Operational Handbook
Private Provider Operated
Before and After School Child Care (BASCC)
Before & After School Child Care (BASCC)
Operational Handbook

The School Board of Broward County, Florida

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Individuals with disabilities requesting accommodations under the American with Disabilities Act (ADA) may call Equal Educational Opportunities (EEO) at (754) 321-2150 or Teletype Machine TTY (754) 321-2158.

The Before & After School Child Care program will protect the confidentiality of students according to Federal and State privacy laws as well as School Board of Broward County, Florida, policies 4019 and 5100.1.
## Change log

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The mission of Before and After School Child Care (BASCC) is to provide students with:

- An inclusive child care program that is safe and nurturing in a comfortable environment
- A cultural and enriching program that promotes the physical, intellectual, emotional, and social development of each child
- A program that meets the highest quality of child care standards

The approved Before & After School Child Care (BASCC) guidelines state:

“In response to an expressed community need, Broward County community schools began to satellite after school supervision programs at several elementary schools as early as the 1979-1980 school year. However, as a need for on-site pre-kindergarten to grade five (5) child care during school holidays was identified, these programs were expanded and administered under the auspices of non-profit government agencies. In 1994-1995, state funding was authorized to provide before and after school programs for middle school students.”
The School Board of Broward County approved on-site before and after school child care guidelines in May 1992. The guidelines were developed by a Task Force representing community agencies, after school child care providers, and the School Board. One of the intents of the guidelines was to formulate a blueprint for the development of an Operational Handbook designed to operationalize the guidelines for use, beginning with the 1992-1993 school year. An Operational Handbook Committee met between November 1991 and June 1992 to develop the Before & After School Child Care Operational Handbook for on-site before and after school child care programs. The handbook is reviewed annually.

Elementary, middle, and some high schools and centers in Broward County provide before and after school child care programs in response to community needs. In 1991-1992, the principals of fourteen satellite schools serving as their own providers, met on a monthly basis to develop policies and procedures for the implementation of quality child care programs in their schools. The Operational Handbook is a result of their experiences, ideas, and creativity, in addition to that of their colleagues in the community schools. It is a “living” document that is added to and adjusted as the need arises.
For the purpose of this document, the following acronyms will be used:

- Before & After School Child Care (BASCC)
- School Advisory Council (SAC)
- School Advisory Forum (SAF)
- School Board Operated (SBO)
- Private Providers (PPO)
- Security Tracking and Response Project (STAR)
- Broward County Public Schools Special Investigative Unit (SIU)
- Program Data Management System (PDMS)
- Declaration of Vacancy (DOV)
- Operational Handbook (OH)
- Request for Proposal (RFP)
BEFORE AND AFTER CARE STUDENT PROGRAMS

THE BOARD AUTHORIZES ON GROUNDS BEFORE AND AFTER SCHOOL CARE PROGRAMS WHEN REQUESTED BY PARENTS.

Authority: F.S. 230.22 (1) (2); 230.2305 Rules Amended: 9/21/93
POLICY ADOPTED: 9/15/92

Rules:

1. Authorized providers include:
   a. The School Board (community school and/or elementary school).
   b. Non-profit, non-School Board providers who have successfully completed the School Board’s Request for Proposal (RFP) process and have been recommended by the Superintendent and approved by the School Board.

2. The School Advisory Council or School Improvement Team at each school will recommend to the principal the authorized provider that best meets their requirements.

3. These programs shall be implemented to provide a supervised program of activities, including a balance between recreation, play, enrichment, snack, homework completion, and quiet time.

4. The School Board authorizes the Superintendent (designee) to develop and distribute a reference document (to be revised and refined as needed) addressing all aspects of the program for use by principals and providers.

5. Weekly fees and registration fees will be charged by School Board providers to all affected parents based on the Board adopted fee schedule.

6. An After School Care Fund will be established to offset the cost of additional staffing for identified students and to provide funds for eligible children in the School Board community school and elementary school operated After School Child Care Programs. Revenue for the Fund will be generated from: (1) the balance carried over at the end of each year from each School Board community school and elementary school operated program except for an amount retained by the schools for start-up costs; (2) weekly fees collected for full participation in the program; and (3) funds obtained through grant, foundation and business support. An After School Care Fund Committee will monitor and evaluate the progress of the Fund.

Authority: F.S. 230.22 (1) (2); 230.2305
RULES ADOPTED: 9/15/92 Rules Amended: 9/21/93
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SBBC Disclosure of Education Records

a) **Purpose**: For private providers of Before & After School Child Care programs (including summer camp programs) to enroll and provide services to SBBC students. PROVIDER shall have limited access to the Program Data Management System (PDMS) to obtain the personally identifiable student information listed in this section. Access must be limited to only the information of the students the PROVIDER serves.

b) SBBC shall provide PROVIDER with access to personally identifiable student information as available on the PDMS, including but not limited to the following:
   1. Before & After School Child Care student application form
   2. Special Needs Informational Document
   3. Accident/Incident Reports
   4. All documents provided in the Before & After School Child Care (BASCC) Operational Handbook
   5. All documents provided within the PDMS program provided by BASCC requiring parent/guardian signatures.

c) PROVIDER shall obtain written consent from each student’s parent/guardian or student age 18 or older prior to disclosing or allowing access to the education records listed in this section and ensure that it provides same written consent to SBBC.

PROVIDER Re-disclosure of SBBC Education Records (FERPA)

a) **Purpose**:
   1) PROVIDER will re-disclose (provide access to) education records to the Children’s Services Council of Broward County (“CSC”) for billing, verifying eligibility, research (of the effectiveness of CSC programs) and funding related to this Agreement, on condition that PROVIDER has entered into a written contract with CSC for funding thereon.
   2) PROVIDER will re-disclose (provide access to) education records to Broward County Childcare Licensing and Enforcement for safety inspections.
   3) PROVIDER will re-disclose (provide access to) Early Learning Coalition of Broward County, Inc. (“ELC”) for funding purposes related to this Agreement, on condition that PROVIDER has entered in to a written contract with ELC for funding thereon.

b) Types of education records:
   1) PROVIDER will re-disclose to The Children’s Services Council of Broward County (CSC) the following education records:
      (i) CSC grant form / demographics (includes students’ first and last names, student identification number, date of birth, grade level, , ethnicity, cultural influence, U.S. Census race, country of birth, language spoken at home, gross income, parental information, number of children in household, last four digits of Social Security Number, parental employment verification, and progress data including pre- and post-test scores.
      (ii) Sign-In History Form (includes student name, student identification number, attendance dates and times, and more).
2) PROVIDER will re-disclose to Broward County Childcare Licensing and Enforcement the following education records:
   i. Student registration form (general enrollment information)
   ii. Incident / accident reports
   iii. Swim Central Water Safety Survey
   iv. Written release / password
   v. Authorization for emergency medical treatment / transport
   vi. Authorization for medication administration
   vii. Parent/guardian signatures on Child Care Licensing policies
   viii. Field trip permission

3) PROVIDER will re-disclose to Early Learning Coalition of Broward County, Inc. the following education records:
   i. Student registration form
   ii. Sign-In History Form (includes student name, student identification number, attendance dates and times, and more)

c) PROVIDER shall obtain written consent from each student’s parent/guardian or student age 18 or older prior to re-disclosing or allowing access to the education records listed in this section and ensure that it provides same written consent to SBBC.

**PROVIDER Confidentiality of Education Records**

(a) Notwithstanding any provision to the contrary within this Agreement, PROVIDER shall:

1) fully comply with the requirements of Sections 1002.22, 1002.221, and 1002.222, Florida Statutes; the Family Educational Rights and Privacy Act, 20 U.S.C § 1232g (FERPA) and its implementing regulations (34 C.F.R. Part 99), and any other state or federal law or regulation regarding the confidentiality of student information and records;
2) hold any education records in strict confidence and not use or redisclose same except as required by this Agreement or as required or permitted by law unless the parent of each student or a student age 18 or older whose education records are to be shared provides prior written consent for their release;
3) ensure that, at all times, all of its employees who have access to any education records during the term of their employment shall abide strictly by its obligations under this Agreement, and that access to education records is limited only to its employees that require the information to carry out the responsibilities under this Agreement and shall provide said list of employees to SBBC upon request;
4) safeguard each education record through administrative, physical and technological safety standards to ensure that adequate controls are in place to protect the education records and information in accordance with FERPA’s privacy requirements;
5) utilize the education records solely for the purposes of providing products and services as contemplated under this Agreement; and shall not share, publish, sell, distribute, target advertise, or display education records to any third party;
6) notify SBBC immediately upon discovery of a breach of confidentiality of education records by telephone at 754-321-0300 (Manager, Information Security), and 754-321-1900 (Privacy Officer), and email at privacy@browardschools.com, and take all necessary notification steps as may be required by federal and Florida law,
including, but not limited to, those required by Section 501.171, Florida Statutes; 
7) fully cooperate with appropriate SBBC staff, including Privacy Officer and/or 
Information Technology staff to resolve any privacy investigations and concerns in a 
timely manner; 
8) prepare and distribute, at its own cost, any and all required breach notifications, 
under federal and Florida Law, or reimburse SBBC any direct costs incurred by SBBC 
for doing so, including, but not limited to, those required by Section 501.171, Florida 
Statutes; 
9) be responsible for any fines or penalties for failure to meet breach notice 
requirements pursuant to federal and/or Florida law; 
10) provide SBBC with the name and contact information of its employee who shall 
serve as SBBC’s primary security contact and shall be available to assist SBBC in 
resolving obligations associated with a security breach of confidentiality of 
education records; and 
11) securely erase education records from any media once any media equipment is 
no longer in use or is to be disposed; secure erasure will be deemed the deletion of 
the education records using a single pass overwrite Secure Erase (Windows) or Wipe 
(Unix).

(b) All education records shall remain the property of SBBC, and any party contracting with 
SBBC serves solely as custodian of such information pursuant to this Agreement and claims no 
ownership or property rights thereto and, upon termination of this Agreement shall, at SBBC’s 
request, return to SBBC or dispose of the education records in compliance with the 
applicable Florida Retention Schedules and provide SBBC with a written acknowledgment of 
said disposition.

(c) PROVIDER shall, for itself, its officers, employees, agents, representatives, contractors or 
subcontractors, to fully indemnify and hold harmless SBBC and its officers and employees for 
any violation of this section, including, without limitation, defending SBBC and its officers and 
employees against any complaint, administrative or judicial proceeding, payment of any 
penalty imposed upon SBBC, or payment of any and all costs, damages, judgments or losses 
incurred by or imposed upon SBBC arising out of a breach of this covenant by the party, or an 
officer, employee, agent, representative, contractor, or sub-contractor of the party to the 
extent that the party or an officer, employee, agent, representative, contractor, or sub-
contractor of the party shall either intentionally or negligently violate the provisions of this 
section or of Sections 1002.22 and/or 1002.221, Florida Statutes. This section shall survive the 
termination of all performance required or conclusion of all obligations existing under this 
Agreement.

HIPAA Compliance PROVIDER acknowledges that the Health Insurance Portability and 
Accountability Act (“HIPAA”) and the Health Information Technology for Economic and 
Clinical Health Act of 2009 (“HITECH Act”) (HIPAA and HITECH Act are collectively referred to 
herein as “HIPAA”) protect the privacy of protected health information (“PHI”) and may be 
applicable to student records in certain circumstances. PROVIDER shall use, disclose and 
protect PHI in compliance with HIPAA.
Supplemental documentation can be found in the subpages below.
Consent Form

Provider Name:

Provider Logo

Consent Form

Provider Name: ____________________________

Location of Program: _________________________

Student Name: ______________ Date: __________

Address: ________________________________

Registering Adult: _________________________

SBBC Disclosure of Education Records

Please read each item below and select “Yes” or “No”

Purpose: For private providers of Before & After School Child Care programs (including summer camp programs) to enroll and provide services to School Board of Broward County (SBBC) students. SBBC will grant the PROVIDER limited access to the Program Data Management System (PDMS) to obtain the personally identifiable student information listed in this section. Access must be limited to only the information of the students the PROVIDER serves.

Parent/Guardian 1 Signature: ____________________________ Date: ______________

☐ Yes, I agree. ☐ No, I do not agree.

SBBC shall provide PROVIDER with access to personally identifiable student information as available on the PDMS, including but not limited to the following:

1) Before & After School Child Care student application form
2) Special Needs Informational Document
3) Accident / Incident Reports
4) All documents provided in the Before & After School Child Care (BASCC) Operational Handbook
5) All documents provided within the PDMS program provided by BASCC requiring parent/guardian signatures

Parent/Guardian 1 Signature: ____________________________ Date: ______________

☐ Yes, I agree. ☐ No, I do not agree.
Provider Re-Disclosure of Education Records

Please read each item below and select “Yes” or “No”

The purpose of the below is that:
PROVIDER Name will re-disclose (provide access to) education records to the Children's Services Council (CSC) of Broward County for billing, verifying eligibility, research of the effectiveness of CSC programs, and funding. Types of information provided: CSC grant form/ demographics [includes students' first and last names, student identification number, date of birth, grade level, ethnicity, cultural influence, U.S. Census race, country of birth, language spoken at home, gross income, parental information, number of children in household, last four digits of Social Security Number, parental employment verification, and progress data including pre- and post-test scores, Sign-In History Form (includes student name, student identification number, attendance dates and times, and more).

Parent/Guardian 1 Signature: ________________________________ Date: ____________

☐ Yes, I agree.  ☐ No, I do not agree.

The purpose of the below is that:
PROVIDER Name will re-disclose to Broward County Childcare licensing and Enforcement the following education records to Broward County Childcare licensing and Enforcement for safety inspections. Types of information provided:
Student registration form (general enrollment information), Incident / Accident reports, Swim Central Wafer Safety Survey, written release / password, Authorization for emergency medical treatment / transport, authorization to medication administration, parent/guardian signatures on Child Care Licensing policies, and Field trip permission.

Parent/Guardian 1 Signature: ________________________________ Date: ____________

☐ Yes, I agree.  ☐ No, I do not agree.

The purpose of the below is that:
PROVIDER Name will re-disclose (provide access to) Early Learning Coalition of Broward County, Inc. [ELC] for funding purposes.
Types of information provided: To include registration form, and Sign-In History Form (includes student name, student identification number, attendance dates and times, and more).

Parent/Guardian 1 Signature: ________________________________ Date: ____________

☐ Yes, I agree.  ☐ No, I do not agree.

Provider Name
Please read each item below and select “Yes” or “No”

I hereby give my consent to have my child to participate in all activities at Provider Name.

Parent/Guardian 1 Signature: ___________________________ Date: ____________

☐ Yes, I agree. ☐ No, I do not agree.

I hereby give my consent to have my child to participate in all food programs, including all meals at Provider Name.

Parent/Guardian 1 Signature: ___________________________ Date: ____________

☐ Yes, I agree. ☐ No, I do not agree.

I give my permission to have my child taken to and from the school on various field trips by means of transportation used by Provider Name.

Parent/Guardian 1 Signature: ___________________________ Date: ____________

☐ Yes, I agree. ☐ No, I do not agree.

I also realize that Provider Name will not be responsible for any minor injuries which might occur during the normal school day.

Parent/Guardian 1 Signature: ___________________________ Date: ____________

☐ Yes, I agree.

Student’s Name, DOB, age.

My child must be in 6th grade or higher and 12 years old to sign themselves in or out.

I authorize Provider Name to allow my child to sign themselves in or out of the program. I understand there are no crossing guards since school is not in session.

Parent/Guardian 1 Signature: ___________________________ Date: ____________

☐ Yes, I agree. ☐ No, I do not agree.

Provider Name
Authorization for Emergency Medical Treatment

The purpose of the below is that:
In case of an emergency, Provider Name will attempt to reach the registering adult or the second adult listed on the registration page with the emergency numbers provided. The person listed below will be the third person contacted in case of an emergency.

If for any reason we are unable to reach the aforementioned person, I authorize Provider Name to use emergency services and have them transport my child to the nearest medical facility.

I acknowledge that program will perform any emergency procedure at the discretion of that medical facility.

Emergency Name: _______________________________________________________
                    First person to call when the registering adult cannot be reached

Emergency Telephone Number: Home: __________________________ Work/Cell: __________________________
                    First number to call when the registering adult cannot be reached

I have health insurance:  ☐ Yes  ☐ No  If yes, please provide the following information.

Name of Insurance Agency: ________________________________________________

Name on Card: ___________________________ Insurance Card ID Number: ________________

Group Number: ___________________________ Coverage Effective Date: ________________

I have read the above medical treatment requirement and give consent:

Parent/Guardian 1:_____________________________________________________

Parent/Guardian 1 Signature: ____________________________________________ Date: ______________

☐ Yes, I agree.  ☐ No, I do not agree.

Provider Name
Provider Name

Provider Logo

Discipline Policy

Provider Name: 

Location of Program: 

Student Name: 

The purpose of the below is that:
We believe that children learn from us. We are their role models. Children are forming habits, attitudes and patterns that will affect them throughout life.

We expect all employees to treat the children in a respectful manner and for the children in turn to respond in the same way. We also expect the children to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

Children who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infraction, the child will be sent to the Site Director for further discussions. If this does not resolve the problem, the parents will be contacted for assistance. Chronic misbehavior will result in dismissal from the program.

Parents demonstrating inappropriate behavior to staff, students, or other parents will result in their child(ren) being dismissed from the program.

I have read and fully understand Provider Name discipline policy.

Parent/Guardian 1: 

Parent/Guardian 1 Signature: ____________________________ Date: ____________

☐ Yes, I agree.

Parent Handbook

I acknowledge that I have received a copy of Provider Name "Parent Handbook".

Parent/Guardian 1: 

Parent/Guardian 1 Signature: ____________________________ Date: ____________

☐ Yes, I agree.
Provider Name

Provider Logo
Swim Central

Provider Name: ________________________
Location of Program: ________________________
Student Name: ________________________

SWIM CENTRAL FORM: If you have received the Swim Central Packet via US Mail, or if your child already knows how to swim, please sign below. If not, please complete the Swim Central form.

Parent/Guardian 1: ________________________
Parent/Guardian 1 Signature: ________________________ Date: ________________________

☐ Yes, my child knows how to swim.
☐ No, my child does not know how to swim, however I will complete the swim central form.
☐ No, I will not complete the swim central form.

Influenza Virus Brochure

INFLUENZA VIRUS, THE FLU, A GUIDE TO PARENTS: During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on the "Influenza Virus, The Flu, and A Guide to Parents":

Parent/Guardian 1: ________________________
Parent/Guardian 1 Signature: ________________________ Date: ________________________

☐ Yes, I have received. ☐ No, I have not received.

Media Release

The purpose of the below is that:

AUTHORIZATION FOR MEDIA RELEASE: I understand that Provider Name, the Children’s Services Council, and other grant funders, may use photographs and/or digital videos for local publications, advertisings, or any other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

I have read the above and hereby give my consent.

Parent/Guardian 1: ________________________
Parent/Guardian 1 Signature: ________________________ Date: ________________________

☐ Yes, I agree. ☐ No, I do not agree.

Provider Name

Section A Program Information Page 16
Provider Logo

Payment Policy

Provider Name: ____________________________

Location of Program: ____________________________

Student Name: ____________________________

The purpose of the below is that:

Regular Program Fee: A fee of Program Fee for Program Payment Number payments and a non-refundable registration fee of Program Registration fee per family. Tuition is due along with the registration fee, made payable to Provider Name. There is a 5% discount for the 2nd & 3rd child, and for all Broward County Public School employees (please provide a copy of your School Board badge). Provider Name also has a limited number of scholarships available for families needing assistance.

GRANT FUNDED PROGRAM FEE: Provider Name has received grants for various programs and schools. Fees are based on a sliding scale according to income. There is a non-refundable registration fee. Spaces are limited. The above fee schedule is for those families that do not qualify for grant funding or if there are no spaces left.

PAYMENT POLICY & PROCEDURES: Payments will only be accepted at the site during the payment period. As per School Board Policy 3411, All payments must be made prior to the start of the attendance period. Payment must be made by check or money order. Cash will not be accepted and there are no refunds. If a payment is made late, your child will be dropped from the program and may no longer attend. You will need to re-register your child, and pay an additional registration fee, providing there is space available. These fees are based on an annual tuition of services provided and are divided into equal payment periods for your convenience. The above schedule of fees will apply for children of all age levels according to the license age limits at your site.

RETURNED CHECKS: There is a returned check charge of Program Return Check fee. All subsequent payments must be provided by money order, for the period of one year.

LATE PICK-UP CHARGE: A late pick-up fee of $15 is charged for each 15 minute increment of time, i.e. (1-15 minutes $15); 16-30 minutes ($30); 31-45 minutes ($45), etc.) when the parent/guardian is late in picking up each of his/her children. After 3 late pick-ups Provider Name reserve the right to drop your child from our enrollment. I acknowledge receipt of the “Schedule of Fees” to be paid by me for my child’s attendance at Provider Name. I understand that in the event I fail to pay these charges timely and collection procedures are started or suit is initiated to collect unpaid charges, I will be responsible for all collection cost, 18% interest on the unpaid charges, and a reasonable attorney’s fee for counsel to Provider Name.

Parent/Guardian 1: ____________________________

Parent/Guardian 1 Signature: ____________________________

Date: ____________________________

☐ Yes, I agree. ☐ No, I do not agree.

Provider Name
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<tr>
<th>Student Names</th>
<th>Date</th>
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0.5 Unit

1 Unit

Provider Address

Codes:  A: Absent  0.5 <= 57 & <= 112 minutes  X: <= 57 minutes  V: Present or >= 113 minutes
Section B

Provider Change
When parents request the services of an on-site BASCC program, the School Administration in collaboration with the School Advisory Council/School Advisory Forum (SAC/SAF), shall select either a School Board Operated (SBO) or Private Provider Operated (PPO) program for the school.

According to BASCC guidelines, to ensure the quality of all BASCC on-site programs, a three-year Request for Proposal (RFP) shall be implemented for non-School Board, non-profit providers. An RFP Evaluation Committee shall rate proposals based on the established criteria and submit a list of recommended authorized providers to the Superintendent for final approval.

