost or enter into a payment plan.

7. Describe your agency's funding procedures:

This is a reimbursement program; providers will be reimbursed twice during eight (9) week period. The first reimbursement request is to be submitted after week four (4) and the final reimbursement request is to be submitted after camp is over and the final documentation is submitted. Explain how you will pay for staff and camp operations prior to receiving a reimbursement.

Our summer camp program is a department within the Volusia Flagler Family YMCA association. Each calendar year a budget is completed for this department as well as the others. The budget is created based on expected revenue including registration and weekly fees paid by the families, and any confirmed grants or sponsorships. Expenses such as field trips, supplies and staffing needs are calculated based on the estimated number of children in attendance each week. In addition to the funds generated from program operation, the Y also has an annual community support campaign. We believe that all children deserve the opportunity to discover who they are and what they can achieve.

8. What procedures will be used to ensure that vouchers are collected, completed, and submitted to Community Assistance? Please provide the name and phone number of the person responsible for this task.

Vouchers must be returned to the Community Assistance Division office in order for your organization to be credited for serving scholarship recipients.

Each Family Center collects the original voucher letter at the point of registration. A copy is scanned to our District Executive Director who tracts all the information related to this grant. The original voucher letter is then delivered by inter office mail to the District Executive Director who collects and submits the original vouchers to the County.

Liz Kammer is the District Executive Director who will collect and submit the vouchers. Her contact info is 386-532-9622 or 386-736-6000.

2023 Summer Camp Service Provider Application for Funding

9. What procedures will you use to submit your signed reimbursement requests?

Original signed reimbursement requests must be submitted to the Community Assistance Division office by mail or hand delivery by the dates in your Memorandum of Understanding.

The District Executive Director who manages all aspects of this grant will be responsible for completing and submitting the reimbursement requests. She will complete the request and submit before the due date as outlines by the County staff in the MOU.

10. Have you complied with the requirement to have Level 2 Background Screenings completed for owners, employees and volunteers of your camp?

If you have not yet hired employees, please describe the procedure you will use to ensure the screenings are completed prior to starting camp.

Our YMCA locations are currently license exempt by the Florida Department of Children and Families for our Afterschool Enrichment and Summer Day Camp Programs. However, one of the requirements of our exemption certificate is that all employees have a current Level 2 Background Screening and repeated every 5 years. Most of our Afterschool staff transition into the summer camp program so their background screening is already processed. Any new hires are not eligible to begin working until their fingerprint results are in and they are listed as eligible to work in a summer camp. Our Human Resource Department as well as the District Executive Director track this.

11. Please describe your organization's emergency plan.

If you currently do not have an emergency plan in place, please describe how your organization will implement an emergency plan.

Minor Injury - (scrapes, bumps, and bruises) will be cleaned off with soap and water and treated with Band-Aid or ice pack as needed. The parent will be notified at pick up.
Head Injury - we will treat all head injuries as severe. The staff will monitor the child for signs of concussion and provide ice if needed. Parents will be notified immediately.
More Severe Injury- If a child should suffer a more severe injury, we will attempt to contact a parent/guardian before seeking professional medical attention. If we are unable to reach a parent/guardian, we will call emergency contacts. If these steps are unsuccessful, we will seek professional medical attention and continue to try to reach parents.
Emergencies - If a child should need immediate medical attention, we will contact 911 and the parent/guardian. The child will be transported by ambulance and accompanied by staff. If we are unable to reach the parent/guardian, we will contact the emergency contact and continue to attempt to reach parent/guardian. We will immediately notify the parent of the hospital to which the child is being transported.

2023 Summer Camp Service Provider Application for Funding

12. Please describe your organizations employee training process.

All summer camp staff attend a weekend long in house training covering topics that include risk management, appropriate discipline techniques, aquatic safety, activity management and other program aspects. All summer staff also take online trainings including child abuse prevention, playground safety, transportation safety and blood borne pathogens. Staff are also required to be First Aid, CPR and AED certified which we provide the training in house or through a partnership with Volusia County Beach Patrol.

2023 Summer Camp Service Provider Application for Funding

II. Staff to Child Ratio and Additional Supports.

1. **Provide the child to staff ratio: *National quality standards recommend between 1-to-8 and 1-to-15 for children ages 5 – teen. Department of Children and Families recommend 1-to-6 and 1-to-10 for school age children.***

Include any explanation you feel is necessary.

We follow the Florida Department of Children and Families state mandate of 25 children to 1 staff. However, we try to keep our ratios around 1 staff to 18 children. But in rare situations we will have to use the 1 to 25 ratio.