RFP FY20-007 states:

Program selection will be based on presentations by providers and visits to providers' sites. Before distribution, all printed promotional material must be on file with BASCC, and be pre-approved, in writing, by the Before and After School Child Care department (BASCC). Providers are not permitted to contact school principals to offer their company’s service. If the school is interested in changing providers, or providing child care for their location, it is their responsibility to contact the provider. Providers must follow the timeline set by BASCC for distribution of promotional material to schools. This timeline, as specified by the BASCC Operational Handbook, will allow for an annual distribution by providers, through the department, as a mass mailing that occurs in October of each year. Failure to follow this requirement, will be a violation of the RFP.

The Chief School Performance and Accountability Officer and the BASCC Director will be notified, by the principal, if a provider change takes place.
Guidelines for Provider Change and Selection of Before and/or After School Child Care Program

I. Introduction

This guide is designed to assist in the implementation of School Board Policy 6000.3 - BASCC programs. It contains information which will aid parents, School Advisory Councils (SAC)/School Advisory Forum (SAF), and school principals in establishing the selection of an on-site Before and/or After School Child Care program.

The rules in the policy are consistent with the Operational Handbook (OH) regarding determining the best possible program for families with children in before and/or after school care.

II. Background

An on-site BASCC program is established to provide inclusive programs that are safe and nurturing in a comfortable environment. Schools, that have enough parent interest to support a childcare program, may establish an on-site program to meet the needs of their students. The program must have enough students in attendance to be fiscally sound. Programs are not funded by the District, but are fee-based. Parent fees cover the cost of operating the program.

Private providers can be selected to provide a service when a school deems that they are unable to operate a program on their own. The private providers must apply for a Request for Proposal (RFP) through the Procurement and Warehousing Services of Broward County Public Schools. The private providers agree to follow the guidelines of School Board Policy 6000.3, the provisions of the RFP, and the BASCC Operational Handbook.

III. Responsibilities of the School Advisory Councils (SAC) or School Advisory Forum (SAF)

When parents request the services of on-site before and/or after school child care, the school’s principal and SAC/SAF at the school shall identify the best program, either school board operated (SBO) or private provider operated (PPO), that will best meet the school’s needs.

The SAC/SAF will make a yearly recommendation to the principal as to the provider for the upcoming year.

IV. How to Begin a New Program

This step is completed when there is no current program on-site.

Use a survey to determine the approximate number of students who will participate. The principal will also include estimates from parent groups and projections based on the prior year’s school enrollment, etc.

If a need for an on-site childcare program is determined, a SAC/SAF meeting will
occur and a vote will take place. This vote will establish if the school should offer a program, and whether an SBO or PPO program will best meet the needs of the school. If the program will be SBO, the school is required to determine who will be responsible for operating the program (the supervisor). This will help to ensure the success of the new program.

Once the decision has been made to operate an SBO or PPO program, the principal and SAC/SAF Chairperson will send a signed memorandum, within 48 hours, to the Chief School Performance and Accountability Officer with a copy to the Director of BASCC, located at 2301 NW 26th Street, Fort Lauderdale, FL 33311, indicating a decision has been made to begin a program.

If the principal and SAC/SAF decide to have a private provider for the program, the school will need to invite at least three providers to give a presentation to the SAC/SAF.

Revenues earned from the program must be enough to support the cost of doing business. The childcare program may not, at any time, negatively affect the school’s budget.

V. How to Change Providers (SBO or PPO)

Please note, in order for a change to take place, the new provider must ensure that the level of quality services can be maintained.

a. The principal will call the BASCC department at 754-321-3330, and ask for a list of providers, and the schools they currently manage.

b. The principal, along with the SAC/SAF team, will investigate which type of program will best meet the needs of the school community.

c. As part of the selection process, the principal will make contact with private providers or school board operated programs, and request references of their school programs.

d. The principal will review the previous year’s results from the annual “Family Satisfaction Survey”. This document is found in both the SBO and PPO Operational Handbooks. The results will be shared with SAC/SAF.

e. The principal or designee, along with SAC/SAF, will make a visit to at least three other schools to assist in determining the best program design for the school’s schedule.

f. The principal will review results of his/her investigation with the SAC/SAF. A determination will be made as to whether the school is best served by being a provider itself (SBO) or choosing an outside provider (PPO). The principal must present reasons for the change of program to the SAC/SAF.

g. Voting will follow SAC/SAF Bylaws - Article VI. Meetings
Section 7. A quorum is the minimum number of members who must be present at a meeting for business to be conducted and for voting to take place. To establish a quorum, a majority of the membership of the council (more than half the members) must be present at the meeting.

Section 8. SAC/SAF meetings will follow the approved agenda. Each item on the agenda will be discussed to the satisfaction of the members present. SAC/SAF meeting discussions will be restricted to those topics on the agenda. Other matters will be deferred to another SAC/SAF meeting, PTA/PTO, or the principal.

Section 9. Voting will be conducted orally by asking all in favor to say “Yea” and those opposed to say “Nay”. If there is any doubt as to whether or not there is a majority for or against the vote, a roll call must be taken. Voting on high-stakes issues such as Recognition Funds and Waivers shall be conducted by a roll call. All votes will become part of the minutes. Alternates and proxy votes are not permitted (per Florida’s Sunshine Law). All votes will be scheduled early, in the beginning of the agenda.

a. Policy 6000.3 requires the SAC/SAF to make a yearly recommendation to the principal stating who they think the provider of the program should be for the upcoming year.

If the recommendation is to change providers, the principal and SAC/SAF Chairperson will send a signed memorandum, within 48 hours, to the Chief School Performance and Accountability Officer, with a copy to the Director of BASCC located at 2301 NW 26th Street, Fort Lauderdale, FL 33311, indicating the decision to change the program.

At the same time, the principal must give a 60-day written notification to the existing provider, stating that their services will no longer be needed.

For an appropriate change to take place, this decision should be determined no later than April 30th of each school year.

VI. Recommended Timeline for a Change of Program – 6 Steps

Please note, to change programs, the new provider must ensure that the level of quality services can be maintained.

1. November – Send out provider information to all elementary/middle/high and centers schools.

2. December – Contact the BASCC department and other schools to discuss options. If it is determined that the current program meets the needs of the school, no change will take place.

If it is determined that the current program does not meet the needs of the school, the principal will email the Director of the Before and After School Child Care department or call 754-321-3330 and ask to speak with the Director to
discuss the process and steps to follow.

3. January – (Investigate) Review results of investigation with the SAC/SAF. A committee will be created to investigate the program that will best meet the needs of the school. The committee includes the principal and SAC/SAF team members. They should visit at least three locations, and bring back the information to share with SAC/SAF. A determination must be made as to whether the school is best served by choosing an outside provider or being an SBO provider itself.

4. February/March – Voting Ballot for SAC/SAF. For the vote to take place, the SAC/SAF must follow the Bylaws and provide notification, in advance of what will be discussed at the SAC/SAF meeting. If SAC/SAF bylaws are not followed, the vote will be null and void and a change may not take place.

5. March/April – (Final Decision) The principal, in collaboration with the SAC/SAF, will select the provider for the school. This decision should be determined no later than April 30th of each school year.


An immediate change of program will occur if one or more of the following take place.

1. If a private provider gives a 60-day written notice to the school, stating they will no longer provide service.

2. If a private provider is found to be out of compliance with the Request for Proposal (RFP), through the Procurement and Warehousing Services Department of Broward County Public Schools.

3. If there are safety concerns, and the concerns have not been addressed in a timely manner.
School Advisory Council Ballot to Begin or Change An On-Site Child Care Program, Attachment 1

ATTACHMENT 1

Parent Interest Survey in Providing After School Child Care Services

SCHOOL ADVISORY COUNCIL (SAC) BALLOT
TO BEGIN OR CHANGE AN ON-SITE CHILD CARE PROGRAM

School: ________________________________

Date: ____________________

(Please Print)

Name of SAC voting member: ________________________________

□ Yes, I want this school to begin on-site Before Care services.
□ Yes, I want this school to begin on-site After Care services.
□ No, I do not want the school to offer an on-site program at this time.

If YES for either of the above, complete the following:

□ I want the school to offer a School Board Operated (SBO) program.
□ I want the SAC to invite private providers to present.

CHANGE PROVIDER

□ Yes, I want to change Before and/or After School provider.
□ No, I do not want to change Before and/or After School provider.

If YES, my vote is for the following provider:

_________________________________________________________________

_________________________ ____________
SAC Voting Member Signature
Parent Rubric for Selecting a Provider

(Example of a Scoring Rubric for selection of a Provider of Child Care)

THE SCHOOL BOARD OF BROWARD COUNTY
PARENT RUBRIC FOR SELECTING A PROVIDER FOR THE
BEFORE & AFTER SCHOOL PROGRAM AT
(SCHOOL NAME)

Below is a Rubric for you to score the providers who are presenting. Circle the score and total the amount at the bottom.

1 = Poor   2 = Fair   3 = Average   4 = Good   5 = Excellent

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<th>Areas to Score</th>
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<td>Cost</td>
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<td>Total for Each</td>
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Private Provider Communication with BASCC

Per Request for Proposal (RFP) FY20-007 contract:
  • Private Providers shall respond within forty-eight hours after being contacted by the Before and After School Child Care (BASCC) department.
  • Private Providers shall inform BASCC within forty-eight hours if there is a change with program information regarding supervisor or corporate changes, to include notification of address, email or phone number changes.
Program Components

Program components are designed to physically, intellectually, socially, and emotionally meet the needs of all participants. Activities will be adapted for Exceptional Student Education (ESE) students, if necessary. See Section F - Special Needs Guidelines for more information.

BASCC programs should offer a variety of activities and include the following:
- Active and physical activities
- Independent and quiet activities
- Small and large group activities
- Enrichment activities such as cooking, crafts, and drama

All programs must include the following:
- A minimum of two academic components per week such as book clubs, language arts, social studies, science, math, or other curriculum
  - Homework assistance does not meet this requirement.
- Technology must be available for all grade levels, at least once per week.
- Structured outdoor activities should occur daily.

BASCC programs should include a daily plan of activities including the following:

Attendance
- At the beginning of the BASCC program, attendance must be taken
- Attendance must be verified within the first 30 minutes of program start time.
- BASCC attendance records must be verified with the school’s daily attendance printout and early dismissal sign-out forms.

Outdoor Play
- After a long day of learning and structure, most students enjoy the opportunity to play in unstructured activities for at least 30 minutes before structured activities begin.
- Programs are required to schedule 30 minutes of active play for every three hours of program time.

Breakfast/Dinner/Snack
- Students may bring a snack from home, or purchase nutritious snacks from vending machines located at the school.
- The Food and Nutrition Services department may provide breakfast, dinner, or snack to qualifying schools.
- At least fifteen minutes is recommended for snacks. The schedule should be adjusted if the program is offering breakfast or dinner.
- Mealtime must be supervised. Staff are required to move around the students and monitor, they are not to stand in one place.
- Gloves must be worn when serving food.

Homework
- A quiet location, that is conducive to task completion, must be set aside
for homework.

- Assistance from a childcare worker must be available.

**Quiet Time**

- The schedule must include a supervised quiet period for activities such as story-time, board games, puzzles, card games, socializing, or relaxation.

**Outdoor Activities**

- Organized and sequential team games, locomotion skill activities, or other outdoor activities are encouraged.
- These activities must be supervised.
- Contact games such as football, including flag football, soccer, and basketball, may only be presented by a qualified SBBC Coach, or an approved outside vendor and require specialized equipment.

**Planned Activities:** Activities may be scheduled or offered as choices

- **Arts/Crafts:** Individual or group projects for multi-age or homogeneous groups of students
- **Music:** Sing-along sessions, music appreciation, activities using movement or action
- **Social Emotional Learning**
- **Enrichment:** Cooking, science experiments, construction/carpentry, blocks, dramatic play, puppets, stitchery, weaving, quilting, gardening, poetry, baton twirling, photography, dance, storytelling, tutoring, etc.
- **Foreign Language (optional):** Spanish, French, Chinese, or American Sign Language

**Use of Televisions, Videos and DVDs**

- Televisions, videos, and DVDs may only be used as part of a follow up activity, and must have an objective.
  - They may not be used as part of the daily program.
- Check with your school's media specialist, or designee, before purchasing or using videos or DVDs.
- Copyright laws forbid the use of videos in BASCC programs unless the producer has granted public performance rights.
  - If an FBI warning notice appears at the beginning of the film and public performance rights have not been granted, the film is copyrighted and it is a violation of the law to show it to a group.
- Per School Board Policy 6100, no commercial videos brought in by students or staff members may be shown.
Campus Monitors

Per Request for Proposal (RFP) FY20-007 contract:

Programs must provide a trained campus monitor.

Campus Monitor Requirements

- Campus monitors must attend training specific to the position.
- The campus monitor will arrive fifteen minutes prior to the start of the program and stay fifteen minutes after the program closes.
- The campus monitor must be clearly identifiable.
- Campus monitors must have a two-way radio designated to communicate with school and program staff.
- The cost of the campus monitor shall not be passed on to the parents.
  - Cost must be included as the current cost doing business.
- Requirement will change for the campus monitor if deemed necessary by the State of Florida or by the Broward County Public School District.
- Personnel files must include SBBC Anti-Bullying training certificate, copy of current ID badge, SBBC clearance document, DCF "Identifying and Reporting Child Abuse and Neglect" training certificate, and campus monitor training verification.

Campus Monitor Responsibilities

- Shall move around the campus and monitor the gate(s), doors, access points, and activity on campus.
- May not directly supervise students.
  - May never escort students, parents or other adults around campus.
- May never be with a group of students or at the desk.
- Call 911 if anything suspicious occurs on campus.
Developmental Considerations

BASCC programs include students of many ages with a wide range of developmental levels. Programming should reflect students’ developmental needs. Activities should be adapted to the skill levels and interests of students.

Child development specialists attribute certain typical behavior patterns to different age ranges. “The American Academy of Pediatrics” and “Bloom’s Taxonomy of Learning” are referenced in this document. Changes are constantly taking place within each individual. A child’s behavior pattern may not fit into these patterns.

Ages Four Through Seven: Strong Attachment to Home and Family Environment

- Have short interest span
- Are aware mainly of self and own desires
- Prefer highly imaginative make-believe play
- Like to explore their expanding world
- Desire repetition of enjoyable experiences. Easily upset by change in routines or environment
- Are learning to get along with one another, and work and play in small groups
- Are very dependent on adults for meeting physical and emotional needs
- They respond affectionately to staff who look after their needs, who show interest in them, and who are capable of humor and imagination. The character of the group leader is more important than leader’s activity skill.

Ages Seven Through Ten: Attachment to Peers Becomes Increasingly Important

- Begin readiness for leaving home and parents
- Lengthening interest span
- Growing awareness of others and their wants
- Willing to share
- Desire acceptance from own age group
- Need close friendship with playmate
- Express themselves freely in art forms and play
- Begin interest in competition relative to one’s standing in the group
- Growing desire for better performance in skills
- Develop interest in group games and activities
- Want everyone to obey stated rules and regulations
- Identify strongly with own sex and age group
- They respond affectionately to staff who look after their needs, who show interest in them, and who are capable of humor and imagination. The activity skills of the program leaders are becoming important to them.

Ages Ten Through Twelve: Group Stage

- Want to be together in groups, teams, and clubs
- Have longer interest span, patience to work for short-term goals
- Form cliques and friendships with own sex and age group
- Like to make, do, and collect things
- Seek status through excellence in skills and knowledge of grown-up things
- Fairly competitive in team and individual activities
- Enjoy being mischievous and daring
• Are becoming concerned with physical size and appearance
• They respond enthusiastically to staff who can understand and guide their tremendous energy and mischievousness, and tend to idolize the program leader who measures up to this task.
Behavior and Discipline

Each student should be treated as a unique human being, who is worthy of respect, with their personal dignity protected at all times. An important responsibility of staff is to set and maintain appropriate standards for student behavior, using non-punitive methods which teach self-discipline, while supporting self-esteem. Students must be made aware and reminded of the rules and consequences for inappropriate behavior listed in the current “SBBC Code Book for Student Contact”. Behavior expectations must be posted in all childcare locations.

Parents must be informed of the processes and procedures in place for student discipline in the program. The School Board of Broward County’s “Code Book for Student Conduct Policy 5.8” applies to all BASCC programs. Procedures for dismissing students from the program must be part of the Parent Handbook.

Minimum Procedures for Exiting a Student Due to Behavior Issues

Parents will be asked to withdraw their child from the program if he/she becomes a disciplinary problem and/or disrupts the operation of the program.

The following steps must occur:

1. Registering adult will be notified of, and sign, the “Program’s Discipline Plan” at the time of enrollment.

2. Written documentation of inappropriate student behaviors will be maintained in PDMS and the registering adult will be notified. Use the forms provided in this section.

3. If attempts to correct inappropriate student behaviors are ineffective, the registering adult and program supervisor will have a conference to discuss adaptations.

4. Behavior intervention documentation must be provided to the family to demonstrate the attempt to provide service. An Incident Report must be sent to the BASCC department regarding exiting of the student. In addition, a “Child Behavior Planning” form must be used after the second referral of a student. This form must be signed by both the supervisor of the program and the parent and/or guardian. It will include the agreed upon corrective methods and actions to be taken and followed through by both the parent/guardian and the student. A school administrator may need to be present during this conference. A sample Conference Form has been provided in this section.

5. Within a reasonable time, a follow-up parent conference with the principal, or designee, will be held to discuss the progress of the student.

6. If a student’s behavior endangers or injures another individual, the student may be immediately exited from the program.
Two-Week Trial Period

- Upon entering the program, all students begin a two-week trial period.
- If the program cannot meet the student’s needs, the student may be withdrawn.
- As a resource to parents, the program can provide names of other providers that pick up at the school.
  - SBBC is not affiliated with, nor does it endorse, any of these providers.
Students must be registered in the before or after care program at the school before they begin attendance in the program.

Parents/guardians who do not provide accurate/current registration information, including phone numbers and addresses, will not be allowed to continue using the program.

At the discretion of the principal, programs may accept students from other Broward County Public Schools.

Minimum Registration Information

- This information must be kept on file at the BASCC program site.
- General information such as address, telephone number, names and numbers of others to whom student may be released
- Emergency contacts
- Special information including medical conditions, medication and/or health history of which program staff should be aware
- A password for pick-up alternate

Registration Forms

- The Program Data Management System (PDMS) will be used to register students at all locations.
- Completed registration forms should be kept on file in alphabetical order for the current year.
- Previous years’ registration forms, as well as registration forms for withdrawn students, should not be kept in current files.

Registration Fee

- A Registration Fee is required.
  - The pay period fees must be paid before the student can attend the program.

Registering Adult/Non-Registering Adult

- The registering adult is the only person who can make changes to the original registration form.
- A second parent or legal guardian may complete the non-registering adult form, print and sign it. It will be attached to the student’s registration document.
  - A non-registering adult is not allowed to delete or change the information provided to the program by the registering adult, or vice-versa.

Additional Forms

- As part of the registration process, sites may request that the registering adult sign additional forms including: Late Pick-Up Payment Procedures, Late Pick-Up Procedures, Adults’ Responsibilities, Discipline Plan, and Exit Procedures.
Homeless/Foster Care Students

Homeless Students

Homeless Education Program (School Board Policy 5.1A McKinney-Vento Act for Homeless Students)

- If the BASCC department receives a “Homeless Education Program Referral" stating that a student(s) is in need of after school child care services, the program may be asked to receive this student(s) from an alternative location (not their home school). The provider of this alternative location must make an attempt to provide services to this student(s).
- Transportation will be provided by Broward County Public Schools.
  - Accommodation arrangements must be made between transportation and the alternative location for receiving the student(s).
  - Homeless status ends June 30th of each school year.
    - The parent/guardian must apply each school year to reactivate status.
    - A school representative may view the homeless status of a student by accessing the A23 panel on TERMS.
    - Homeless students are granted Free Lunch once coded as Homeless on the A23 panel.
- For more information, contact Student Services at 754-321-1550.

Foster Care

- Students in foster care are provided service at their home school, or may receive transportation to their foster guardian’s home school location.
- For more information, contact Student Services at 754-321-1550.
- Once identified in TERMS as a child in foster care, students are granted Free Lunch.
Parents and legal guardians have equal rights to students except where a certified copy of a currently effective court order specifically revoking or restricting those parental rights is submitted to the school. These rights include contact with the student at school, student pick up, access to student records and information.

- Parent/guardian may not delete or change the information provided to the program by the other parent/guardian.
- If a parent/guardian brings court documents deeming they are the legal guardian, and is not listed on the parent pick up list, the parent must be allowed to add themselves as the non-registering adult.

Note: Only a current standing court order will be accepted as proof for changing custodial or pick up arrangements.
Parental/Legal Guardian Responsibilities

It is the parents/guardians' responsibility to notify the supervisor and the student's teacher if the student will not be attending the program. Consistently failing to personally notify the supervisor of a student's absence may result in dismissal from the program.

School Day Absences

A student who is absent during the school day may come to the program if their absence was not due to illness.

- The registering parent, or any other adult designated on the registration form with permission to pick the student up, should sign the student in to the program.
- An adult must accompany the student to the program; they may not sign themselves in.
- Students can only enter the program within the first 30 minutes of program time.

Parents or guardians are responsible for:

- Picking their child up on time
- Notifying the supervisor if their child is going to be absent
- Following payment procedures, paying by the last day to pay
- Retaining their payment receipts for tax purposes.
- Keeping the supervisor informed of a change in emergency contact information
- Notifying the supervisor if their child is going to be withdrawn from the program
- Notifying the supervisor of any change in their child's health if it limits participation

Parents/Guardian Visiting the Program

- Parents/guardians are welcome to visit the program.
- Parents/guardians must inform the supervisor of a time when they would like to visit.
- To ensure safety, parents/guardians must sign in to the program using the STAR system, and be accompanied by a staff member.

Off Site Appointments/Activities

A “Release of Liability” form must be used if a parent/guardian makes a request for someone to pick up and return their child during aftercare hours. For example: tutoring, doctor's appointment, an activity/group not staffed by the aftercare program.

Additional Information

- An authorized person may sign a student out for a designated period of time. Upon return, the student must be signed back in to the program. This privilege will only be allowed once daily, and should not be abused.
- For safety purposes, students must stay with their assigned groups. Elementary students may not sign themselves out and walk or ride a bike home.
- Signatures for sign-in and sign-out must be recorded in PDMS and be legible.
- Parents/guardians must wait at the sign-out desk for students and directly supervise the students' exit from the school.
- Parents/guardians should not call ahead for their child. For safety reasons, students cannot wait in the sign-out area for parents'/guardians' arrivals.
Attendance Procedures

To ensure the safety of all students, each program must have attendance and sign-in/sign-out procedures in place. Parents/guardians are responsible for notifying the supervisor if their child will be absent from the program after having attended school during the day.

- Program staff must verify attendance within the first 30 minutes of an aftercare program’s start time.
- If a registered student does not report to the program, and is not on the official absentee list or the early dismissal sign-out sheet provided by the school, the parent/guardian or emergency contact must be notified to verify the student’s absence. This does not apply if a middle school parent has, in writing, waived the need to be notified.

Sign-In Elementary (Before Care)

- To lessen safety concerns and bookkeeping errors, before care programs must have sign-in procedures in place.
- Students must enter and be signed in to the program at the single point of entry.
- Each day, an adult must sign the student in prior to leaving him/her in the program.
- Program must use PDMS for sign-in.

Sign-Out Elementary (After Care)

- To lessen safety concerns and bookkeeping errors, after care programs must have sign-out procedures in place.
- Students must be dismissed from the school’s designated single point of entry and must be signed out in the PDMS system.
- Students in elementary school may never sign themselves out.
- If the childcare employee does not know the person picking the student up, he/she must check the registration form to ensure they are listed as authorized for pick up and ask for picture identification before releasing the student. If the name is not listed on the student’s registration form, the parent/guardian must be contacted.
- For the safety of students, people authorized for pick up must be at least twelve years old.
- Once a student has been signed out, they are no longer the responsibility of the program and must leave the campus.

Sign-In Middle School (Before Care)

- To lessen safety concerns and bookkeeping errors, before care programs must have sign-in procedures in place.
- Students must enter and be signed in to the program at the single point of entry.
- Middle school students may sign themselves in to the program with prior permission from a registering adult.
- “Middle School Before Care Student Sign-In” form is available in the “Supplemental Documents” section.
- Program must use PDMS for sign-in.
Sign-Out Middle School (After Care)

- To lessen safety concerns and bookkeeping errors, after care programs must have sign-out procedures in place.
- Students must be dismissed from the school’s designated single point of entry and must be signed out in the PDMS system.
- Middle school students, with written permission from the registering adult, may sign themselves out from the program at a specified time.
- “Middle School After Care Student Sign-Out” form is available in the “Supplemental Documents” section.
When to Use

- A “Release of Liability” form must be used if a parent/guardian makes a request for someone to pick up and return their child during aftercare hours. For example: tutoring, doctor’s appointment, an activity/group not staffed by the aftercare program.
- If the registering adult wishes to allow their child/children to participate in an activity or club during aftercare hours that is not part of the aftercare program, a “Release of Liability” form must be completed and kept in the student’s aftercare file.
  - This form transfers the liability from the aftercare program to the adult supervising the student in the alternative activity or club.
  - Examples include:
    - Girl Scouts/Boy Scouts
    - School chorus/drama clubs/reading camp
    - Sports/dance/gymnastics offered by an outside vendor
    - Classroom teacher helpers, or any other activity where students are supervised by adults who are not employed by the aftercare program

Procedure

- The authorized person removing the student from the aftercare program must sign the student out. When the activity or club is over, the student must be brought back to the aftercare program and signed back in by the authorized person.
  - PDMS must be used for sign-in and sign-out.
Each program is responsible for ensuring the environment and facilities are safe for students.

Single Point of Entry

To ensure the safety of its students, staff, as well as the facility, programs must be utilizing the single point of entry that is used by the school during instructional hours.

Room Allocation

Principals may decide which areas of the facility are accessible to before or after school child care programs.
- A quality program has access to enough space to allow a variety of activities to occur at the same time.
- Minimally, the school’s single point of entry, a cafeteria or large indoor space, classrooms, and an outdoor play space are required.
- Classrooms must be age appropriate.
- School administration may also allocate an art or music room, the media center or a computer lab for before or after school activities.

Restrooms

- Restrooms and drinking water must always be accessible to the students in the program.
- Restroom access must be age appropriate.
  - Students must be able to reach a water fountain, sink, or soap dispenser without the assistance of an object, such as a stool.
Provider's Responsibilities

- The provider must always be in compliance with RFP FY20-007.
- Providers are responsible for ensuring the safety and security of student in the program at all times.
- All provider staff must wear a valid and unexpired BCPS Vendor badge.
- When an incident or accident occurs involving students and/or staff, the school administrator and BASCC must be informed immediately. All accidents and incidents must be recorded in PDMS on the same day they occur.
- The provider must initiate, schedule, and document a monthly meeting with the designated school administrator as required by the Quality Standards.
- RFP FY20-007 requires that all programs operated by a city, or funded by Children’s Services Council, provide custodial assistance.
- A copy of the current RFP can be requested from Procurement and Warehousing Services, 754-321-0505.
- Providers are required to inform BASCC and the school administrator, within forty-eight hours, of any changes to site location’s information including:
  - supervisors
  - contact phone numbers
  - time of operation
  - organizational changes that affect the program’s operation
School Administrator's Responsibilities

Principal Responsibilities

- Principals will ensure that the school’s daily absentee list and early dismissal sign out sheet are made available to the BASCC provider by the end of each school day.
- Principals will notify the program’s supervisor at least a day in advance, when possible, in the event that designated space is not available. Comparable space and telephone access must be provided.
- A process must be in place for the program’s supervisor or designee to have, at minimum, monthly scheduled and documented meetings to review the status of the program with the school's principal or their designee.

School Advisory Council (SAC)/School Advisory Forum (SAF)

- The principal and SAC/SAF will review the program’s annual Quality Standards Needs Assessment.
- The principal and SAC/SAF will make decisions regarding the following: hours of operation, non-school days, summer camp, activity fees.

Day-to-Day Monitoring

- The principal, in collaboration with the supervisor of the program, is responsible for monitoring the day-to-day operational procedures, ensuring that mandated staff to student ratios are met, as well as ensuring that staff requirements are up-to-date, as regulated in BASCC Quality Standards Needs Assessment.

BASCC Department

- The BASCC Director, a BASCC Program Supervisor, or their designee will make unannounced visits to before and aftercare sites for the purpose of observing the level of quality and to offer technical assistance.
The BASCC Quality Standards Committee, made up of supervisors, private providers, childcare professionals, principals and the BASCC Director for BCPS, developed 29 Quality Standards for all BASCC programs. The primary reference used to develop the standards was the National Afterschool Association (NAA) Standards of Quality Care.

The Quality Standards Needs Assessment of all on-site programs will take place annually. The results will be distributed to school administrators, program supervisors, private providers, and area directors. This data is used to drive continuous quality improvement in all programs.
School Advisory Council (SAC)/School Advisory Forum (SAF)

The SAC/SAF is responsible for an annual evaluation of the program that includes:

- Annual survey of parents whose children are enrolled in the program.
  - This survey must be completed by the end of December.
  - Survey samples provided in this section may be used, or programs may use electronic surveys.
  - Samples must be kept in the program's document file.
- Input from parent representative, provider, and school representative
- Review of the Quality Standards Needs Assessment Report
  - Principals must complete and return the "On-Site Review Confirmation" form after the program's Quality Standards Needs Assessment.

The SAC/SAF is responsible to annually evaluate the effectiveness of the program.
- This information must be kept at the school site with a copy of the results sent to the BASCC Director.
- The supervisor of the program shall share all evaluation information (surveys) with the principal of the school.
  - These evaluations must be kept at the school site for a minimum of five years.

Customer Satisfaction Surveys

The following surveys are provided in this section, and may be used to collect data:

- Student Satisfaction Survey K-2
- Student Satisfaction Survey 3-8
- Family Satisfaction Survey
- Staff Satisfaction Survey
- Support Staff Satisfaction Survey
Quality Programming Requirements

Ratios

The minimum staff to student ratios required are:

- Preschool/Pre-Kindergarten: 1:10
- Kindergarten to 5th Grade: 1:20
- 6th Grade to 8th Grade: 1:25
- Students with special needs may require a lower ratio (this includes high school students with special needs).

Minimum Staffing Requirement

- A trained supervisor or designee must be present at all times.
- The campus monitor will arrive fifteen minutes prior to the start of the program and stay fifteen minutes after the program closes.
- When students are present, there must be a minimum of two program staff members on site.
  - Campus monitors may not be included in this count.

Staff members on-site:

- Current CPR certification (two staff at all times)
- Current First Aid certification (two staff at all times)
- Medication Dispensing (one staff at all times)
- SBBC Anti-Bully training (all staff)
  - This training must be completed annually by all staff.
  - Training must be completed per current SBBC requirements. See BASCC SharePoint for specific details and updates.
- Department of Children and Families "Child Abuse and Neglect Training" (all staff) [http://www3.fl-dcf.com/rcaan](http://www3.fl-dcf.com/rcaan)
  - This training must be completed annually by all staff.
Emergency/Security Plan

Each program must develop an emergency plan for before or aftercare.
• This document is created in PDMS and must be printed for evacuation.
• Plan must include taking the following to an alternate location if evacuation is necessary:
  • Documentation for parent contact (Registration forms)
  • Alternate communication system

Threat Assessment

• If a threat occurs, please contact the school’s assistant principal for guidance, or you may view the “Threat Assessment Manual”.
  • This manual can be found on the BASCC Supervisors SharePoint.
• Training is available through Student Support Services.
  • It is recommended that at least one staff member be present who has completed this training.

Safety Drills

Fire Drills:
• One during the first two weeks of school
• One drill per month from September through June
• Must reflect requirements of District and Child Care Licensing, if applicable.
• Drills must be recorded in PDMS and include the signatures of the supervisor and principal or designee.
  • Printed copies will not be accepted.

Lockdown Drills:
• One drill per month from August through June
• Drills must be recorded in PDMS and include the signatures of the supervisor and principal or designee.
  • Printed copies will not be accepted.

Tornado Drills:
• A minimum of two tornado drills per school year
• The first tornado drill must be conducted by the end of October.
• The second tornado drill must be conducted by the end of March.
• Drills must be recorded in PDMS and include the signatures of the supervisor and principal or designee.
  • Printed copies will not be accepted.

Code Black Drills:
• Tabletop staff training
• No student participation
• The first Code Black drill must be conducted by the end of October.
• The second Code Black drill must be conducted by the end of March.
• Drills must be recorded in PDMS and include the signatures of the supervisor and principal or designee.
  • Printed copies will not be accepted.

Weather Radios/WeatherBug Application

• Each program must have a working NOAA Weather Radio that is operational and monitored.
  • Radio must be tested monthly.
• The WeatherBug application must be on the supervisor's cell phone.
  • Used as evidence of weather monitoring at each location
• Programs may have access to the school’s Weather Alert Phone
  • Only used for storm and lightning detection outside of the building or on field trips

Single Point of Entry

• The school’s designated single point of entry that is used by the school during instructional hours must be used for all locations.
• To ensure safety, parents/guardians must sign in to the program using the STAR system, and be accompanied by a staff member.

Gates

• Campus gates must be locked and secured, preventing entry onto the campus.
• If all gates cannot be secured, a plan must be in place to keep students safe and not allow any unauthorized adults to gain access to students at any time.

Telephone Accessibility

• The program must have at least one designated telephone for emergency communication with parents/guardians
  • Must be located in the childcare area.
• Emergency numbers for fire, poison control, police, and the Florida Abuse Hotline must be posted near the program’s telephone.

Outdoor Activities

• Staff and students must use equipment appropriately.
• Staff must be able to see students at all times.
• Program must have a safety checklist in place that verifies staff has checked for hazardous conditions such as broken glass, faulty equipment, etc.
  • Responsible administrator must be notified of hazardous conditions.
  • Safety checklist must be used daily.
• Staff must be actively involved with students.
• The School Board of Broward County Safety Department labels playgrounds for each specific grade level use. Students should only use equipment that has been labeled as appropriate for their grade level.
• Basketball and light poles in play areas must be padded.
• All programs must adhere to these restrictions.
Programs operating a before or after school program and all BASCC Summer Camps are checked for safety standards using the BASCC Quality Standards Program Safety Check.

The BASCC Quality Standards Program Safety Check and Summer Safety Check were created to ensure that safety standards are met at all programs operating under the department. They may be used by the BASCC department or their designees at any time.

See supplemental documents for a sample.
Emergency Plan

Each program must develop an emergency plan for before or aftercare.
- Plan must include taking the following to an alternate location if evacuation is necessary:
  - Documentation for parent contact (Registration forms)
  - Alternate communication system
- This document is created in PDMS and must be printed for evacuation.

First Aid Kit

- A First Aid kit must be stocked and available if needed for evacuation.
  - Must include: bandages, gauze, thermometer and covers, gloves
  - May not include: medication, alcohol wipes, burn cream, ointments or salves.

Portable Ice Chest

- A filled portable ice chest must be stocked and available if needed for evacuation.

Accidents/Incidents

- School administration must be informed when accidents and incidents occur during before or after care program time. School administrator will receive an email of the report provided to BASCC through PDMS.

  - Accident Reports
    - Used to record any accidental injury to students, parents or staff
    - This report must be completed in PDMS immediately.
    - A complete description of the injury and treatment must be recorded.
    - Copies may be retained at the program.

  - Incident Reports
    - Used to record any occurrence involving students, parents or staff that involve injury or inappropriate behavior.
    - This report must be completed in PDMS immediately.
    - Copies may be retained at the program.

Illness

- If a student becomes ill while attending the program, the student must have a separate area to rest.
  - This student will remain under direct supervision until released to the parent/guardian.
- The adults listed on the registration form should be contacted, if necessary.
Drug Paraphernalia, Alcohol or Weapons

- If drug paraphernalia, rubber gloves, material for sexual encounters, or weapons are found on campus or in the possession of a student, the administration of the school must be notified immediately.
- The following people or agencies may need to be contacted:
  - 9-1-1
  - Police
  - Risk Management, (Phone 754-321-1900; Fax 754-321-2654; Second Fax 754-321-1917)
  - Child Abuse and Neglect, (Phone 754-321-1569; Fax 754-321-1694 – Alternate fax at Lauderdale Manors Early Learning & Resource Center)
  - Florida Abuse Hotline 1-800-96-ABUSE (1-800-962-2873)
  - BASCC Director is contacted and an “Incident Report” is created

Child Abuse and Neglect Reporting (CAN)

- Please review School Board Policy 5.3 and ensure that the Florida Abuse Hotline, 1-800-96-ABUSE (1-800-962-2873), is called immediately if child abuse or neglect is suspected.
- Florida law requires mandatory, timely reporting of child abuse.
- For additional information, call Yva Dieudonne at 754-321-1551.
- If a CAN report is made, complete an Incident Report to inform BASCC.
Mandatory Reporting of Child Abuse, Abandonment and/or Neglect, SBBC Policy 5.3

To comply with Florida law which makes mandatory the reporting of child abuse, abandonment, and/or child neglect, any teacher or other school employee who knows or has reasonable cause to suspect that a child has been:

- Subject to abuse, abandonment, neglect or
- A child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, shall immediately report such knowledge or suspicion to the Department of Children and Families at the statewide toll-free hotline: 1-800-96-ABUSE. After the report has been made, reporters may notify the principal or the child abuse designee to ensure appropriate support. Principals and child abuse designees shall maintain the confidentiality of the reporter.

Concern that a child has been sexually or physically abused by a person who is not a parent, legal custodian, caregiver, or other person responsible for a child’s welfare shall be reported to law enforcement immediately.

If there are any questions related to child abuse, abandonment, neglect or a child in need of supervision and care, the school employee shall consult with the school-based child abuse designee.

Florida law provides penalties: “A person who is required to report known or suspected child abuse, abandonment, or neglect and who knowingly and willfully fails to do so, or who knowingly and willfully prevents another person from doing so, is guilty of a misdemeanor of the first degree...”

Authority: F.S. 1001.41 (1) (2); F.S. 39.201, 205(1); F.S. 39.01(46)
Policy Adopted: 9/5/74; 5/8/78; 11/1/84; 12/7/93; 9/15/98; 5/2/00; 9/3/03
Policy Amended: 7/24/07
Dispensing Medication

Florida Statute 23.46 on Administration of Medication by School District Personnel and School Board Policy 6305 (Administration of Medications/Treatment) requires school districts to provide training to school personnel who administer medication to students.

Dispensing medication is described in School Board Policy 6305. No medication will be administered without an approved Broward County medication form, or a DCF Authorization for Medication form. A record of dispensed medication must be maintained. All medication must be kept in a secured, locked location.

All providers of before or aftercare services must have at least one staff member who has completed the Medication Administration online course through Coordinated Student Health Services on site during program hours. A second staff member must be trained as a backup if primary is out. This requirement must be met even if there are no students enrolled who take medication during program hours.

For more information on medication administration, please click on the following link: [http://www.browardhealthservices.com/medication-administration](http://www.browardhealthservices.com/medication-administration)
Service Providers

Non-Badged Service Provider

Private Providers may use a non-badged company to provide a service, if they are never left alone with students.

- The Non-Badged Service Provider must arrive 30 minutes before the close of the school day (hours vary), and go through the Security Tracking and Response Project (STAR) system to get a 1-day temporary badge.
- These providers fall under the liability of the aftercare vendor’s insurance and are the responsibility of the provider who hires them.

Badged SBBC Approved Service Providers

- Providers of services, that have gone through the district approval process and hold a Level II security clearance for the School Board, will have an SBBC Vendor Badge.
- These vendors have met the following:
  - Minimum Insurance Coverage and Requirements for Special Event Providers of After Care Services
  - Workers Compensation in accordance with Chapter 440, Florida Statutes and Employer’s Liability Insurance
  - Auto Liability Insurance covering all owned (if applicable), non-owned and hired vehicles with bodily injury property damage limits of less than $1,000,000.00 per occurrence Combined Single Limit
  - General Liability Insurance including Sexual Abuse and Molestation with limits of not less than $1,000,000.00 per occurrence for Bodily Injury and Property Damage
  - Each minimum required insurance coverage must name BCPS as an additional insured for any and all liability arising out of the use of School Board property. A copy of the insurance certificates must be given to the Superintendent’s Screening Committee.

Screening Guidelines for Request to Use Animals in Education Presentations

Organizations, or individuals, are permitted to make presentations or classroom visits using animals as long as the presenter and the school follow some basic health and safety procedures. These organizations, or individuals, must provide the following to the Superintendent’s Screening Committee:

1. Liability Coverage

Licensed companies are required to provide Certificate of Insurance for $1,000,000.00, naming the School Board of Broward County as an additional insured party. The certificate should either state the specific date for the presentation, or in cases where the organization intends to visit several schools, a description of the period of time; such as “various Broward County Public Schools during the current school year.”
2. A Veterinary Certificate of Health

The owner/handler of the animal, provides a copy of a current veterinary certificate of health to the Superintendent’s Screening Committee and the school upon request. They are also required to have a copy of a current veterinary certificate of health on hand. The certificate must indicate current shots and licenses have been secured and that the animal(s) are free of disease.

3. Controlled Environment

This is perhaps the most important element in the presence of animals in a classroom. For many animals, being in a large group setting can be intimidating. Many animals will become passive and can be easily handled. However, some animals may feel threatened and try to strike out to protect themselves or their owners.

For both the safety of the animals and the students, a physical distance between the animal/handler and the students/staff must be maintained at all times. Students should not have any direct contact with the animals other than in therapy or training settings.

4. Parent Permission

Schools are required to obtain parental consent for all students attending a presentation with animals.

5. Security Clearance

All persons entering schools, or those who will be in contact with students, must follow security background procedures.

Requests may be submitted by mail to: The Superintendent’s Screening Committee, parents, Business & Community Partnerships Department, 600 Southeast Third Avenue, Fort Lauderdale, FL 33301.

For more information, call (754) 321-2300 or go to www.browardschools.com
TAKING A DEPENDENT CHILD INTO CUSTODY

A CHILD, ALLEGED TO BE DEPENDENT, MAY BE TAKEN INTO CUSTODY PURSUANT TO CHAPTER 39.401 OF FLORIDA STATUTES AND THE RULES OF THIS POLICY BY AN AUTHORIZED AGENT OF THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES OR BY A LAW ENFORCEMENT OFFICER, IF THE OFFICER OR AGENT HAS REASONABLE GROUNDS TO BELIEVE THAT THE CHILD HAS BEEN ABANDONED, ABUSED, OR NEGLECTED, IS SUFFERING FROM ILLNESS OR INJURY, OR IS IN AN IMMEDIATE DANGER FROM HIS/HER SURROUNDINGS AND THAT HIS/HER REMOVAL IS NECESSARY TO PROTECT THE CHILD.

Authority: F.S. 230.22 (I)(2)
Policy Amended 5/2/00
Approved as Emergency Rule #ER82-1; JLIIL82
Policy Adopted:

RULES

1. If any authorized agent of the Florida Department of Children and Families or law enforcement appears on campus with a court order stating that they have the authority to take a particular child into custody, the court order should be a certified copy which should have an impression seal imprinted on the document with a statement by the Clerk of the Court certifying it is a certified copy of the original. That document or a photocopy thereof should be placed in the student folder upon taking the child into custody.

2. However, before any authorized agent of the Department of Children and Families or any law enforcement agency attempts to take a child into custody from a school, as authorized under Chapter 39.401 of the Florida Statutes, he/she will contact the School Board’s Special Investigative Unit (S.I.U). An S.I.U investigator will be dispatched to the school to oversee the taking of the child into custody.

3. Before any dependent child is taken into custody, the S.I.U. investigator shall verify the affiliation of the person representing the agency desiring to take the child into custody.