2. **Provide a list of staffing positions:**

Add pages if needed.

| Title/Position | Number of Staff |
|-------------------------|-----------------|
| Executive Director | 4 |
| Senior Program Director | 4 |
| Summer Camp Counselors | 25+ |
| Bus Driver | 4 |
| | |

3. **How will you determine the number of staff needed?**

We set the budget and structure of the day camp program based on history and estimated attendance. The size of the camp varies by location but all sites follow the same staffing structure. Each site has an Executive Director who provides oversight to the entire facility. Each site also has a Senior Program Director who has direct oversight of the day camp. Each camp will also have Summer Camp Counselors who work directly with the children.

4. **What types of training to you offer for your staff? Do you require your staff to have any specific certifications?**

Please Describe.

A District Executive Director who holds a BS and M.Ed. degree in Physical Education/Sport Management leads our childcare team. Each of our four camp locations have leadership staff who have completed the DCF 40-hour training. In addition to CPR, First Aid, AED certifications, Fire Extinguisher training and Child Abuse Prevention training. All summer staff also take online trainings including child abuse prevention, playground safety, transportation safety and blood borne pathogens.

2023 Summer Camp Service Provider Application for Funding

III. Planned Activities

1. Provide a tentative daily schedule of planned activities:

For example, 8:00 – 9:00 Arrival time/arts and crafts or 9:00 – 11:00 outside play (weather permitting).

| Time | Description |
|-----------------|---|
| 7am - 8:30am | Parent Drop Off & Center Based Activities |
| 8:30am - 9:15am | Breakfast & Morning Assembly |
| 9:15am - 12pm | Rotations including Sports, Arts, STEM, Games |
| 12pm - 2pm | Lunch & Swimming |
| 2pm - 5pm | Rotations including Sports, Arts, STEM, Games |
| 5pm - 6pm | Parent Pick Up & Center Based Activities |

2. Does your agency provide food?

Yes ☒ No ☐

i. If yes, what meals are provided daily?

Breakfast ☒ Snack ☐ Lunch ☒

ii. Provide a description of meals:

If meals are provided, please explain the source of provided foods, if meals are not provided, please explain the accommodations made for children to bring their own food.

Our agency serves as a site for the Summer Food Service Program through which the County of Volusia is the sponsor. Breakfast and lunch are delivered daily to each of the YMCA Family Centers from the vendor and is stored in refrigerators until meal times.

Children who do not wish to receive a meal provided are able to bring their own breakfast or lunch from home.

3. Does your agency offer field trips during summer camp?

Yes ☒ No ☐

i. If yes, please describe the field trips you offered last summer:

Our camps take one field trip per week except for the first and last week of camp. We visited locations such as Skate and Shake and Sunshine Bowling Lanes where children learned to skate and how to bowl. We also visited the Sanford Zoo, Marine Science Center and St. Augustine Alligator Farm where children had the opportunity to view and learn about many different animals. We went to the Pioneer Arts Settlement where children participated in a variety of activities including candle making, butter making and visited the Farm. We also took trips to swim and play field games at Deleon Springs

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ii. Describe the field trips planned for this summer:

Our field trip schedule is not yet set for the summer of 2023. However, we traditionally visit the same types of locations as prior years. I would expect we will return to places like Skate and Shake, Sunshine Bowling Lanes, Museum of Arts and Sciences and the Sanford Zoo. I am happy to provide a detailed list once all trips are secured.

iii. Are there additional charges for the field trips?

Yes ☐ No ☒

iv. Is there an alternate plan for children not participating in the field trips?

Yes ☒ No ☐

If yes, describe below:

In our programs each age group will take a trip on a different day. So, if a child does not wish to attend the trip they will stay at the camp site with another group for the day.

v. What type of transportation do you use for field trips?

The Volusia Flagler Family owns and maintains a fleet of buses. We utilize these buses for field trip transportation from the Family Center to the field trip destination and return.

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IV. Agency History and Problem Solving Techniques

1. Provide a brief summary of the agency's summer camp history and accomplishments.

How long has the agency provided camp or a similar program? If the agency has not provided a summer camp in the past, please describe the similar program. What age group has been served? Have you had any special achievements, service projects or educational successes?

The Volusia Flagler Family YMCA has served children through summer camps since 1919, when we first offered overnight summer camp at Camp Winona. With the establishment of our first Family Centers in the mid-1900's the Y began offering summer day camp to children in Volusia County, so that they could have a safe, engaging, caring place to be while they were out of school and parents were at work.