4. Before a dependent child shall be released to an authorized agent of the Florida Department of Children and Families or a law enforcement officer without a court order, the following release form attached hereto and made a part hereof by reference, shall be executed by the agency representative and witnessed by the S.I.U. investigator, as well as a representative of the school from which the child is being taken into custody. The release form will be placed in the student folder and the incident will be recorded in the files of the Special Investigative Unit.

5. It shall be the responsibility of the governmental agency taking the dependent child into custody to make every effort to advise the parents of the same.
AUTHORITY: F.S.230.22 (1) (2)
Approved as Emergency Rule #er82-I: JL111L82
Rules Adopted:
Policy Amended:
Literature Dissemination

• Non-School Board providers who wish to have information and/or brochures made available to parents at elementary schools should follow the procedures developed by the Superintendent's Screening Committee for Requests from Outside Organizations.

The web link for the Superintendent’s Screening Committee is: https://www.browardschools.com/Page/34123

• All literature must contain the following disclaimer: “This program, business and/or service is not endorsed or sponsored by The School board of Broward County. It is the parents responsibility to determine the appropriateness for their children.”
**Tutoring**

BASCC programs may not charge parents/guardians additional fees for tutoring students. Compensation must come from the regular BASCC fees (SBBC Policy 4202).
• Only SBBC high school students can serve as volunteers.
• Volunteers must never be left alone with students.
• Volunteers must wear their student ID badge during program hours.
• Volunteers are not counted in the staff-to-student ratios.
Level 1 Screening. The steps for volunteer clearance are:

1. Each school year volunteers must complete an online volunteer application. School of choice must be listed on the application. 
   https://www.browardschools.com/Page/32540

2. The volunteer should wait approximately one week and call the school to verify that the volunteer application is approved. A criminal background and sexual predator/offender screening is conducted electronically for each application. This process takes approximately five working days. During this period, the individual may not be used as a volunteer, in any capacity. When the background screening is completed, the school's STAR computer will show the status of the application. “Approved” means the volunteer has passed the criminal background screening, but still needs to have ID verified by visiting the school. “Active” means that the volunteer was approved and has had his/her official ID checked, a volunteer badge printed, and is ready for service. “Inactive” means that the volunteer may not be used in any volunteer capacity. The Special Investigative Unit (SIU) will send information to the volunteer. Refer any questions to SIU.

3. After being approved, the volunteer must visit the school office with the official photo identification used on the application. After ID verification, the volunteer’s photo will be taken, and a volunteer badge will be issued that indicates the current school year.
   a. 24-hour visitor badges do not note the year.
   b. Before or After School volunteers are not considered visitors to the school.

4. Volunteer is oriented to the program and school procedures, and begins assisting in a supervised setting. The orientation of the volunteer must include these guidelines for service:

It is expected that all volunteers will abide by the following guidelines designed to protect students, staff and volunteers. Failure to comply may result in termination of the volunteer’s involvement in the program.

- A volunteer’s main concern while engaged in school activities should be the safety and education of all students.
- A volunteer must not give students medication.
- A volunteer must not discuss individual student’s grades, records, and abilities. This is personal and confidential information protected by the Florida Statute. This includes discussing students while using electronic media such as message boards, emails and/or texting.
- A volunteer may not supervise a group of students, nor discipline students.
- A volunteer may not be left alone with any student. A volunteer will not be counted into the student-to-staff ratios.
• A volunteer will be only be assigned to staff members and/or students requesting help.
• A volunteer should set a good example by his/her manner, appearance, and behavior.
• A volunteer’s involvement is limited to the school site, school hours, and at school-sponsored activities.
• Volunteers are required to complete an application form, annually, before helping in the school.
• A volunteer must wear a name badge for identification when helping with school activities.
• A volunteer is required to scan his/her volunteer badge in and out of the school.

5. Volunteers must use the volunteer badge to sign in and out each time service is performed. If the STAR System computer is not available, the volunteer should manually log in and out.

• Specific duties require the additional step of FBI fingerprinting. This is known as a Level 2 Screening. If needed, the school location will request clearance.
Supplemental documentation can be found in the subpages below.
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Parent's Name _______________________________       Date:_____/_____/_______

Student's Name: ____________________________    Date of Birth: ____/____ /______

Program Location:  _________________________________________________________

Purpose of Meeting:  ________________________________________________________

Key Points of Discussion:  __________________________________________________

Goals for Success:  _________________________________________________________

Course of Action for Unmet Goals:

Parent Signature

Before/After Care Site Representative Signature
I have conferred with the supervisor of the Before and After School Child Care (BASCC) program regarding the behavior of my child, ________________________, who is currently enrolled in the program. As a result of this conference, I understand that future problems with behavior may result in dismissal from the program.

School Administrator:

____________________________
Print Name                                          Signature                                          Date

Child Care Supervisor:

____________________________
Print Name                                          Signature                                          Date

Parent or Guardian:

____________________________
Print Name                                          Signature                                          Date

Student:

____________________________
Print Name                                          Signature                                          Date

Other:

____________________________
Print Name                                          Signature                                          Date

Section C Program Operations Page 41
Child Behavior Planning Form

School: _________________________________________           Date: _____________________
(Used after 2nd incident)
Student Name: ________________________________       Signature: ______________________________
Parent/Guardian: ______________________________       Signature: ______________________________
Supervisor Name: ______________________________       Signature: ______________________________

Program Concern: ____________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

This conference was used to collaboratively develop strategies to promote student success.

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This form can be used for tracking communication regarding behavior and parent concerns.
### Student Registration Form (English)

#### Section C Program Operations Page 44

**Student**

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<tr>
<th>Application</th>
<th>Parent/Guardian 1 Password:</th>
<th>Parent/Guardian 2 Password:</th>
<th>Before Care</th>
<th>1 hr Staff</th>
<th>Non School</th>
<th>Extended Day</th>
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**Before and After School Child Care Program**

- **Student #:**
- **Child’s Name:** First Name, Last Name
- **Teacher’s Name:** First Name, Last Name
- **Age:**
- **Gender:**
- **Height:**
- **Weight:**
- **Eye Color:**
- **Race:**
- **Hair Color:**
- **Ethnicity:**
- **D/O/B:**
- **Home School:**
- **Starting Date:**
- **List ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:**

**Are you a Broward County School Employee?**

- **Yes**
- **No**

**Name (First):**

**Primary Address:**

- **City:**
- **State:**
- **Zip:**

**Home Phone**

**Cell Phone**

**Work Phone**

**Second Address:**

- **City:**
- **State:**
- **Zip:**

**Home Phone**

**Cell Phone**

**Work Phone**

**List Email Addresses:**

**Can your child be photographed?**

- **Yes**
- **No**

**Family Doctor:**

- **Name:**
- **Phone:**

**Important medical concerns we should be aware of (conditions, medications, health history, etc.):**

- **Does your child have any medical concerns?**
  - **Yes**
  - **No**
  - **If Yes,**

- **Does your child have allergies?**
  - **Yes**
  - **No**
  - **If Yes,**

- **Does your child take any medications?**
  - **Yes**
  - **No**
  - **If Yes,**

- **Does your child have any special concerns we need to be aware of?**
  - **Yes**
  - **No**
  - **If Yes,**

- **Does your child have any special needs we should be aware of?**
  - **Yes**
  - **No**
  - **If Yes,**

- **Does your child receive any special services during the school day?**
  - **Yes**
  - **No**
  - **If Yes,**

**Authorized Release/Contact for Parent/Guardian 1**

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work or Cell Phone</th>
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**I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.**

- **Print Name**
- **Relationship to child**
- **Date**

**Signature**

**Authorized Release/Contact for Parent/Guardian 2**

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<th>Name</th>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work or Cell Phone</th>
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**I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.**

- **Print Name**
- **Relationship to child**
- **Date**

**Signature**
## Attendance Roster

For emergency use only

Group: ___________________________
School Name: ________________________
Attendance Period: _________________
On-Site Supervisor(s): _______________________
Signature: ____________________________
Date: ____________________________

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<tr>
<th>Student's Name</th>
<th>Grade Level</th>
<th>Day</th>
<th>Receipt No(Optional)</th>
<th>Comments</th>
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*E = Enter  W = Withdrew  R = Re-entered  X = Absent  / = Present*
I, the undersigned, hereby grant permission for: ______________________________

(Child’s Name/Printed)

Date of Birth: _____/_____/______, to sign themselves out from the After-School Child Care program at ___:___/pm on ______________. I understand that my child will not be supervised once they sign themselves out. My child must leave the campus or go to another supervised activity sponsored by the school. If my child does not adhere to this stipulation, the privilege of signing themselves out will be revoked, and I will resume the responsibility of signing my child out.

(FURTHERMORE, IF THE CHILD DOES NOT ADHERE TO THIS STIPULATION, THE AFTERSCHOOL PROGRAM WILL NOT BE HELD RESPONSIBLE FOR THE CHILD.)

_____________________        ___________________________________________
Date                                  Signature of Parent/Guardian

Printed Name of Parent/Guardian:

___________________________________________

Signature of Student:

___________________________________________
I, the undersigned, hereby grant permission for: ______________________________

(Child’s Name/Printed)

Date of Birth: _____/_____/______, to sign themselves in to the Before-School

Child Care program at ___:___/am on _____________. I understand that my

(Time)

child will not be supervised until they sign themselves in. My child must not leave

the campus once they sign themselves in. If my child does not adhere to this stipulation,

the privilege of signing themselves in will be revoked, and I will resume the responsibility of

signing my child in. (FURTHERMORE, IF THE CHILD DOES NOT ADHERE TO THIS STIPULATION,

THE PROGRAM WILL NOT BE HELD RESPONSIBLE FOR THE CHILD.)

_________________________        ________________________________

Date                                    Signature of Parent/Guardian

Printed Name of Parent/Guardian:

___________________________________________

Signature of Student:

___________________________________________
If at anytime one of the standards below receives a score of a “2” or less, the principal will be contacted by a program supervisor of the Before & After School Child Care Department as soon as possible.

### BASCC Quality Standards Needs Assessment

**Program Location Number**

**Date of Assessment**

**Visit**

**Provider**

**School**

**Principal**

**Number of Students Enrolled**

**Number of Students Present**

**Approximate number of daily staff**

---

### Human Relationships

1. **All staff are actively engaged and interacting with students in positive ways.**
   - Positive language is used with the students.
   - Students are greeted upon entry to the program and during transitions.
   - Appropriate staff is circulating and providing assistance to students.

### Comments:

---

2. **Staff provides students with choices when appropriate to teach responsibility.**
   - Staff assists students to become more responsible by assigning leadership roles when appropriate.
   - Staff will encourage students to become actively engaged in the decision making process by providing choices when possible.
   - For middle school students, choices should increase leadership competency and a sense of belonging (e.g. service projects).

### Comments:
3. **During learning activities, staff provides guidelines and procedures to help students learn.**

   a. Staff provides clear directions and examples for task performance.
   b. Staff demonstrates skills which set the purpose for learning.
   c. Staff will vary approaches, as needed, to meet the needs of all learners. (e.g., assigning a peer, using collaborative grouping, changing the level of difficulty, oral versus written techniques).

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4. **Staff use appropriate guidelines/techniques to direct the positive behavior of students.**

   a. Staff use positive praise, either verbal or non-verbal, especially when students cooperate, share, care for materials, or join in activities.
   b. The program's behavior expectations are posted and visible to all students, in all indoor program areas.
   c. Staff redirects inappropriate student behaviors to posted behavior expectations.
   d. Staff set appropriate indoor or outdoor behavior expectations during the various activities scheduled.
   e. Students demonstrate understanding of the expectations by their actions.
   f. Middle school students are involved in the creation of the behavior expectations, especially as it applies to student interactions.

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5. Students generally interact with one another in positive ways.
   a. Students show respect for each other.
   b. Students usually cooperate and work well together.
   c. Students seek assistance from an adult when problems arise.
   d. In middle school programs, students are engaged in meaningful interactions through collaborative projects or group activities.

Comments:

6. Parents/guardians are greeted and interacted with in a positive manner.
   a. Staff makes families feel welcome and comfortable, and responds to their needs.
   b. Documentation exists for an annual parent survey, completed prior to January of the current school year.
   c. Staff attempts to meet the needs of speakers of other languages, as well as the cultures of the families they serve.
   d. Staff works together to ensure arrivals and departures go smoothly. For example, when students are called to go home, staff responds in an appropriate amount of time.
   e. Welcome area includes students' work, program newsletter, program events, activity calendars, and relevant information.

Comments:
7. **Staff communicate effectively using two-way radios.**

   a. Supervisor, front desk, campus monitor(s), and each staff member have an operational two-way radio.
   b. All staff use appropriate language on the two-way radios.
   c. Range of the two-way radios used in the program must reach all areas used, including the outdoor space.

   **Comments:**

8. **Staff conduct themselves in a professional manner to meet the needs of the students.**

   a. Conversations between staff remains professional at all times.
   b. Program staff must dress appropriately and professionally.
   c. Staff communicate with each other to ensure the program flows smoothly.

   **Comments:**

---

**Indoor Environment**

9. **The program’s indoor space meets the needs of students and staff.**

   a. There is enough space utilized for all program activities. This is indicated by a school map showing all activity locations.
   b. The space is arranged well for a range of activities: physical games, creative arts, dramatic play, quiet games, enrichment offerings, eating, socializing.
   c. The space is arranged so that various activities can go on at the same time without disruption.
   d. There is adequate and convenient storage space for equipment, materials, and personal possessions of staff.
   e. The space should be appropriate for the ages of the students.

   **Comments:**
Outdoor Environment

10. The outdoor play area meets the needs of students, and the equipment allows them to be independent.
   a. Staff responsible for checking play area daily must be well versed in safety standards for the District.
      a daily checklist is used to verify program space is safe and secured.
   b. Staff outside directly supervises the students at all times.
   c. If the program outside area shares green space, such as a city park, appropriate staff and emergency procedures are in place for the safety of the students.
   d. Elementary programs must provide appropriate sand toys for primary play areas containing sand.
   e. Equipment and supplies must be age appropriate and maintained for safety.
   f. For every three hour time block, students must have thirty minutes of active play. Raising their heart rate is a priority.

Comments:

Activities

11. The program’s daily schedule is flexible while providing independence and stimulation to meet the needs of all students.
   a. The routine provides stability and flexibility without being rigid.
   b. Students move smoothly from one activity to another.
   c. A weekly schedule of activities for each group includes group name, grade level, number of students, staff members name, location, and length of time for activity.
   d. A schedule of alternative activities and locations for all adverse weather must be documented (rainy day schedule.)
   e. Middle school students are given opportunities to choose between offered activities.

Comments:
12. Students will experience a wide variety of activities.

- There are regular opportunities for active, physical play.
- There are regular opportunities for creative arts and dramatic/role play.
- There are regular opportunities for quiet activities and socializing.
- For middle school students, activities should include an introduction to college and career opportunities as well as community service based projects.

Comments:

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13. Students are offered enrichment activities that practice and reinforce basic academic skills including reading for critical content, using technology, and a variety of other types of activities.

- The program’s activity schedule reflects an academic component and technology for each grade level.
- A minimum of two academic components for each group, per week, must be provided. This excludes homework.
- Activities presented, and their time frames, are developmentally and age appropriate for the students in each group.
- Activities are flexible to meet varied styles, abilities, and interests of the students in the program.

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14. There are sufficient materials and equipment to support program activities.

- Program provides a wide variety of materials and games for the students to use.
- Materials are complete and in good repair.
- There are enough materials to support activities for the number of students in the program.
- There are sufficient art supplies, in good condition, such as whole crayons and working markers, for every student to use in the program.
- Materials and equipment are developmentally appropriate for the ages and abilities of the participating students.

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Safety, Health & Nutrition

15. **The safety and security of students are protected.**

a. Systems are in place to protect the students from harm, especially when they move from one place to another or use the restrooms. Students travel in groups of twos (2’s) and threes (3’s) when not under direct adult supervision.

b. There is a method in place for checking the program’s space to ensure it is secured and gated before students arrive.

c. A system is in place to keep unauthorized people from taking students from the program, this includes the use of the school’s designated “single point of entry”.

d. “Universal Precautions” clean up will be handled by the school’s custodian.

e. The following safety drills are recorded and signed in PDMS:
   
   i) Fire Drills – one during the first two weeks of school, a second drill prior to the end of August, then once monthly for the remainder of the school year, must reflect requirements of District and Child Care Licensing if applicable
   
   ii) Lockdown Drills – must be conducted monthly beginning in August and ending in June
   
   iii) Tornado Drills – twice per year. Completed by the last school day of October and March
   
   iv) Code Black Drill – twice per year. Completed by the last school day of October and March as a tabletop training for staff and entered in PDMS

f. Accident and Incident reports are entered into PDMS and District procedures are followed.

g. The program provider is responsible for having at least one (1) designated phone for contacting parents/guardians, and emergency communication. This phone must be located in the program space. A designated cell phone may be used for this purpose.

h. Emergency phone numbers are posted near the dismissal desk. Evacuation maps are posted in every room in the program space.

i. A stocked first aid kit is available on site, and will be taken if students are evacuated from the school for any reason. A filled portable ice cooler for emergencies must be available.

j. A monitored and functioning “NOAA Weather Radio” must be in place. In addition, the supervisor’s monitored cell phone must have the ‘WeatherBug’ application installed. The Weather Alert Phone must be taken on all field trips (SBO only).

k. An identified campus monitor is in place for the duration of the program. The campus monitor is actively patrolling the campus and keeping it secure.

Comments:
16. The program provides an environment that protects and enhances the health of students.

   a. The indoor and outdoor facilities are clean.
   b. There are no observable health hazards in the indoor or outdoor program space.
   c. There are adequate supplies and facilities for hand washing.
   d. The heat, air, ventilation, noise level, and light in the indoor space are comfortable.
   e. Bathrooms are available, clean, and supplies are provided.
   f. Staff protects students from communicable disease by separating students who become ill during the program (students must be under direct adult supervision at all times).
   g. Staff protects students from potential hazards such as the following: caustic or toxic art materials, cleaning agents, hot liquids, over-exposure to heat or cold.
   h. Staff and students wash hands frequently, especially after using the toilet or before preparing food.

Comments:

17. Students are carefully supervised to maintain safety.

   a. Staff notes when students arrive, when they leave, and with whom they leave.
   b. Staff supervises students appropriately, according to the students’ ages, abilities, and needs.
   c. Students’ arrivals and departures are supervised.
   d. Staff have a system for knowing where the students are at all times (location roster).
   e. Staff keep a daily roster of students, for each group. The roster must include the staff member’s name. This roster must be available and accurate at all times. It includes specific information for individual students (allergy information, medical needs, special needs, etc.).
   f. Staff plans for different levels of supervision according to the level of risk involved in an activity.
   g. There is a qualified site director/ supervisor on site at all times.
   h. A minimum of two staff members are on site whenever students are present.

Comments:
18. If the program serves food and drinks, they must meet the needs of the students.

   a. The program offers healthy snack and/or dinner choices.
   b. Drinking water is readily available at all times.
   c. The amount and type of food offered is appropriate for the ages and sizes of the students.
   d. If a program serves snacks and/or dinner, the program must provide: utensils, napkins, straws.
      Unwrapped food must not be placed directly on the table.
   e. If applicable, provisions exist for students who have forgotten their snack from home.
   f. Students clean their hands before snack/dinner.

Comments:

19. Staff/student ratios and group size permit staff to meet the needs of students.

   a. For the benefit of all students, the staff/student ratio shall not exceed:
      i) 1:25 for 6th through 8th grade
      ii) 1:20 for K through 5th grade
      iii) 1:10 for Pre-K
      iv) Students with special needs may require modified ratios.
      v) Group sizes vary according to the type and complexity of the students and the activities.
      vi) Group sizes must not exceed 30 for most indoor activities.
      vii) Group sizes do not exceed the room capacity.
   b. There is a plan to provide adequate staff coverage in case of emergencies.
   c. Substitute staff are used to maintain ratios when regular staff are absent.
   d. Campus monitors may not directly supervise or escort students.

Comments:
20. Documentation of records.

a. A record keeping system is in place for information such as the following:
   i) Attendance is reconciled with the school's daily attendance and early dismissal
      sign-out log within the first 30 minutes after the program starts. If a cluster
      program receives students from alternate location, a process is in place to account for
      receiving students.
   ii) After school parent sign-out log completed in PDMS
   iii) Before school parent sign-in log (if applicable), completed in PDMS
   iv) List of students with special information: health, diet, medications, allergy, behavior
      completed in PDMS
   v) Signed registration forms listing authorized people for pickup and a parent password
   vi) Personnel files for all staff members will be kept on site and include documentation
       required by the District. Each file must include: SBBC clearance documentation, a photo
       copy of the current badge worn by the staff, proof of Anti-Bullying training, Department
       of Children and Families "Child Abuse and Neglect" online training certificate.
   vii) Documentation of the site director/supervisor qualifications (personnel file)

b. Procedures, in writing, with parent signature on file, with samples of the following documents:
   i) Behavior management
   ii) Non-payment of fees
   iii) Late pick-up

Comments:

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21. Documentation of staff information

a. All staff must wear appropriate badges. A School Board Operated (SBO) program staff badge must be current and
   issued by the school or district. Private Provider staff must wear an expiring vendor badge. Badges must be visible at
   all times.

b. Staff members have the following certifications. Documentation must be on site at all times:
   i) Copy of staff certifications for the job they are performing or required (personnel file)
   ii) Completion of training, as evidenced by certificates or agendas with sign-in
        sheets (personnel file)
   iii) Current First Aid (at least two staff on site at all times)
   iv) Current CPR - preferably pediatric CPR (at least two staff must be on site at all times)
       On-line training is not acceptable.
   v) At least one (1) staff member, on site, must have current SBBC "Medication Dispensing" training

Comments:

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22. Program policies and procedures are in place to protect the safety of the students.
   a. Staff and students know what to do in case of a general emergency. Training documentation exists.
   b. The program has established procedures to prevent accidents and manage emergencies.
      The program's current emergency plan has been completed in PDMS and printed for evacuations.
   c. The program has established policies to transport students safely, and complies with all legal
      requirements for vehicles and drivers (to include a stocked first aid kit to be used for travel).
   d. There is current documentation showing the facility meets the District, State, and/or local
      health and safety guidelines and/or regulations (this includes current Broward County Child Care Licensing
      monitoring reports for elementary Private Provider programs only).
   e. Smoking is not permitted anywhere on campus, per School Board Policy 1120.00.
   f. Students must wear a current identification badge in a visible location.

Comments:

ADMINISTRATION

23. All staff are professionally qualified to work with students.
   a. Staff have received the recommended type and amount of preparation. They meet the requirements that are
      specific to school-age child care and relevant to their particular jobs unless exempt by the state (Private Provider
      Programs only).
   b. All staff must be at least 18 years of age. Supervisors must be 21 years of age (documentation may be requested).
   c. Enough qualified staff are in place to meet all levels of responsibility.
   d. Enough qualified staff are scheduled, and present, when all students enrolled are in attendance.

Comments:

24. Staff, volunteers, and substitutes are given an orientation to the job before working with students.
   a. A written job description that outlines responsibilities to students, families, and the program is
      reviewed with each staff member.
   b. Written personnel policies are reviewed with the staff.
   c. New staff is given an orientation to the program’s mission statement, Quality Standards Needs Assessment
      process and tool, routines and practices; as well as personally introduced to the people with whom they
      will be working.

Comments:
25. The training needs of the staff are assessed and training is relevant to the responsibilities of each job. Staff will receive no less than 2.5 hours of professional development quarterly, for a total of 10 hours annually. Site directors/supervisors will receive at least 10 hours of professional development annually.

   a. Staff receive training in how to work with families, and how to relate to students in ways that promote development.
   b. Site directors/supervisors receive training in program management and staff supervision (evidence of attending District or Provider job required professional development).
   c. Staff receive training in how to set up program space and design activities to support program goals.
   d. Staff receive training in how to promote the safety, health, and nutrition of students.
   e. All training must be documented by an agenda that includes the date, duration, and a sign in-sheet. The agenda must always include training on BASCC Quality Standards, and other related topics.

Comments:

26. Staff receives appropriate support to make their work experience positive.

   a. There is a process in place for staff to discuss their own concerns regarding the program.
   b. Staff receives continuous supervision and feedback.

Comments:

27. The administration provides sound management of the program.

   a. The financial management of the program supports the program's goals.
   b. The administration oversees the recruitment and retention of program staff.

Comments:
28. **Program policies and procedures are responsive to the needs of students, youth, and families in the community.**

a. A written mission statement sets forth the program’s philosophy and goals.
b. The program makes itself affordable to all families by using all possible community resources and sources of subsidy.
c. It is the program’s policy to enroll students with special needs and schedule pre-enrollment conferences.
d. The program’s administrator makes every effort to meet the needs of the community by enrolling as many students as possible.

**Comments:**

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29. **School administrator responsibility**

a. The program’s site director/supervisor must have scheduled and documented monthly meetings with the school administrator (principal or their designee). Documentation must include an agenda principal/designee’s signature, site director/supervisor’s signature and date.
b. A process is in place for principal or their designee to meet with parents/supervisors/staff when they have a concern.

**Comments:**

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Observer(s) Signature ___________________________ Observer Signature 1 ___________________________ Observer Signature 2 ___________________________

Date: __________________

Name of School ____________________________________________
Before and After School Child Care  
School Board of Broward County  

On-Site After School Child Care  
Quality Standards Needs Assessment  
Review Confirmation  

I have reviewed the results of the Before and After School Child Care Quality Standards Needs Assessment for the 2019-2020 school year.  

School Name: ____________________________________________________  

After Care Provider Name: __________________________________________  

Name of SAF Chairperson  
Or SAC Chairperson’s Name: _____________________________ Date: ____________  

Principal or Administrator: _____________________________ Date: ____________  

Please complete this form as soon as possible and return it by pony to Diann Holmberg at Before & After School Child Care, Rock Island Professional Development Center. Thank you for your assistance.
Checklist for information and documentation that will be requested by observer

Please be prepared to provide or show items reflected in the standards below.

All paperwork and items needed MUST be available in one place for review.

School ___________________________ Date Completed ____________

6b ______ Documentation showing Customer Satisfaction Surveys have been, or will be, completed this year. For example: documentation of last school year’s survey of parents along with the survey tool that will be used this year, with the scheduled date. The parent survey must be completed prior to January of the current school year.

6e ______ The following are present in the student dismissal area: program newsletters or announcements of upcoming events, student work, a current activity schedule. For example: copies of items that have been used so far this year to show parent communication, opportunities for parents/guardians to come to the program for events. Items may be displayed digitally for parents/guardians.

9a ______ A school map with all childcare areas and rooms notated with the group’s name and activities that will occur in that space. For example: a current school map with rooms/location highlighted and labeled with group name and/or activity assigned to this room.

(Please highlight and label the following activities on the schedule that meet the required cue for 10d through 13b. Use duplicate schedules, one for each cue.)

10a ______ A daily checklist is in place to verify program space is safe and secure.

10f ______ The weekly activity schedule shows that each student will have at least 30 minutes of active physical outdoor play, for every three-hour block of time at the program. For programs operating less than 3 hours, show how the students will get regular physical play activities weekly.

11c ______ The written schedule must include group names, grade levels, number of students assigned to the group, staff name, location of activities, and length of time for each activity.

11d ______ Rainy Day schedule, with alternative activity locations

12 b-c ______ There are a variety of activities on the schedule.

12 d ______ Middle School Students Only: Documentation exists showing that activities include an introduction to college and career opportunities, as well as community service-based projects.

13a ______ An academic component for each grade level, in addition to a technology component

13b ______ Academic components occur a minimum of twice per week, excluding homework.

15e i,ii,iii ______ Indicate how this record will be shown to the assessor, either print the detailed list from PDMS or show the list in PDMS on an iPad or computer.

15f ______ Samples of Accident and Incident reports created using the PDMS system

17d&e ______ Location Rosters are in use for every group of students for the duration of the program, and are kept accurate. (A duplicate set of current rosters must be available for emergency use.)
The School Board of Broward County
Before and After School Child Care
“Show”

Checklist for information and documentation that will be requested by observer
Please be prepared to provide or show items reflected in the standards below.
All paperwork and items needed MUST be available in one place for review.

17g _____ The staff schedule indicates that there is a qualified supervisor scheduled to be on site
during all program operating hours.

17h _____ The staff schedule indicates a minimum of two staff members are scheduled to be on site
when students are present.

19c _____ A list of substitutes for the program exists and includes their contact information and
availability. Reminder: All substitute staff must have complete personnel files.

20a _____ Record keeping system includes:
Evidence of use (samples) for
i) ____ Attendance, reconciled with the school’s Daily Attendance and Early
    Dismissal Sign Out Log within 30 minutes of program start time
ii) ____ Parent sign out Log, completed in PDMS (aftercare)
iii) ____ Parent sign in records, completed in PDMS (before care)
iv) ____ List of Special Concerns/Allergies/Medication: complete, current list in show file,
    completed in PDMS
v) ____ Signed registration form with list of authorized people for pick-up, and parent
    password

20b _____ Show actual documents with signatures for:
    i) ____ Behavior management
    ii) ____ Non-payment of fees
    iii) ____ Late pick-up
    (SBO - show location of signed receipt of current parent handbook)

Standard 21 - Duplicates of Certificates in Show File for the following:

21b iii, iv) ____ Current First Aid and CPR Certification: At least two program staff
    members on site, at all times. Online training is not accepted.
Note: Supervisors of SBO programs must have current CPR and First Aid
certification in the document file. (Copies of Certification and Completion
of Training for every staff member who has completed this training shall be
kept on file at each site)

v) ____ At least ONE staff member, on site at all times, must have SBBC Medication Dispensing
    training.

22a-b ____ The program’s Emergency Plan has been created in PDMS. Evidence that staff have
    been trained on the Emergency Plan must be presented. A printed copy of the plan
    must be available for use in an emergency.

22d _____ Elementary Private Provider Programs Only. Current Broward County Child Care
    Licensing Monitoring Report (Show the actual current report.)

23c _____ A written staff schedule exists showing arrival and departure times of all staff and their
group assignments.

24a _____ Written job descriptions that outline responsibilities to children, families, and the
    program. Must show evidence that this is reviewed with each staff member
The School Board of Broward County
Before and After School Child Care
“Show”

Checklist for information and documentation that will be requested by observer

Please be prepared to provide or show items reflected in the standards below.

All paperwork and items needed MUST be available in one place for review.

24b-c ____ Written personnel policies are reviewed with staff. Orientation includes the mission statement, and Quality Standards Needs Assessment process, routines and practices (Evidence exists showing a staff handbook has been distributed and reviewed with staff.)

25a-e ____ Documentation exists for annual training of staff. Staff will receive no less than 2.5 hours of professional development training quarterly, for a total of 10 hours annually. Child Care Supervisors will receive 10 hours of professional development annually. Documentation for training provided on site will be a sign-in sheet and agenda. The agenda must always include training on BASCC Quality Standards and other related topics.

28a ____ A written Mission Statement setting forth the program’s philosophy and goals has been developed.

28b ____ The program makes itself affordable to families by using all possible community resources and sources of subsidy (partial fee and sliding scale information).

29a ____ Documentation exist showing regular monthly meeting between the supervisor and the school administrator. Documentation includes dates, agendas, and the signatures of the supervisor and the principal or designee.

Please Note:

The “Show” list of Documents creates the Document File. The Document File for School Board Operated Programs must be created in the form of a Document File Box. Private Providers have the option to create either a Document File Box or a Binder. The Document File should be organized by Standard and Cue. The Document File should be complete, contain current examples, and be kept in one location for review.
Checklist for information & documentation that will be requested by observer

Please be prepared to discuss procedures reflecting the following standards:

School ___________________________ Date Completed ___________________________

4f ____ Middle school students are involved in creation of behavior expectations. How are the behavior expectations created?

15d ____ How are universal precautions clean ups handled? How are the mats, sanitized after student use?

16f ____ Staff protect children from communicable disease by separating students who become ill during the program. How does the program handle students who are ill and how do they keep them isolated? Who monitors these students?

17f ____ Staff plan for different levels of supervision according to the level of risk involved in an activity. How is supervision increased in areas that are hard to secure, or during activities where accidents or injury might occur?

24c ____ New staff is given an orientation to the school district’s mission statement, routines, and practices. They are personally introduced to the people with whom they will be working. How does the program accomplish this?

26a ____ Staff is given ample time to discuss their own concerns regarding the program. How does the program accomplish this?

26b ____ Staff receives continuous supervision and feedback. How does the program accomplish this?

28c ____ It is the program’s policy to enroll students with special needs, through a pre-enrollment conference. [Students with Special Needs Guidelines, Section F of the BASCC Operational Handbook] How are students enrolled, and accommodated?

28d ____ The program’s administrator makes every effort to meet the needs of the community by enrolling as many students as possible. Is there a wait list? How many students are on the wait list? What are the program’s plans to meet parents’ needs?
F0020/2020 After Care Student Satisfaction Survey
Kindergarten through 2nd grade

School Name: ___________________________ Date: ________

Help us plan a fun After School Child Care Program for you. Circle your answer to show us how you feel and what you like about the program. Staff members or older students may read the questions to the younger children.

1. Circle the grade you are in.

   K   1   2

2. I like coming to after school care.

   Yes  Sometimes  No

   😊  😐  😞

3. I think the counselors are nice to me.

   Yes  Sometimes  No

   😊  😐  😞

4. If I have a problem, someone is there to help me.

   Yes  Sometimes  No

   😊  😐  😞
5. I like the choices I am given for inside activities.

   Yes   Sometimes   No
   😊    😐       😞

6. I like the choices I am given for outside activities.

   Yes   Sometimes   No
   😊    😐       😞

7. I feel safe when I am here.

   Yes   Sometimes   No
   😊    😐       😞

8. My favorite activity in after school care is:

   ________________________________________________
   ________________________________________________

9. One thing I do not like about after school care is:

   ________________________________________________
   ________________________________________________
Help us plan a fun Before School Child Care Program for you. Circle your answer to show us how you feel and what you like about the program. Staff members or older students may read the questions to the younger children.

1. Circle the grade you are in.

   K  1  2

2. I like coming to before school care.

   Yes  Sometimes  No

   😊  😐  😞

3. I think the counselors are nice to me.

   Yes  Sometimes  No

   😊  😐  😞

4. If I have a problem, someone is there to help me.

   Yes  Sometimes  No

   😊  😐  😞
5. I like the choices I am given for inside activities.

Yes  Sometimes  No

6. I like the choices I am given for outside activities.

Yes  Sometimes  No

7. I feel safe when I am here.

Yes  Sometimes  No

8. My favorite activity in before school care is:

________________________________________________________________________
________________________________________________________________________

9. One thing I do not like about before school care is:

________________________________________________________________________
________________________________________________________________________
Help us to plan a fun Before or After School Child Care program for you. Please show us how you feel and what you like about the program by answering below:

1. I like coming to the program.  
   Yes  
   Sometimes  
   No

2. I believe I am treated fairly.  
   Yes  
   Sometimes  
   No

3. If I have a problem, someone is there to help me.  
   Yes  
   Sometimes  
   No

4. I like the choices I am given for inside activities.  
   Yes  
   Sometimes  
   No

5. I like the choices I am given for outside activities.  
   Yes  
   Sometimes  
   No

6. There are enough supplies and equipment for the activities that are offered.  
   Yes  
   Sometimes  
   No

7. I am given a choice of activities.  
   Yes  
   Sometimes  
   No

8. I would like to have the following activities added to the program:
   
   ______________________________________
   ______________________________________

9. This is what I like most about the program:
   
   ______________________________________
   ______________________________________

10. This is what I like least about the program:
    
    ______________________________________
    ______________________________________
Select the appropriate response. Make sure to answer every question.

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<th>STRONGLY AGREE</th>
<th>AGREE</th>
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<th>VERY SATISFIED</th>
<th>NO OPINION</th>
<th>DON'T KNOW</th>
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<td>1</td>
<td>The principal appears to be involved with the program.</td>
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<td>2</td>
<td>When I pick up my child/children, the front desk staff is friendly and makes me feel welcome.</td>
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<td>3</td>
<td>The program has the appropriate balance between academic enhancement and play activities.</td>
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<td>4</td>
<td>The quality of the program meets the needs of my child/children.</td>
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<td>5</td>
<td>The program posts a weekly schedule of activities, and a calendar of upcoming events for parents to view.</td>
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<td>6</td>
<td>My child/children are provided an opportunity to complete homework, with assistance, while in the program.</td>
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<td>7</td>
<td>The program provides adequate opportunity for outside activities.</td>
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<td>8</td>
<td>Videos watched provide appropriate academic enrichment for my child/children.</td>
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<td>9.</td>
<td>Enrichment and academic program activities are age and grade level appropriate.</td>
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<td>10.</td>
<td>I am aware of the emergency drill procedures during the before and/or after school programs. (Example: lockdowns, evacuations, fire drills, and alternative pickup locations)</td>
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<td>11.</td>
<td>Snacks and/or dinner provided are healthy and nutritious.</td>
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<td>12.</td>
<td>The counselors provide necessary support for my child/children.</td>
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<td>13.</td>
<td>The supervisors of the program are available to answer questions or concerns.</td>
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<td>14.</td>
<td>Parents have an opportunity to make suggestions and discuss their concerns.</td>
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<td>15.</td>
<td>Please rank the following in order of importance, from 5 being most to 1 being the least.</td>
<td>Safety</td>
<td>Academics</td>
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<td>Enrichment</td>
<td>Homework</td>
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<td>Behavior</td>
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The mission of Before and After School Care is to provide students with:

- An inclusive child care program that is safe and nurturing in a comfortable environment.
- A cultural and enriching program that promotes the physical, intellectual, emotional and social development of each child.
- A program that meets the highest quality standards.

To help us learn how you feel about the program, please fill out the following survey. Please check your response and add comments. Thank you for your input.

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<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Unsure</th>
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<tr>
<td>1. I have a clear understanding of my job and its responsibilities.</td>
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<td>2. I have had enough training for my position.</td>
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<td>3. I give input with scheduling and the procedures of our program.</td>
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<td>4. I am updated regularly with current information through staff meetings, memos, etc.</td>
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<td>5. I have sufficient supplies for the activities that I plan, and the procedure for obtaining supplies is adequate.</td>
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<td>6. I have enough time to plan and prepare activities for the students.</td>
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<td>7. The facility is sufficient for my group’s needs and activities.</td>
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<td>8. The size of my group is manageable and permits me to have interactions with each individual student in my care.</td>
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<td>9. Staff members work as a team and support the goals of the program.</td>
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<td>10. My supervisor offers support when needed.</td>
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11. What do you feel should be the responsibility of the on-site supervisor?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. What do you feel are the program’s strengths?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
13. What do you feel are the program's weaknesses?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

14. What type of training do you feel would be beneficial to you?

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15. How can we improve the quality of our before and after school care program?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

16. Any additional comments?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

When you have completed the survey, please return to the on-site supervisor.

Thank you for your cooperation.
EXHIBIT 17D
Before & After School Child Care Staff Development - Sign In

School Name: ___________________________ School Year: _______________________

Each employee is required to attend ten (10) hours of staff development training each year. Trainings other than those offered at site must be pre approved and participant must have an agenda or certificate to verify participation. If you are using MONTHLY staff meetings, be sure to use two (2) sign in sheets.

<table>
<thead>
<tr>
<th>List all employees names in this column</th>
<th>Training Topic:</th>
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EXHIBIT 17D
Before & After School Child Care Staff Development - Sign In

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</table>
If situation requires Emergency services call that Police/Fire Department at

911

Then call Broward District Schools Police Department (BDSPD)
At 754-321-0911
(24-hour Emergency Contact)

*During the Day, on Emergency Calls*
754-321-0725

“Anonymous Phone Calls” of threats, rumors or imminent danger can be placed to
754-321-0911

**Poison Control**
1-800-222-1222

**Child Abuse**
1-800-96ABUSE
(1-800-962-2873)
This form must be completed in PDMS

Emergency Plan

School Name: [Field]
Provider Name: [Field]
School Address: [Field]
Program Number: [Field]
City: [Field]
School Phone Number: [Field]
Zip Code: [Field]

The purpose of the safety and security drills are to familiarize all staff and students, with the procedures to be followed, in the event of a crisis situation on campus, or anywhere, which would affect the safety of all persons before and/or after school hours.

**General Evacuation Procedures:** In the event it becomes necessary for us to evacuate the building, we have two major concerns: Evacuation of students and staff and possible search for foreign objects.

**Follow standard fire emergency procedures**

*(Inform school and program administration immediately if there is any kind of emergency).*

For all emergencies to evacuate, front desk staff or designated staff will gather all sign out documents, first aid kit, emergency contact numbers, and special needs concerns, when exiting the school. Do an immediate head count upon exiting the building.

**Program Names**
- List of names of all employees of program
- Custodial personnel on duty during operation of the program
- Any other person who might be on the campus while the program is operating (vendor, tutors, etc.)

**Remember:** Special Needs Students need to be evacuated in the proper manner, as quickly as possible. Provide proper documents to follow students. Train staff to provide safe care when movement occurs. Don’t forget to include in evacuation any special equipment needed.

**Primary Evacuation site is:**

Name: [Field]
Phone Number: [Field]
Address: [Field]
City: [Field]
Zip Code: [Field]

**Secondary Evacuation site is:**

Name: [Field]
Phone Number: [Field]
Address: [Field]
City: [Field]
Emergency Plan

Medical Emergencies

Name of Primary Trained Person

CPR/AED expiry date  First Aid expiry date

Name of Secondary Trained Person

CPR/AED expiry date  First Aid expiry date

- Front desk is notified via walkie-talkie, intercom or send a student.
- Responsible/trained adult or teacher stays with student/person.
- Call 911 if appropriate. Secure the area - DO NOT move person unless absolutely necessary.
- Assistance is sent to the scene from front desk.
- Move all other children away from the emergency scene.
- Notify parent or emergency contact.
- Names of persons involved or witnesses are obtained.
- Maintain secured area for evidence.
- Photograph area where accident/injury occurred, use a cell phone camera if no other is available.
- Copy of emergency card/registration form is sent with EMS and Administrator to Hospital.
- Program emergency contact:
  Name:   Cell:
- Notify Special Investigative Unit (754) 321-0911
- Notify School Administrator:
  Name:   Cell:
- If ambulance is called, the Area office should be notified
- Notify BASCC (754) 321-3330/ fax (754) 321-3333 (see Accident/Incident Report from Operational Handbook)
- Notify Area Office if 911 is called for assistance. (see Accident/Incident Report from Operational Handbook)

Hospital Phone Number
Emergency Plan

Name of Hospital for transport

Hospital City

Hospital Address

Hospital Zip Code

Fire

- **Pull fire alarm**/Contact Fire Department via 911
- Evacuate all students to safe area. (Follow standard fire emergency procedures)
- Determine if fire small enough to attempt to extinguish with available extinguisher.
- All communication via portable radio will be used to advise designated person that their area is clear.

PLEASE NOTE: You will announce “your name - CLEAR - your name”.  *Example: Mr. James - CLEAR - Mr. James.*

Evacuation Map
Emergency Plan

Bomb Threats

Recipient of call

- Immediately write what "caller" says
- Remain calm, polite; listen, never interrupt, complete checklist and initiate call trace (if possible).
- CALL 911: Report information from bomb threat checklist.
- Immediately notify principal/designee & SRO.
- Administrator directs PA Call for "Code Black" followed by initiating Fire Alarm.

EVACUATE SCHOOL IMMEDIATELY – NO OPTION

Place a second 911 Call with additional information and command post location. -- Instruct staff not to lock classrooms and take class emergency information/rosters.

Instruct students to take only items in their possession (including book bags)

- NO LOCKER or BATHROOM STOPS.
- DO NOT TOUCH SUSPICIOUS ITEMS - remember their exact location; report them.
- Notify District Office & Broward District Schools Police Department (BDSP).
- Do Not Use radios, cellphones, or computers-only principal/designee may use cell phone outside.
- All students should be staff-supervised.
- Take Attendance for all students & staff (including visitors).