The YMCA is recognized as being a national leader in affordable, engaging year-round childcare. Our focus includes building campers' self-confidence, reducing summer learning loss through academic enrichment and promoting healthy habits through regular and fun physical activity. Each year, we serve approximately 500 children ages 5 to 15 years old at four Family Centers across Volusia County: Ormond Beach, Port Orange, Southeast Volusia (Edgewater, New Smyrna, Oak Hill) and Deland. The uniqueness of the staff and children at each site allows for diversity and variety in the curriculum. Although the curriculum may differ from site to site, the structure and type of activities will remain the same. At each site, children will participate in the following: arts and crafts, physical activities, team building, character development activities, field trips, large group game and other individualized activities.

The Y is committed to playing a role in the overall wellness of the child. Time is scheduled during camp that encourages active, healthy lifestyles for all children. We encourage children and families to be physically active outside of our program as well. Daily schedules will include at least 60 minutes of moderate to vigorous physical activity that will include a mix of aerobic and strengthening activities. Activities will take place outdoors when possible, weather permitting.

The Summer Day Camp Program encourages children to be social and work on building relationships. Our program does not allow recreational screen time. We strongly discourage children from bringing video games, tablets, computers or any other digital devices.

2. Provide a brief summary of the agency's summer camp scholarship program history:

If you have participated in the scholarship program in the past, provide a brief summary of your experience, including the number of scholarship children you served last year. If you have not participated in the program before provide an explanation of how you will incorporate the scholarship program into your current program, including the number of children your facility can serve.

The Volusia Flagler Family YMCA has been fortunate to serve as an approved summer camp location for the last 12 years if not longer. In 2022, we served 27 children in our sites throughout the County and have served over 550 children in the 12 plus years we have collaborated with the County as an approved location. We would love to continue this partnership again this year. We can serve a large number of scholarship children across our association but expect to see a similar number to what we served in 2022 of approximately 30-40 children. We are open to working with all parents and County staff to try to accommodate any child that wants to attend one of our day camp locations.

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3. Provide a brief explanation of any accidents/problems that occurred at your sites during the last summer cycle.

Include how the problem was resolved. If there were no accidents last year, explain the procedures you have in place for dealing with potential accidents.

Although we make every effort to keep children safe at all times, minor accidents or injuries are a normal part of childhood and camp. Should a child become injured during the program, the following steps have been implemented if necessary.

Minor Injury - (scrapes, bumps, and bruises) will be cleaned off with soap and water and treated with Band-Aid or ice pack as needed. The parent will be notified at pick up.

Head Injury - we will treat all head injuries as severe. The staff will monitor the child for signs of concussion and provide ice if needed. Parents will be notified immediately.

More Severe Injury- If a child should suffer a more severe injury, we will attempt to contact a parent/guardian before seeking professional medical attention. If we are unable to reach a parent/guardian, we will call emergency contacts. If these steps are unsuccessful, we will seek professional medical attention and continue to try to reach parents.

Emergencies - If a child should need immediate medical attention, we will contact 911 and the parent/guardian. The child will be transported by ambulance and accompanied by staff. If we are unable to reach the parent/guardian, we will contact the emergency contact and continue to attempt to reach parent/guardian. We will immediately notify the parent of the hospital to which the child is being transported.

Additionally, the Volusia Flagler Family YMCA believes that the safety, support and care of our children are the most important goals of the child care program. The law also has provisions safeguarding the well-being of our children. Therefore, we comply with the laws as follows: Childcare personnel having reasonable cause to believe that a child younger than the age of 18 has had physical injury inflicted upon him/her other than by accidental means, or has been neglected or exploited by a parent or guardian, or has been sexually assaulted or sexually exploited, are required by law to report to the Department of Children and Families.

4. Due to the ongoing health epidemic and social distancing restrictions, please provide a brief explanation of how you will follow the Center for Disease Control and Prevention (CDC) guidelines.

We have lowered our group sizes and spread out our groups around our building to limit the number of students in one area at a time. Our children and staff wash their hands every hour. Hard surfaces such as tables and chairs are cleaned following each meal service as well as at the end of the day. All rooms are swept and mopped each night and all toys and equipment are disinfected daily. We also will follow CDC recommendations in regards to quarantining should that become necessary.



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

2023 Summer Camp Locations for the Volusia Flagler Family YMCA

Ormond Beach Family YMCA
500 Sterthaus Drive
Ormond Beach, FL 32714

Port Orange Family YMCA
4701 City Center Parkway
Port Orange, FL 32129

Southeast Volusia Family YMCA
148 W. Turgot Ave
Edgewater, FL 32132

Deland Family YMCA
761 E. International Speedway Blvd
Deland, FL 32724

Volusia Flagler Family YMCA
Association Office
761 E. International Speedway Boulevard
DeLand, FL 32724
Phone: (386)738-9622 Fax: (386) 822-9622

The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.