Dismissed Students may not return to classrooms, if school is closed.

Principal/ Facility person in charge with input from law enforcement, BDSP, and fire rescue on-scene will determine "all clear" return to classrooms.
Emergency Plan

Severe Weather

- The NOAA Weather Radio and/or Weatherbug Cell Phone will alert the staff to any possible weather situations that occur. Heavy rains lighting, and tornado warnings are available through the weather alert system.

- Make sure that windows are locked and closed in case of heavy rain/wind.

- Parents may need to be contacted if weather conditions become hazardous to student and staff safety.

- In the case of Tornado, when the threat begins, the command will be, “Everybody down! Crouch on elbows and knees, place your hands over the back of your head.” Call 911 for any emergencies resulting in weather related incident, contact administration, and follow up the emergency guidelines for injured students and staff.
Emergency Plan

Codes and Definitions

**Code Red – Full Lock Down**
Imminent Danger
No movement in the building other than by police/fire officials and persons designated by them.
- A Code Red lockdown will be issued if there is a direct threat to the security of the school (active shooter, terrorist threat, intruder, etc.)

**Code Yellow – Lock Down**
Limited movement in the building other than by:
- A Code Yellow lockdown will be issued if there is a threat to the school (suspect in the neighborhood, robbery, etc.).

**Code Blue – Medical Emergency**
Trained personnel should be activated.
- A Code Blue lockdown will be issued if there is a medical situation at hand. School should activate SAFE Team.

**Code Black – Bomb Threat**
Turn off all walkie-talkies, cell phones, pagers and radios immediately. Leave all lights, fans, etc. as they are, on or off.

**Code Orange – Evacuation**
All persons leave the building according to established routes, or according to specific instructions provided by:

**Code Green – All Clear**

**Code Brown – Threat / Incident Shelter in Place**
Relocation of students may be required
Insert a copy of your evacuation map
**Emergency Plan**

Attach copy of all contact numbers for this location. Share this form with your local police force please give them the following form that makes them aware of the locations of your programs in their region, hours of operation, contact information and location of main offices.

![Evacuation Map](image)

**Emergency Contact List**

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<th>Provider Name</th>
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Describe the nearest main crossroads to this school if an emergency occurs:

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This document should be a part of your emergency plan and posted or placed at your location, for emergency usage only. It should be given to the police department to be used in case of an emergency.

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<tr>
<th>Contact Name</th>
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<td>First Emergency Contact (Provider)</td>
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<td>Second Emergency Contact (Provider)</td>
<td>Poison Control 1-800-222-1222</td>
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<td>Local Police</td>
<td>911</td>
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<td>Child Abuse and Neglect</td>
<td>1-800-962-2873</td>
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<td>Child Abuse and Neglect (SBCC)</td>
<td>Yva Dieudonne 754-321-2492 954-806-9705 754-321-2499</td>
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<td>Special Investigative Unit (SIU)</td>
<td>Chief Robert C. Hutchinson 754-321-0911</td>
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<td>School Resource Officer</td>
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<td>Before and After School Child Care (BASCC)</td>
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<tr>
<td>Chief, School Performance &amp; Accountability Officer</td>
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Section C Program Operations Page 85
### Check List

1. Qualified Supervisor(s) is in place at the start of the program, and remains for the duration of the program time.  
   - **Yes**  
   - **No**  
   - **Comment**

2. Single point of entry is in place and functioning.  
   - **Yes**  
   - **No**

3. All staff members are cleared and badged according to SBBC requirements. Cleared staff who are waiting for an original badge or a badge replacement to be issued, must wear a current STAR badge. Documentation of clearance and unexpired SBBC badge must be in staff file.  
   - **Yes**  
   - **No**

4. The program provider is responsible for having at least one (1) monitored phone for parent and emergency communication. This phone must be located in the child care area. (A designated cell phone may be used for this purpose.)  
   - **Yes**  
   - **No**

5. Emergency phone numbers are posted near the dismissal desk. Evacuation maps are posted in every room of the program space.  
   - **Yes**  
   - **No**

6. There must be operational two-way radios in place for every staff member, including the dismissal desk, campus monitor(s), and the supervisor(s). Two-way radios are imperative for emergency communication.  
   - **Yes**  
   - **No**
7. The facility and outdoor areas are gated and secured. Additionally, all outdoor gates to mechanical units within the program's operating area are secured. A daily checklist is in use to ensure program space is safe and secure.  

8. Equipment for active play is safe. Basketball poles are properly padded. 

9. A system is in place to keep unauthorized people from having contact with students in the program. (Parent passwords, and Photo ID) 

10. Documentation exists in PDMS showing Accident and Incident Reports are written. The program follows the District guidelines regarding reporting. 

11. Staff keeps a daily roster for each group and tracks their location at all times. Staff notes when students arrive and what time they leave the group. In addition, this roster includes specific information for individual students: 
   - allergies 
   - medical needs 
   - special needs 

12. Documentation exists showing individual student’s allergy information, medication dispensing records, and all special needs information. Location of existing medication is secured and accessible to staff. Medication is administered according to SBBC policy and documentation exists to show that medication has been handled appropriately. There is a plan for storing and administering students’ required emergency medications during field trips. (For example, EpiPens and Inhalers)
13. A NOAA Weather Radio must be monitored and in use at all times during program hours. The WeatherBug app must be on a program supervisor’s cell phone. In addition, if the program is operated by the school, the Weather Alert Phone must travel with the program on field trips.

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14. Students in the program are either under direct supervision or travel in pairs or threes. Students are never left alone; an adult is present with the group. During field trips, students are always under direct adult supervision. A minimum of two staff are on site whenever students are present. Campus monitors may not directly supervise or escort students.

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15. Correct ratios are observed to be in place at all times.
   - 1:10 for pre-school and pre-kindergarten students
   - 1:20 for kindergarten through 5th grade
   - 1:25 for 6th grade through 12th grade
   - Students with special needs may require modified ratios to meet their needs. List observed group ratios
   - 1:10 for field trips. This is verified by the staff schedule.

   Elementary and middle school students should not be combined in a group.

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16. Emergency Plan is in place for program location and field trips. The plan can be observed in PDMS. Evidence exists which shows that the plan has been reviewed with all staff members and support staff involved in the plan.

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17. Monthly fire drills have been documented for the school year. The first fire drill must occur within the first two weeks of the program’s start date. All drills must be recorded and signed in PDMS by supervisor and principal or designee.

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<th>Yes</th>
<th>No</th>
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<td>18. Tornado drills are conducted twice per year by the last school day of October and March. Lockdown drills must be conducted monthly; beginning in August and ending in June. Code Black tabletop drills are conducted twice per year, completed by the last school day of October and March as a tabletop training for staff. All drills must be recorded and signed in PDMS by supervisor and principal or designee.</td>
<td>![Yes]</td>
</tr>
<tr>
<td>19. Custodial and garbage carts are kept out of the path of students. Custodians keep carts under their direct control at all times.</td>
<td>![Yes]</td>
</tr>
<tr>
<td>20. All chemical and hazardous materials are in a locked closet and kept out of reach of students.</td>
<td>![Yes]</td>
</tr>
<tr>
<td>21. All restrooms in the program area are clean and supplied. Equipment is in working order.</td>
<td>![Yes]</td>
</tr>
<tr>
<td>22. Staff and students wash and dry hands frequently, especially after using the toilet or before preparing food. Staff use proper sanitary procedures for serving meals and snacks.</td>
<td>![Yes]</td>
</tr>
<tr>
<td>23. There are no observable health hazards in the indoor or outdoor program space.</td>
<td>![Yes]</td>
</tr>
</tbody>
</table>
24. A stocked first aid kit is available. Ice and a filled portable ice cooler are in place for treating injuries. Staff have access to disposable gloves at all times. First Aid kit, ice, and ice cooler are portable for emergencies and field trips.  

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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25. Universal precautions are followed.  

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<tr>
<th>Yes</th>
<th>No</th>
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</table>

26. Trained staff are on site, including but not limited to:  
- Two staff with current CPR and First Aid training  
- All staff with SBBC Anti-Bullying training and Department of Children and Families Child Abuse and Neglect Training  
- One staff member at the program trained in medication dispensing  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

27. Program has established policies to transport students safely that complies with all legal requirements for vehicles and drivers. (To include a stocked first aid kit and small chest with ice to be used for travel.)  

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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</table>

28. Administrator meets with the program supervisor monthly. Documentation must include agenda showing dates of meeting and signatures of supervisor and principal or designee.  

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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</table>

29. An identified campus monitor is in place for the duration of the program. The campus monitor is actively patrolling the campus and keeping it secure.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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30. Students must wear a current identification badge in a visible location.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Areas of Improvement</td>
<td>Areas of Excellence</td>
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Assessor’s Signature ___________________________ Date: ___________________________

Print Date: ___________________________
Before and After School Child Care
School Board of Broward County

On-Site After School Child Care
Program Safety Check
Review Confirmation

I have reviewed the results of the Before and After School Child Care Program Safety Check for the 2019-2020 school year.

School Name:  ____________________________________________________

After Care Provider Name:  ____________________________________________________

Name of SAF Chairperson
Or SAC Chairperson’s Name:  _____________________________  Date: ________________

Principal or Administrator:  _____________________________  Date: ________________

Please complete this form as soon as possible and return it by pony to Diann Holmberg at Before & After School Child Care, Rock Island Professional Development Center. Thank you for your assistance.
Please go to the BCPS Risk Management page and click on the link for Universal Precautions and Infection Control for access to the most current information.
This form must be completed in PDMS

Student Accident Report Notification Form

An accident report is required, if the following occurs: a parent and school administrator has been notified of an injury; or a serious injury, or a medical transportation service has been required.

Complete this form (Keep original on file).

All other reports are to be given to school and a copy kept for BASCC records. In addition, all information should be entered in the AS400 system on the L-05 Panel by the school IMT.

Date of Accident________ School Name________ School Number________

Student Name________ Date of Birth________

Student Address________ Time of Accident________

Parent Guardian Name________ Location / Type of Accident________

Location (check one):

☐ Before School
☐ After School
☐ Summer Camp
☐ Blacktop/Gym
☐ Classroom
☐ Playground
☐ Field Trip

Type:

☐ Assault/Battery
☐ Slip/Fall
☐ Accident
☐ Insect bite/sting
☐ Bite by person
☐ Scrape/Scratch
☐ Pushed
☐ Student wedge/stuck
☐ Hit by an object
☐ Swallowed (a tooth, toy, something)
☐ Ran into an object

☐ Bump
☐ Jammed finger
☐ Collisions
☐ Kick
☐ Sprain
☐ Burn
☐ Smashed finger
☐ Stabbed

Description of Accident:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Treatment (Check all that apply):

☐ Yes☐ No Called 911?

☐ Yes☐ No Parents Notified?

☐ Yes☐ No Transported to Hospital?

Office Of School Performance and Accountability (OSPA) notified?

754-321-3838 office 754-321-3886 fax

Reported by:________________________ School Telephone No.________

Witness:________________________ Signature________ Date________

Parent:________________________ Signature________ Date________

Name of Reporting Personnel:________________________ Job Title:________________________

__________________________________________________________________________

BASCC OFFICE USE ONLY

Time / Date Call Received: / /

Notes:

Initial:________ Date:________
This form must be completed in PDMS

IMMEDIATE NOTIFICATION FORM
INCIDENT REPORTING INFORMATION
Complete form for all serious incidents and any that require police or paramedics

School / Site ____________________________ Date __________

Time of Incident ________________
Area: (Check on the line below for School location) School Location Number __________

Program Provider Name: __________________________
Principal Name: __________________________

DETAILS OF INCIDENT

○ Victim
○ Suspect
Name __________________________

○ Student
○ Adult
Grade _______ Aqe:_______ DOB:_________ Race: _______ Sex: ○ M ○ F

Describe Incident:
________________________________________________________________________
________________________________________________________________________

Location of Incident __________________________
Police Notified: ○ Yes ○ No BY: ______________ Time: __________
Name of Police Department Contacted: __________________________
Paramedics Called: ○ Yes ○ No BY: ______________ Time: __________
Parents Notified: ○ Yes ○ No BY: ______________ Time: __________
School Administrator Notified ○ Yes ○ No BY: ______________ Time: __________
Office Of School Performance and Accountability (OSPA) ○ Yes ○ No

Below is the contact number for the Office Of School Performance and Accountability:
Office Of School Performance and Accountability (OSPA) 754-321-3838 office
754-321-3886 fax
Child Abuse Hotline Called: ○ Yes ○ No BY: ______________ Time: __________
(1-800-96-ABUSE / 1-800- 982-2973 * If the hotline has been contacted and a report has been made and accepted,
do not discuss this with the parents. BSO will contact the parent to discuss the call.)
Name of Reporting Personnel: __________________________ Job Title: __________________________

BASCC OFFICE USE ONLY

Time / Date Call Received: ___________
Notes:
Initial: __________ Date: __________
ADMINISTRATION OF MEDICATION/TREATMENTS

MEDICATIONS/TREATMENTS MAY BE ADMINISTERED BY THE SCHOOL PRINCIPAL OR HIS/HER DESIGNEE WHEN THERE EXISTS AN ILLNESS OR DISABILITY THAT REQUIRES MEDICATION/TREATMENT, WHEN FAILURE TO TAKE THE MEDICATION/TREATMENT COULD JEOPARDIZE THE STUDENT’S HEALTH, AND WHEN THE MEDICATION/TREATMENT ADMINISTRATION SCHEDULE CANNOT BE ACCOMODATED BEFORE OR AFTER SCHOOL. NO STUDENT SHALL BE REQUIRED TO BE PRESCRIBED OR ADMINISTERED ANY PSYCHOTROPIC MEDICATION AS A CONDITION OF SUCH STUDENT RECEIVING EDUCATIONAL OR SCHOOL-BASED SERVICES, INCLUDING BUT NOT LIMITED TO SCHOOL ENROLLMENT, CLASS ATTENDANCE, EXTRACURRICULAR ACTIVITY PARTICIPATION, OR SCHOOL-RELATED EVENT ATTENDANCE. SCHOOL PERSONNEL SHALL RECEIVE TRAINING ON MEDICATION/TREATMENT ADMINISTRATION PRIOR TO ADMINISTERING MEDICATIONS/TREATMENTS. THE CONFIDENTIALITY OF THE STUDENT’S DIAGNOSIS AND HEALTH STATUS SHALL BE ENSURED. SCHOOL PERSONNEL ADMINISTERING MEDICATIONS OR PROVIDING TREATMENTS IN ACCORDANCE WITH THIS POLICY SHALL NOT BE LIABLE FOR CIVIL DAMAGES (F.S.1006.062).

AUTHORITY: F.S.1001.41 F.S.1006.062 F.S. 1002.20
POLICY ADOPTED: 2/12/70
POLICY AMENDED: 9/5/74; 10/16/75; 1/5/84; 7/14/87; 9/4/90
AMENDED POLICY APPROVED: 9/4/97; 6/21/05; 1/18/17

I. ADMINISTRATION OF PRESCRIBED MEDICATION/TREATMENTS RULES

A. ADMINISTRATION OF MEDICATIONS

1. AUTHORIZATION

   An Authorization for Medication/Treatment Form must be completed for students receiving prescription medications. The completed form shall include the type, amount, time to be administered, possible side effects, and any special instructions regarding the medication. All prescribed medications may only be administered when both the physician and the parent/guardian have signed the form. Execution of the parental consent and physician section will grant the principal or his/her designee the permission to assist in the administration of all medications and shall explain the necessity for the medication to be provided during the school day, including when the student is away from school property on official school business. A new Authorization for Medication/Treatment form must be completed every 12 months or when changes are made to include the type, amount, time to be administered, possible side effects, and any special
instructions regarding the medication. Copies of the completed forms must be placed in the student’s cumulative folder.

2. ADMINISTRATION
All prescribed medications, will be administered by onsite healthcare personnel or by school personnel that are trained and designated by the principal.

3. TRANSPORTATION OF MEDICATIONS
All prescribed medications, must be transported by parents/guardians, unless the student has a special health condition. In accordance with F.S. 1002.20, students with special health conditions e.g., asthma, diabetes, hypersensitivity and cystic fibrosis or pancreatic insufficiency; regardless of the grade, may carry medication on self if approved by their physician and noted on the Medication/Treatment Authorization form as trained to perform. Medications are not to be transported on a school bus, unless the student is accompanied by trained personnel or has permission as outlined above to self-administer emergency medications.

4. RECEIVING AND STORING MEDICATIONS
In accordance with F.S. 1006.062(2), all prescribed medications, shall be received from the parent/guardian and counted (number of tablets or amount of liquid) and recorded on the area designated on the Student Medication Log. The medication shall be properly labeled and stored in the original container in a locked cabinet.

5. TRAINING
Training shall be provided to the principal or to the school personnel designated by the principal to assist students in the administration of medication. Training shall be provided by a registered nurse, or advanced registered nurse practitioner, a licensed practical nurse, a licensed physician, or a licensed physician assistant. A minimum of two people per school, including schools that have a designated school nurse, must be trained for administration of medications. School personnel must receive child specific training for emergency injectable medications e.g., glucagon and epi-pen, when ordered for students.

6. DOCUMENTATION
The principal is responsible for ensuring all school personnel who administer medication complete the Student Medication Log in accordance with the procedure in the Medication Administration Handbook.

7. FIELD TRIPS
The requirements for medication administration while students are away from school property or on official school business are the same as those while on school property. All medications, taken on a field trip or other official school business must be in the original container. Only trained personnel can administer
medication on a field trip or other official school business. In accordance with F.S. 1002.20, students with special health conditions e.g., asthma, diabetes, hypersensitivity and cystic fibrosis or pancreatic insufficiency; regardless of the grade, may carry medication on self if approved by their physician and noted on the Medication/Treatment Authorization form as trained to perform.

8. EXTENUATING CIRCUMSTANCES
Medication administration that requires consideration outside of the rules outlined within this policy must be reviewed and approved by the Coordinated Student Health Services Department. Parents may make requests for consideration through the school principal.

B. ADMINISTRATION OF TREATMENTS
1. AUTHORIZATION
   An Authorization for Medication/Treatment Form must be completed for all students receiving treatments (G-tube feedings, suctioning, etc.). The completed form shall include the type of treatment and times to be performed and be signed by the healthcare provider and the parent/guardian. Execution of the form will grant the principal and his/her designee the permission to administer or assist with the administration of treatments at school including when the student is away from school property on official school business. A new Authorization for Medication/Treatment Form must be completed every 12 months or when changes are made.

2. TRAINING
   In accordance with F.S. 1006.062, all personnel administering medical treatments must receive child specific training for the required treatment. Training shall be provided by a registered nurse, or advanced registered nurse practitioner, a licensed practical nurse, a licensed physician, or a licensed physician assistant.

3. DOCUMENTATION
   The principal is responsible for ensuring all school personnel that administer treatments complete the Daily Procedure Log in accordance with the procedure in Medication Administration Handbook.

4. FIELD TRIPS
   Only trained personnel can administer treatments on a field trip.

5. EXTENUATING CIRCUMSTANCES
   Medication administration that requires consideration outside of the rules outlined within this policy must be reviewed and approved by the
Coordinated Student Health Services Department. Parents may make requests for consideration through the school principal.

II. ADMINISTRATION OF PRESCRIBED OVER-THE-COUNTER (OTC) MEDICATIONS WITH PHYSICIAN APPROVAL RULES

A. ADMINISTRATION OF MEDICATIONS
   1. AUTHORIZATION
      An Authorization for Medication/Treatment Form must be completed for all students receiving prescribed over-the-counter (OTC) medications which require physician approval. The completed form shall include the type, amount, time to be administered, possible side effects, and any special instructions regarding the medication. All prescribed over-the-counter medications, may only be administered when both the physician and the parent/guardian have signed the form. Execution of the parental consent and physician section will grant the principal or his/her designee the permission to assist in the administration of all medications and shall explain the necessity for the medication to be provided during the school day, including when the student is away from school property on official school business. A new Authorization for Medication/Treatment form must be completed every 12 months or when changes are made. Copies of the completed forms must be placed in the student’s cumulative folder.

      There are seven selected over-the-counter medications (OTC) that are permitted for grades 9-12 with parental approval only. The medications are as follows: Tylenol, Midol, Ibuprofen, Tums, Allegra, Claritin and Lactaid. An Authorization for Selected Over-the-Counter Medication with Parental Approval Only form must be completed and signed by the parent and student and notarized.

   2. ADMINISTRATION
      All prescribed over-the-counter medications, will be administered by onsite healthcare personnel or by school personnel that are trained and designated by the principal.

   3. TRANSPORTATION OF MEDICATIONS
      All prescribed over-the-counter medications, must be transported by parents/guardians, unless the student has a special health condition. In accordance with F.S. 1002.20, students with special health conditions e.g., asthma, diabetes, hypersensitivity, and cystic fibrosis or pancreatic insufficiency; regardless of the grade, may carry medication on self if approved by their physician and noted on the Medication/Treatment Authorization form.
as trained to perform. Medications are not to be transported on a school bus, unless the student is accompanied by trained personnel or has permission as outlined above to self-administer emergency medications.

4. RECEIVING AND STORING MEDICATIONS
   In accordance with F.S. 1006.062(2), all prescribed over-the-counter medications, to be administered by school personnel that are trained and designated by the principal, shall be received from the parent/guardian in the original sealed container, and counted (number of tablets or amount of liquid) and recorded on the area designated on the Student Medication Log. The medication shall be properly labeled and stored in the original container in a locked cabinet.

5. TRAINING
   Training shall be provided to the principal or to the school personnel designated by the principal to assist students in the administration of medication. Training shall be provided by a registered nurse, or advanced registered nurse practitioner, a licensed practical nurse, a licensed physician, or a licensed physician assistant. A minimum of two people per school, including schools that have a designated school nurse, must be trained for administration of medications.

6. DOCUMENTATION
   The principal is responsible for ensuring all school personnel who administer medication complete the Student Medication Log in accordance with the procedure in the Medication Administration Handbook.

7. FIELD TRIPS
   The requirements for medication administration while students are away from school property or on official school business are the same as those while on school property. All prescribed over-the-counter medications, taken on a field trip or other official school business must be in the original container. Only trained personnel can administer medication on a field trip or other official school business. In accordance with F.S. 1002.20, students with special health conditions e.g., asthma, diabetes, hypersensitivity and cystic fibrosis or pancreatic insufficiency; regardless of the grade, may carry medication on self if approved by their physician and noted on the Medication/Treatment Authorization form as trained to perform.

8. EXTINGUISHING CIRCUMSTANCES
   Medication administration that requires consideration outside of the rules outlined within this policy must be reviewed and approved by the Coordinated
III. SELF-CARRY AND SELF-ADMINISTRATION BY STUDENT OF SELECTED OVER-THE-COUNTER (OTC) MEDICATIONS WITH PARENTAL APPROVAL ONLY FOR STUDENTS IN GRADES 9-12

RULES

A. AUTHORIZATION

1. An Authorization for Selected Over-The-Counter Medication (OTC) with Parental Approval Only form must be completed, signed and notarized by the parent/guardian and student in (grades 9-12) to self-carry and self-administer selected (OTC) medications on school grounds and during school sponsored events. Only medications listed on the Authorization for Selected Over-The-Counter Medication with Parental Approval form are permitted, only for the symptoms identified on the form for a maximum of two doses per day. The selected over-the-counter (OTC) medications for self-carry and self-administration by the student must be contained within the manufacturers original container labeled with the student’s name. The medication must be self-administered in accordance with the manufacturer’s labeled instructions.

2. ADMINISTRATION

A new Authorization for Selected Over-the-Counter Medication (OTC) with Parental Approval Only form must be completed, notarized signed by parent/guardian and student and submitted to the school every school year. The Authorization for Selected Over-the-Counter Medication (OTC) with Parental Approval form is valid only for the duration of a given school calendar year. Any changes in selected over-the-counter (OTC) medication, during a school calendar year shall require that a new Authorization for Selected Over-the-Counter Medication (OTC) with Parental Approval form to be completed and received by the school. Principal/designee must maintain the Authorization Form and file it in the student’s CUM Health folder at the end of the school year. Students in grades 9-12 are only permitted to self-carry and self-administer only one selected OTC medication as authorized on the form by the parent/guardian for a maximum of two doses/day.

3. DISCIPLINARY ACTIONS

Consequences for sale/attempted sale/transmittal of any over-the-counter (OTC) medications will result in disciplinary actions as outlined in The Code of Student Conduct (Policy 5.8).

4. EXTENUATING CIRCUMSTANCES

Administration of over-the-counter (OTC) medication that requires consideration outside of the rules outlined within this policy, for administration
by trained school personnel, as well as self-carry and self-administration by student, must be reviewed and approved by the Coordinated Student Health Services Department. Parents may make requests for such consideration through their school principal.

IV. SELF-CARRY AND SELF-ADMINISTRATION BY STUDENT OF OVER-THE-COUNTER TOPICAL PRODUCTS

1. Students in all grade levels may self-carry and self-administer the following products: sunscreen, bug repellents (i.e., wipes, lotions). NO AEROSOL SPRAY OR PUMP PRODUCTS are allowed.

2. The student’s parent/guardian is responsible for provision and safety of products being self-administered by their child:
   - Providing education/instruction on use/self-administering
   - Age-appropriate according to the manufacturer’s label
   - Safe for their child to self-carry and self-administer during the school day, while students are away from school property, engaged within field trips, and/or other school-sponsored events.

V. RIGHTS, RULES AND RESPONSIBILITIES OF USE, POSSESSION, SALE, TRANSMITTAL OF OVER-THE-COUNTER MEDICATIONS

1. Parent/guardian and student must familiarize themselves of rights, rules and responsibilities of use, possession, sale/attempted sale/transmittal of any over-the-counter (OTC) medications, as outlined in The Code of Student Conduct (Policy 5.8).
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Coordinated Student Health Services, 1400 NW 14 Court, Fort Lauderdale, FL 33311

AUTHORIZATION FOR MEDICATION: Prescription or Over-the-Counter Medication

Student's Name: ___________________________ Date of Birth: __________ Grade: __________

School: ___________________________ Phone #: ___________________________ Fax#: ___________________________

Allergies: ___________________________

Diagnosis: ___________________________

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE &amp; ROUTE</th>
<th>FREQUENCY</th>
<th>SPECIFIC TIMES</th>
<th>SPECIAL INSTRUCTIONS/ SIDE EFFECTS</th>
</tr>
</thead>
<tbody>
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</table>

List any emergency precautions / health emergencies that should be anticipated for this student; e.g. allergy triggers, diabetic reactions, etc.:

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrive, is this adequate for student survival? □ YES □ NO, IF "NO", specifies: ________________________________________________________________

Physician's Name (Printed) ___________________________ Physician's Signature ___________________________

Physician's Office Address ___________________________ Physician's Telephone & Fax Numbers ___________________________

Date Completed ___________________________

This information will be obtained by School Board District Personnel

PARENTAL PERMISSION FOR MEDICATION
(TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN)

Student's Name: ___________________________ Date of Birth: __________ Grade: __________

I grant the principal or his/her designee the permission to assist or perform the administration of each medication to or for my child during the school day, including when he/she is away from school property for official school events. If my child has been authorized by his/her physician to self-administer their medication(s), I grant permission for my child to self-administer their medication at school and when they are away from school property for official school events. In the event that my child is unable to self-administer their medication, I give permission for the principal/designee to perform the administration of the prescribed medication.

NOTE:
- Medications must be supplied in the original container. Ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.
- School personnel may administer only medications authorized by a physician.
- It is your responsibility to notify the school when there is a change in medication regimen.

Parent/Guardian Name (Printed) ___________________________ Signature of Parent/Guardian ___________________________

Date Signed ___________________________ Home Phone Number ___________________________

Work/Cell Phone Number (Include Ext. if any) ___________________________

Form #2240 Rev. 8/15
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
Coordinated Student Health Services, 1400 NW 14 Court, Fort Lauderdale, FL 33311

AUTHORIZATION FOR TREATMENT

Student's Name: ___________________________ Date of Birth: ___________________________ Grade: ___________________________

School: ___________________________________ Phone #: ___________________________ Fax#: ___________________________

Diagnosis: ___________________________ Allergies: ___________________________

TREATMENTS DURING SCHOOL HOURS

Treatment Plan: ___________________________

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>TYPE</th>
<th>MEDS / FEEDING AMOUNT</th>
<th>FREQUENCY SPECIFIC TIMES</th>
<th>RATE / FLOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheterization</td>
<td></td>
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<tr>
<td>Feeding</td>
<td>G-Tube □ J-Tube □ NG-Tube □ Special _______</td>
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<td></td>
<td></td>
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<tr>
<td>Suctioning</td>
<td>Oropharynx</td>
<td></td>
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<tr>
<td></td>
<td>Tracheostomy □ Deep □ Surface</td>
<td></td>
<td></td>
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<tr>
<td>Tracheostomy</td>
<td>Tube Replacement</td>
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<tr>
<td></td>
<td>Care (Cleaning)</td>
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<tr>
<td>CPT</td>
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<tr>
<td>Oxygen/Misting</td>
<td></td>
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<tr>
<td>Ventilator</td>
<td></td>
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<tr>
<td>Nebulizer Tx</td>
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<td></td>
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<tr>
<td>Pulse Oximeter</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Are any of the above procedures required for emergency care? □ YES □ NO, IF "YES", specify: ___________________________

List any procedures the student has been trained to perform ___________________________

List any limitations / precautionary measures that should be considered; e.g. physical education, outdoor activities, transporting, lifting, moving, special devices / equipment: ___________________________

List any emergency precautions / health emergencies that should be anticipated for this student; e.g. allergy triggers, diabetic reactions, etc.): ___________________________

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrive, is this adequate for student survival? □ YES □ NO, IF "NO", specifies: ___________________________

Physician's Name (Printed) ___________________________ Physician's Signature ___________________________

Physician's Office Address ___________________________ Physician's Telephone & Fax Numbers ___________________________

Date Completed ___________________________

This information will be obtained by School Board District Personnel

PARENTAL PERMISSION FOR TREATMENT

(TO BE COMPLETED BY THE STUDENT'S PARENT / GUARDIAN)

Student's Name: ___________________________ Date of Birth: ___________________________ Grade: ___________________________

I grant the principal or his / her designee the permission to assist or perform the administration of each treatment/procedure to or for my child during the school day, including when he/she is away from school property for official school events. If my child has been authorized by his/her physician to self-administer their medication(s), I grant permission for my child to self-administer their treatment at school and when they are away from school property for official school events. In the event that my child is unable to self-administer their treatment, I give permission for the principal/designee to perform the administration of the prescribed treatment. NOTE: school personnel may administer only treatments authorized by a physician. It is your responsibility to notify the school when there is a change in treatment regimen.

Parent / Guardian Name (Printed) ___________________________ Signature of Parent / Guardian ___________________________

Date Signed ___________________________ Home Phone Number ___________________________ Work/Cell Phone Number (Include Ext. if any) ___________________________
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Authorization for Selected Over-The-Counter Medication (OTC) with Parental Approval Only

This Form Is VOID If Altered.

INSTRUCTIONS: Each section must be completed by parent/guardian for student to self-carry or self-administer any of the selected over-the-counter medication (OTC) with parental approval only. The form is void if any section is incomplete. This form is to be signed by the parent/guardian and student and notarized.

I. Student/Parent Information

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Birth Date:</th>
<th>Allergies:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian (Print Name):</td>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
<td>Other Phone:</td>
<td></td>
</tr>
</tbody>
</table>

II. Medication (To Be Completed By Parent/Guardian)

This Request is to be effective for the School Year 20___ - 20___ or from ________ to ________

Only ONE Medication may be selected. Only 2 doses of the medication are allowed on person.

<table>
<thead>
<tr>
<th>Medication to be Administered by Mouth</th>
<th>Dosage and Time</th>
<th>Symptoms</th>
<th>Comments</th>
<th>Expiration Date of Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYLENOL (Acetaminophen)</td>
<td>Administer according to the manufacturer's label</td>
<td>For relief of minor aches and pain; fever (100.4 will not be treated as school)</td>
<td>Student with temperature over 100.4 must be sent home.</td>
<td></td>
</tr>
<tr>
<td>TUMS (Calcium Carbonate)</td>
<td>Administer according to the manufacturer's label</td>
<td>For stomach ache or heart burn</td>
<td>Alert: May cause constipation.</td>
<td></td>
</tr>
<tr>
<td>ADVIL, MOTRIN ( Ibuprofen)</td>
<td>Administer according to the manufacturer's label</td>
<td>For relief or body aches &amp; menstrual cramps; fever (100.4 will not be treated as school)</td>
<td>Alert: Contains no aspirin but should not be given if student has asthma or allergy to aspirin.</td>
<td></td>
</tr>
<tr>
<td>MIDOL (Acetaminophen, Pamabrom)</td>
<td>Administer according to the manufacturer's label</td>
<td>Menstrual cramps</td>
<td>Alert: Aspirin sensitive students should be careful.</td>
<td></td>
</tr>
<tr>
<td>ALLEGRA (Fexofenadine)</td>
<td>Administer according to the manufacturers label</td>
<td>For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose).</td>
<td>Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to.</td>
<td></td>
</tr>
<tr>
<td>LACTAID (Lactase)</td>
<td>Administer according to the manufacturers label</td>
<td>Lactose intolerance</td>
<td>No common side effects when used in small doses</td>
<td></td>
</tr>
<tr>
<td>CLARITIN (Loratadine)</td>
<td>Administer according to the manufacturers label</td>
<td>For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose).</td>
<td>Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to.</td>
<td></td>
</tr>
</tbody>
</table>

Rev. 03/2017

Section C Program Operations Page 105
III. Parental Permission (To be completed by Parent/Guardian only)
By signing below, I (the parent or legal guardian) understand that the selected over-the-counter medications with parent only permission will be self-carried and self-administered by the student. I understand that if I permit my child to self-carry and self-administer medication, I assume full responsibility for any consequence resulting from medication administration by my child. I understand that all medication must be in the original sealed container, clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she sells or transmits this medication, he/she will be consequence based upon the District’s Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the self-carry and self-administration of the selected over-the-counter medications. I am also releasing The School Board of Broward County, Florida, from any liability that results in my son/daughter selling or transmitting any of the medications identified above.

Name of Parent/Legal Guardian (Please Print): ____________________________
Signature of Parent/Legal Guardian: ____________________________ Relationship to the Student: ____________________________
Home Phone: ____________________________ Business/Mobile Number: ____________________________
Email Address: ____________________________

IV. Student Acknowledgment (To be completed by Student only)
Name of Student (Please Print): ____________________________
Signature of Student: ____________________________

V. To be completed by Notary Public only

STATE OF FLORIDA
COUNTY OF ______________________
The foregoing instrument was acknowledged before me this _____ day of ________________, 20____, by
__________________________________________.
Personally Known __________ OR Produced Identification ____________
Type of Identification Produced ______________________________________

(Notary Seal)

__________________________
Official Notary Signature

__________________________
Printed Name of Notary

Rev. 03/2017
**STUDENT MEDICATION LOG**

*Allergies*  

**MEDICATION**  

**NAME**  

**DOSSAGE**  

**TIME TO BE GIVEN**  

**ROUTE**  

- Record the amount of medication received (e.g. # of pills, amount of liquid) with each initial receipt in the  
  "Notes" Section on the Reverse  
- Record time medication was given (or reason not given) and initials in the appropriate boxes  
- If medication is not given, please use one of the following abbreviations to indicate the reason why:  
  A-absent  O-out of medication  F-field trip  D-discontinued  R-refused  DW-dose wasted  ER-early release day  
  V-vacation/school closed  S-Other  

<table>
<thead>
<tr>
<th>Date</th>
<th>AM</th>
<th>PM</th>
<th>Initials</th>
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</table>

**SIGNATURE**  

**DOCUMENTATION OF RECEIPT OF MEDICATION**  

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>MEDICATION (Name and dosage)</th>
<th>AMOUNT (# of tablets or amount of liquid)</th>
<th>PARENT/GUARDIAN SIGNATURE</th>
<th>RECEIVED BY (SIGNATURE)</th>
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<tbody>
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Rev. 05/013
Supplement #23

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA RELEASE FORM

The purpose of this release form is to provide documentation for a school’s records when releasing a dependent child to the custody of an authorized agent of the Department of Children and Families or law enforcement officer pursuant to Florida Statutes 39.401 (1) (b) which states:

Taking a child alleged to be a dependent into custody
(1) A child may be taken into custody:
(2) By a law enforcement officer, or an authorized agent of the department, if the officer or agent has reasonable grounds to believe that the child has been abandoned, abused, or neglected, is suffering from illness or injury, or is in an immediate danger from his/her surroundings and that his/her removal is necessary to protect the child.

Prior to the time that any dependent student is authorized to be taken into custody, procedures as listed in Board Policy 1162 shall be followed.

AFFIRMATION OF AUTHORITY

I am taking ______________________      ____________________ into
(Child’s Name)            (Date of Birth)

Protective custody pursuant to Chapter 39.401 of Florida Statutes. Upon removal of the aforementioned child from________________________ the authorized agent of the Department of Children and Families or other law enforcement agency shall assume full responsibility for the child and for notifying the child’s parent/guardian (after the child’s removal from school).

__________________________________________    _____________________________
Signature of Authorized Department of Children & Families
Agent or Law Enforcement Officer

Witnessed by:

__________________________________________
Signature of School Official

__________________________________________
Signature of Special Investigative Unit
Investigator
Date and time of
Behavioral Therapy

- Parents/guardians who would like their child to receive therapy for behavioral health during program hours must use a therapy company that has been approved via SEDNET.

Follow this link for more information:

- Verify that the company is approved prior to allowing them on campus.
- If they are approved under SEDNET, they may provide services during program hours.
- If they are not on the list they cannot provide services. If you have questions regarding behavioral health email: charlene.grecsek@browarschools.com

Occupational Therapist

- Parents requesting occupational therapy services during program hours must complete the following packet from Exceptional Student Learning Support.
- Therapists are required to go through FieldPrint to get a level 2 security clearance.
- If cleared, the therapist must wear their badge while on campus.
- School principal must sign the attached document.

Application
Packet_Pr...
Section D

Financial Section
Students must be enrolled for the entire payment period, for the prescribed number of hours. Partial week payments for students who are absent from the program due to illness or other reasons is not permitted. BASCC programs may not offer drop-in services.
Operational Fees Paid to Host School and SBBC

- By the 15th of each month of service, all providers shall remit 10% of the previous month’s gross revenue to the host school, in addition to 5% to SBBC. This amount is equivalent to the 15% currently remitted to SBBC by SBO programs.
  - The form used for this Operational Fee is called the “Private Provider Monthly School Remittance”.
  - Programs specifically designed to service students with special needs, funded by the Children's Services Council, or a City with an RFP, will not pay the 15%.
  - A campus monitor is required for each location.
    - The cost will be covered by the provider.

Consumable Items Fee

- All programs will pay a consumable items fee.
  - This fee will cover items used on a daily basis such as toilet paper, paper towels, soap, etc.
- The fee will be calculated using the following:
  - $0   1-30 students
  - $5   31-100 students
  - $10  101-200 students
  - $5 additional, each day, for each increment of 100 students

Children's Services Council (CSC) Programs

- If the program is 100% CSC funded, or a city sponsored program with an RFP, the provider will pay a maximum of $750.00 per year.
  - Assessed for the use of the building for 180 instructional days
- Programs that are partially funded by CSC will be assessed 10% of the monthly gross revenue collected for fee based students.
  - Remitted to the school
  - The provider will pay a maximum of $750.00 per school year
    - Assessed for the use of the building for 180 instructional days
The Facility Usage Agreement (FUA) is part of RFP FY20-007 and is used in lieu of a lease agreement. The FUA covers one fiscal year (July 1st to June 30th). Principals receive the FUA by May 1st, prior to the beginning of the new fiscal year. Principal review the usage dates requested, and determine if the school can meet the provider's request.

If the school cannot meet the request, the FUA is returned to the provider to make appropriate changes. Once the dates are agreed upon, and the principal signs the FUA, the application is sent to the Office of Service Quality for final SBBC approval.
Fee Based Programs

In accordance with RFP FY20-007, BASCC receives $15.00 per student registered during the school year, and $15.00 per student registered in summer programs from all providers.

- This amount is determined by the program's student count on the Monday closest to the 15th of October of each school year, and by the first day of July of each summer.
  - All students registered must be counted.
  - Payment to BASCC shall be submitted by the 31st of October of each school year, and by the 15th of July of each summer.

Children's Service Council/City Based Programs

This amount has been altered for city-based programs, as well as those programs funded by the Children’s Services Council.

- Programs will pay a total of $5.00 per child, annually, for the first year.
- Programs will pay a total of $10.00 per child, annually, for the second year.
- Programs will pay a total of $15.00 per child, annually, for the third year.
- Payment is due by the 31st of October.
- Payment is based upon the 15th of October count.
Registration Fee

- A Registration Fee is required for all students who enroll or re-enroll in BASCC programs.
- Fee is per student
- This fee is non-refundable.
Fees must be paid in advance of services.

Payment Schedule

- It is suggested that students are registered for a full payment period.
  - Payment periods are based upon the program’s hours of operation.
  - Fees are based on an hourly rate.
  - Cost per payment period is prorated when school is closed.
  - A payment schedule for the year must be distributed to the parents.

Partial Week Payments

- Partial week payments for students who are absent from the program due to illness or other reasons is not permitted.

Refunds Due to Withdrawal

- A student who has paid in advance for the period and withdraws from the program during that period, will be entitled to a refund for the number of remaining days in the period.
  - The Family Registration Fee is non-refundable.

Collection of Fees

- Fees may be collected in weekly, bi-weekly, or monthly installments, in advance of service.
- Fees for schools on a year-round schedule, must adjust their monthly fees.
- Parents may request adjustments to the fee or fee collection schedules from the provider.
• Before care programs, regardless of program length, are not eligible for staff or sibling discounts.
• Full-time SBBC employees and program employees whose children attend the aftercare program, are eligible for a 5% discount.
• Families with more than one child registered at the same program site are eligible for a 5% discount for the second, third and any additional children.
• Discounts cannot be combined.
PPO programs are required to provide children of on-site staff with an alternate program fee, based upon a one-hour childcare program. This can be offered during the school's morning or afternoon planning time.

- This alternate one-hour program will be made available only to children of on-site school board staff working at that particular school site.
- Program is not available to school board employees from other locations.
- Because they are SBBC employees, they receive the 5% discount.
- Students registered as “One Hour Staff” must be signed out of the program prior to the end of the one hour period.
- Late Pick-Up fees must be applied after the one hour period has ended.

Free childcare cannot be offered to any SBBC employee.

Note: All full time SBBC employees receive a 5% discount only on aftercare fees.
Late Pick-Up

If a parent/guardian is late to pick up a student or students, a Family Late Pick-Up fee is charged for each 15 minute interval (1-15 minutes; 16-30 minutes; 31-45 minutes, etc.).

- Fee is charged per family, not per student.
- Fee may not exceed $15.00 per every 15 minutes.
- Fee amount must be communicated to all parents and stated in the program’s handbook.
  - Refer to SPB I-454.

Procedures for Students Not Picked Up by Program Closing Time

- If a student has not been picked up by the program’s closing time, the supervisor should attempt to contact the parent/guardian by telephone.
- If the parent/guardian cannot be reached, the emergency contacts listed on the student’s registration form should be called.

Procedures for Students Not Picked Up/One Hour After Closing Time

If neither parent(s)/guardian(s), nor emergency contacts can be reached, and there has been no communication from parent(s)/guardian(s):

- The program’s must contact the school based administrator
  - With the school based administrator’s permission, notify the SBBC Special Investigative Unit at 754-321-0725.
  - If the student is taken into the custody of the police, the officer must sign the School Board Policy 1161, Supplement 23, School Board of Broward County Release Form.
  - The police department will notify the Department of Children and Families (DCF).
Supplemental documentation can be found in the subpages below.
FACILITY USAGE AGREEMENT COVER SHEET - RFP FY20-007

FISCAL YEAR APPLYING: 

PROVIDER NAME: 

SCHOOL NAME: 

CHILDREN’S SERVICES COUNCIL (CSC) INFORMATION:
Is this program a Children’s Services Council (CSC) scholarship school?  
□ YES  □ NO
If yes, is this a year round grant (School and Summer) scholarship?  
□ YES  □ NO
How many children does CSC fund for the school year?  

How many children does CSC fund for the summer and days off?  

Provide the pay scale, for these children receiving scholarships.

OTHER SCHOLARSHIP INFORMATION:
Is this program funded by another organization?  
□ YES  □ NO
If yes, what is the name of the funding agency:  

How many children receive scholarships from this funding agency?  

Provide the pay scale, for these children receiving scholarships.

PROVIDER SCHOLARSHIP INFORMATION:
Does your company provide scholarships for this location?  
□ YES  □ NO
How many scholarships does your company provide for this location?  

Provide details on the number of scholarships your company provides to this location and the percentage the family pays for their children to attend.

*Approximately, how many children do not receive any type of scholarship?  

My company agrees to notify the school if there is change to the information above.  
□ YES  □ NO

Provider, you must provide this school with a copy of your parent pay scale, registration fee, and collection dates for this location. Failure to provide this information may result in denial of the “Facility Usage Agreement” by the Area Office. These documents must be attached to your “Facility Usage Agreement”.

Section D Financial Section Page 11
### FACILITY USAGE AGREEMENT FOR RFP FY20-007
### DAY(S) OF INTENT TO PROVIDE CHILD CARE SERVICES

**May 29, 2019**

<table>
<thead>
<tr>
<th>Specific Need</th>
<th>Dates</th>
<th>Number of Children</th>
<th>Number of Rooms Needed</th>
<th>Security Cost (if required by school)</th>
<th>Time(s) of operation for request</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Year (180 days to include Early Release)</td>
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<td></td>
<td>All provider programs $750 per 180 days. Consumable items cost applies per day to all programs, and depends on the number of students the program is servicing.</td>
</tr>
<tr>
<td>Holidays (District is closed)</td>
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<td>All provider programs $750 per day the District is closed. Consumable items cost applies per day to all programs, and depends on the number of students the program is servicing.</td>
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<tr>
<td>Winter Break (Excludes Green Days - District Open)</td>
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<td>All provider programs $750 per day District is closed. Consumable items cost applies per day to all programs, and depends on the number of students the program is servicing.</td>
</tr>
<tr>
<td>Spring Break (Excludes Green Days - District Open)</td>
<td></td>
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<td>All provider programs $750 per day District is closed. Consumable items cost applies per day to all programs, and depends on the number of students the program is servicing.</td>
</tr>
<tr>
<td>Teacher Planning Days</td>
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<td>Consumable items cost applies per day to all programs on a teacher planning day and depends on the number of students the program is servicing.</td>
</tr>
<tr>
<td>Summer Camp*</td>
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<td>All provider programs $750 per summer for the fiscal year. Consumable items cost applies per day to all programs, and depends on the number of students the program is servicing.</td>
</tr>
<tr>
<td>June</td>
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<td>All provider programs $750 per day when the District is closed. Consumable items cost applies per day to all programs, and depends on the number of students the program is servicing.</td>
</tr>
<tr>
<td>July</td>
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<td>All provider programs $750 per day when the District is closed. Consumable items cost applies per day to all programs, and depends on the number of students the program is servicing.</td>
</tr>
<tr>
<td>August</td>
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<td>All provider programs $750 per day when the District is closed. Consumable items cost applies per day to all programs, and depends on the number of students the program is servicing.</td>
</tr>
</tbody>
</table>

*Summer Camp is not held when District is closed, i.e. 4th of July or a designated holiday.

---

Principal’s Signature ___________________________ Date ____________

OSQ: □ Approved  □ Not approved  OSQ Representative Signature ___________________________ Date ____________
In accordance with RFP FY20-007, BASCC receives, from every provider, $15.00 per student registered during the school year, and $15.00 per student registered in summer programs. The amount provided to BASCC is determined by the program’s student count on the Monday closest to the 15th of October of each school year, and by the 1st day of July of each summer.

- All students registered must be counted.
- Payment to BASCC shall be submitted by the 31st of October of each school year, and by the 15th of July of each summer.

This amount has been altered for city-based programs, as well as those programs funded by the Children’s Services Council.

- These programs will pay a total of $10.00 per child, annually.
- Payment is due by the 31st of October.
- Payment is based upon the 15th of October count.

This amount remitted includes scholarship students, vouchedered students, and students with special needs receiving services under the RFP FY20-007.

Date: ____________
Private Provider Name: __________________________ School Year ____ Summer: ____

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Director Name</th>
<th>Number of Students Registered</th>
<th>Multiplied by $15</th>
<th>Multiplied by $10 for CSC/City</th>
<th>Total for Site</th>
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Make check payable to: School Board of Broward County, Florida
Keep a copy of attendance sheet for this time period in your documentation file for verification.

Total Remitted: ____________
Private Provider Monthly School Remittance

School Name: ________________________________

Private Provider: ________________________________

Private Provider Contact Person: ________________________________

Private Provider Contact Number: ________________________________

Total number of students currently in program for before and/or after care: ________________________________

Total number of students receiving scholarships: ________________________________

Total number of full fee paying students: ________________________________

Total number of students who registered, this month, for the program: ________________________________

Total number of students who withdrew, from the program, this month: ________________________________

*Attach your program’s monthly attendance log for this school location.*

<table>
<thead>
<tr>
<th>Check Which Month</th>
<th>Revenue Collection Date</th>
<th>Check Remittal Date</th>
<th>Total Collected for Program</th>
<th>10% for School</th>
<th>5% for SBBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1 – August 31</td>
<td>9/15/20</td>
<td>____________________</td>
<td></td>
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<td></td>
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<tr>
<td>September 1 – September 30</td>
<td>10/15/20</td>
<td>____________________</td>
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<tr>
<td>October 1 – October 31</td>
<td>11/15/20</td>
<td>____________________</td>
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<tr>
<td>November 1 – November 30</td>
<td>12/15/20</td>
<td>____________________</td>
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<tr>
<td>December 1 – December 31</td>
<td>1/15/20</td>
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<tr>
<td>January 1 – January 31</td>
<td>2/15/20</td>
<td>____________________</td>
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<tr>
<td>February 1 – February 27 (28)</td>
<td>3/15/20</td>
<td>____________________</td>
<td></td>
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<tr>
<td>March 1 – March 31</td>
<td>4/15/20</td>
<td>____________________</td>
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<tr>
<td>April 1 – April 30</td>
<td>5/15/20</td>
<td>____________________</td>
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<tr>
<td>May 1 – May 31</td>
<td>6/15/20</td>
<td>____________________</td>
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<tr>
<td>June 1 – June 30</td>
<td>7/15/20</td>
<td>____________________</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>July 1 – July 31</td>
<td>8/15/20</td>
<td>____________________</td>
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<td></td>
</tr>
</tbody>
</table>

Check Number for School: ________________________________

Check Number for District: ________________________________

Type name of Provider Representative who completed this form: ________________________________

Signature of Provider Representative: ________________________________
Private Provider Custodial Assistant Tasks
This is the private provider’s staff member. The assistant is finished when all tasks listed below have been completed. At sites where no Operational Fee is paid to school, the Private Provider shall provide a staff person to serve as Custodial Assistant.

School Name: ________________________________

Date of Check: ________________  Staff Member: ________________________________
Indicates the task has been successfully completed.
DO NOT TOUCH BODILY FLUIDS.
INFORM THE SCHOOL CUSTODIAN IF ANY BODILY FLUIDS ARE FOUND

<table>
<thead>
<tr>
<th>BASCC Bathrooms</th>
<th>Before After School Child Care Begins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group bathrooms should have been cleaned from day’s use before the assistant starts duties.</td>
<td></td>
</tr>
<tr>
<td>• Pick up and empty trash using rubber gloves and litter pickers.</td>
<td></td>
</tr>
<tr>
<td>• Wipe off sinks using rubber gloves and properly mixed cleaning chemicals supplied by the facility.</td>
<td></td>
</tr>
<tr>
<td>• Stock paper towels (if applicable), soap and toilet paper.</td>
<td></td>
</tr>
<tr>
<td>• Prepare Classrooms</td>
<td></td>
</tr>
<tr>
<td>• Put chairs at desks.</td>
<td></td>
</tr>
<tr>
<td>• Pick up and empty trash using lobby pan, lobby broom and gloves.</td>
<td></td>
</tr>
<tr>
<td>• Prepare Classrooms for Cleaning</td>
<td></td>
</tr>
<tr>
<td>• Pick up and empty trash using lobby pan, lobby broom and gloves.</td>
<td></td>
</tr>
<tr>
<td>• Stack chairs in an area agreed upon by the facility.</td>
<td></td>
</tr>
<tr>
<td>• Pick up and empty trash outside.</td>
<td></td>
</tr>
<tr>
<td>• Prepare Cafeteria for Next School Day</td>
<td></td>
</tr>
<tr>
<td>• Wipe tables using rubber gloves and cleaning solution provided by the facility.</td>
<td></td>
</tr>
<tr>
<td>• Pick up trash using lobby pan, lobby broom and gloves.</td>
<td></td>
</tr>
<tr>
<td>• Sweep floors using push broom, gloves, trash receptacle and dust pan. Also empty trash.</td>
<td></td>
</tr>
<tr>
<td>• Same cleaning as before BASCC begins.</td>
<td></td>
</tr>
</tbody>
</table>

Clean Up After Care (After 5:30 p.m.)

If there are any problems, please tell your site supervisor to contact 754-321-3330, if the problem cannot be solved.

Comments: ____________________________________________

Supervisor’s Signature ________________________________  Custodian’s Signature ________________________________
Section E

Employment Information
Staffing the Program

Minimum Staff Requirements

- Staff is defined as any person who is in direct supervision of students.
- Staff must be at least 18 years of age and meet the job description.
- All staff must have Level II Security Clearance.
  - Broward County Public Schools will oversee appropriate background checks and screenings of all staff.
  - Completed by “FieldPrint, Inc.”
  - Background screening includes fingerprinting, local criminal record check, and Florida Department of Law Enforcement (FDLE) check.

Supervisor Requirements

- The supervisor of the program must be at least 21 years of age and meet the job description.
- In the absence of the supervisor, there must be a person designated to perform supervisory responsibilities.
  - This designee must meet the same qualifications as the supervisor.

Student Workers

- Student workers may be used to assist staff members.
- Student workers must be fingerprinted.
- Additional Requirements:
  - Must maintain a 2.5 grade point average
  - Must be 16 years of age or older
- May not be counted in the staff-to-student ratio
- May not be left alone with students

After Hiring

- Each site must provide a “Staff Handbook” to employees.
- This handbook must be reviewed at staff meetings and with new hires.
- Staff members must sign a document confirming the Staff Handbook has been reviewed.
- A template for a Staff Handbook is provided by BASCC annually.

Identification Badge

- A copy of each employee’s photo ID badge must be kept on-site in their personnel file.
- All PPO employees, who also work for SBBC, must obtain a vendor badge through FieldPrint, Inc.
- All BASCC program employees must wear their current and unexpired school/program badge at all times.
Program Training Requirements

Orientation Training Requirements

Programs must conduct an orientation for all employees. The orientation must include, but not be limited to:

- Overview of the organization
- Overview of the childcare program
- Review of the Operational Handbook
- Review of the Staff Handbook
- Review of developmentally appropriate practices
- Review of the School’s Safety Plan and Procedures
- Review of the BASCC Quality Standards
- Review of School Board Policies related to childcare employees
- Familiarity with specifics related to the school location site

Staff Training Requirements for Each Program

The following are required for programs to meet “Quality Standards”:

- First Aid and CPR: Two staff must be present at all times with current certification
- SBBC Anti-Bullying: All staff must complete within the first two weeks of employment
  - Certificate required
- Department of Children and Families (DCF) online “Identifying and Reporting Child Abuse and Neglect” training must be taken annually by all SBBC staff, including supervisors.
  - All staff must complete within the first two weeks of employment
  - Certificate required
- At least one staff member with SBBC Medication Dispensing training must be on site at all times.
- On-going staff development for all employees, provided on a regular basis and kept on file.
  - Training: minimum of 2.5 hours quarterly, ten hours annually
  - Requirement includes supervisors
  - Evidence of training must include:
    - Agendas
    - Sign-in Sheets
      - Programs may use the “BASCC Staff Development Sign-In” form included in the supplements for this section for documentation.
      - Meeting content must be included as a part of the documentation.
      - First Aid/CPR/AED and DCF Child Abuse and Neglect training may not be used to meet the staff development requirement.
Supplemental documentation can be found in the subpages below.
The Largest Livescan Network in Florida

Regulated Providers: Click on the program logo for more information on signing-up for our services.

Individuals: For the AHCA, DCF, and VECHS programs, your organization must set-up an account before you can be fingerprinted through this system. You will be asked for a Fieldprint code that is specific to your organization.

- Quick, easy scheduling
- Convenient locations
- Fast, professional fingerprint collections

Schedule an Appointment

How It Works

Our Locations

Set Up An Account

FAQs

About Fieldprint

Fieldprint’s fingerprinting process is quick, easy and convenient!

1. Schedule Your Visit
   - Sign in to our secure system to schedule your fingerprinting appointment at a convenient site near you.

2. Attend Appointment
   - Visit our professional collection location and have your fingerprints scanned electronically.

3. Get Results Fast!
   - We submit your fingerprints to the state electronically, so your results are returned quickly.

Applicants - Get started today! It’s easy to schedule an appointment.
Section F
Students with Special Needs
Underlying Premises

Guidelines were developed by the Before & After School Child Care (BASCC) Department, the Exceptional Student Learning Support (ESLS) Department, and the Equal Education Opportunities (EEO) Department of the School Board of Broward County (SBBC). These guidelines were based on the premises that:

1. BASCC is not a part of the educational process; it is a service for parents/guardians and students.

2. Programs need to provide students with disabilities equal access, and follow the American Disability Act (ADA) guidelines.

3. It is the responsibility of the schools, the providers, and the School Board of Broward County, to inform parents/guardians about BASCC opportunities.

Student Information

1. Student Eligibility: All pre-school, elementary, middle and high school students enrolled in a Broward County Public School (BCPS) are eligible to participate in a BASCC program. A student with disabilities must have equal access to attend before and/or after care.

SBBC provides students with disabilities equal access to BASCC programs, and accommodations are provided to meet the unique needs of these students. SBBC’s procedures for BASCC include a process for identifying and implementing accommodations to meet students’ unique needs.

2. When applying for services, the parent will complete the BASCC Special Needs Informational Document, identifying all of the student’s needs. Failure to provide true and accurate information to the program will result in the student being removed immediately. As students’ needs will vary, the program will determine if the student’s immediate needs can be met at that time. For example: is there staff in place who can service the student, or does the program need to hire additional staff? If staff are not available, the program will hold the spot until staff can be put into place to meet the needs of the student.

The purpose of the BASCC Special Needs Informational Document is to determine: staffing, special training needs for staff, special equipment, transportation, and anything else necessary. The designated person from the school can be the ESE Specialist, the 504 Liaison, the ESE teacher, and/or a
classroom teacher who may be asked to assist the program. The designated person will review the document. The program may request that an observation of the student be conducted to best determine the needs of the student.

3. When necessary, an attempt will be made to provide transportation after enrollment in a BASCC program. Transportation to the program is arranged by the school with the BCPS transportation department. If transportation cannot be provided by BCPS, then it will be the parent’s responsibility to provide the transportation.

4. Discussions between the provider and the parent/guardian regarding the Special Needs Informational Document will determine the program staffing needs. For accommodations to be met, additional staff may be needed. This includes: finding a person by advertising, screening, fingerprinting, and training to meet the student’s needs.

5. Students with special needs will be included with their non-disabled peers to the fullest extent possible. Lower student-to-staff ratios, if needed, will be provided on a case-by-case basis.

Current general population ratios required by BASCC:
- Pre-K 1:10
- K-5 1:20
- 6-8 1:25

6. Eligible PPOs must adhere to these guidelines, or it will be deemed a breach of RFP requirements, and may be cause for termination.

7. If a parent/guardian feels that their child has been discriminated against, and the program/school or parent/guardian needs additional information, contact the Equal Opportunities (EEO)/American Disabilities Act (ADA) Compliance Department of BCPS at 754-321-2150.

Any other concerns or questions should be directed to the Before & After School Child Care (BASCC) department at 754-321-3330.
Parent/guardian requests before or after care services for a student with special needs.

1. A meeting must take place to determine accommodations that will best meet the student’s needs. This meeting may include the parent/guardian of the student, the student, the BASCC supervisor or program designee, the ESE Specialist, the 504 liaison or classroom teacher, and additional staff that work with the student during the school day. At this time, an answer cannot be given to the parent or guardian, as all options for the best care must be fully considered.

2. The BASCC program supervisor, or provider designee, and the ESE Specialist will discuss several options:

   a. Services can be provided

      The BASCC program supervisor, or provider designee, the ESE Specialist, the 504 Liaison or classroom teacher agree that the student’s needs for before or after care can be met in an inclusive setting within the program. This team decision is based upon the level of support needed to meet the student’s needs, as well as the available program resources. IEP requirements do not apply to before or after school programs. The BASCC supervisor or provider designee will notify the parents/guardians that their child may complete registration for the before or after care program.

   b. Two-week trial period option

      The BASCC program supervisor or provider designee will attempt to address ways to meet the student’s needs and document attempts on the form provided. A two-week trial period is in effect for all students attending a BASCC program. During this time, the BASCC program supervisor or provider designee, will look at how well the program is meeting the student’s needs.

   c. Referral for an alternative placement for a student with "complex needs"

      If the special needs of the student cannot be met at the program, and every attempt has been made to find appropriate alternatives, a referral for an appropriate alternative program placement will be made.

      A student with "complex needs" may not be able to function with assistance in an elementary group with a ratio of 1:20 or a middle school group with a ratio of 1:25.
If all of the above requirements have been met, and an appropriate program is available, the program provider will contact the parent or guardian with the before or after care options.

If no options for placement are available, the program provider will draft a letter to the family, stating that it has made every attempt to locate services for the family, but is unable to recommend program placement at this time. The provider will continue to explore alternatives to meet the family’s needs for the future.

Exceptional Student Learning Support, 754-321-3400 (can arrange training).

Director, BASCC, Broward County Public Schools, 754-321-3330.
SUPPLEMENTAL DOCUMENTATION SECTION

Supplemental documentation can be found in the subpages below.
Document Completed in PDMS
Before and After School Child Care (BASCC)
Special Needs Informational Document

Student Number: ___________________________ Date Submitted: ___________________________

Name of Student: _______________________________________________________________

Date of Birth: ___________ Age: ___________ Grade: ___________

Registering Adult: _______________________________________________________________

Home Phone: ___________________________ Work Phone: ___________________________

Emergency Phone: ___________________________ Cell Phone: ___________________________

Street Address: _______________________________________________________________

City: __________________________________________ State: ____ Zip: ___________

After School Provider and Program Location: _______________________________________

Student’s School: _______________________________________________________________

Does the student have an IEP (Individualized Education Program) or 504 Plan? 
○ Yes ○ No

If no to the above, is the student being considered for testing? ○ Yes ○ No

If yes, will you provide a copy of the plan? ○ Yes ○ No

Please check the special education services received at school:
○ Full-time ○ Cluster Class
○ Part-time ○ Other

Please indicate classroom staff to child ratios: ___________________________

Please indicate student’s Matrix of Services required:

○ Autism Spectrum Disorder ○ Gifted ○ Specific Learning Disabled

○ Deaf or Hard of Hearing ○ Language Impaired ○ Speech Impaired

○ Developmentally Delayed (Age 0-5) ○ Occupational Therapy ○ Trainable Mentally Handicapped

○ Dual-Sensory Impaired ○ Orthopedically Impaired ○ Traumatic Brain Injured

○ Educable Mentally Handicapped ○ Other Health Impaired ○ Visually Impaired

○ Emotional/Behavioral Disabilities ○ Physical Therapy ○ Diabetic

○ Established Conditions (Age 0-2) ○ Profoundly Mentally Handicapped ○ Other

Please list any secondary diagnosis: ___________________________________________

______________________________________________

COMPLETE MEDICATION INFORMATION IS NECESSARY IN A MEDICAL EMERGENCY
Please list ALL current medication and daily dosage:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please list any side effects to the above medications: ___________________________
Student’s Name: ___________________________ Student Number: ________________

Do medications need to be administered during the program?  ○Yes  ○No

If yes, please complete Medication Authorization Form.

Special Diet: ___________________________

Please list any allergies: ___________________________

In order to best meet the needs of the student, please complete the following information completely and accurately.

The student is able to:

Dress  ○Independently  ○Needs Partial Assistance  ○Needs Total Assistance

Use the Bathroom:  ○Independently  ○Needs Partial Assistance  ○Wears Pull-Ups or Diapers  ○Needs Total Assistance

PLEASE NOTE! PARENTS MUST PROVIDE DIAPER/PULL-UP SUPPLY AND ADEQUATE CHANGES OF CLOTHES

If the student requires toileting assistance, do they indicate the need or show signs of the urge?  ○Yes  ○Sometimes  ○No

Has the student been included in a 1:20 staff to child ratio?  ○Yes  ○Sometimes  ○No

Does the student need assistance to participate in activities?  ○Yes  ○Sometimes  ○No

Does the student play with toys appropriately?  ○Yes  ○Sometimes  ○No

Does the student requires 1:1 care?  ○Yes  ○No

If yes, please explain: ____________________________________________________________

Does the student receive public school transportation?  ○Yes  ○No

Has the student ever required physical restraint?  ○Yes  ○No

Has the student ever become aggressive towards others?  ○Yes  ○Sometimes  ○No

Does the student run away from a group or designated area?  ○Yes  ○Sometimes  ○No

Would the student attempt to hide?  ○Yes  ○No

Do the student’s siblings attend the program?  ○Yes  ○No

Does the student have seizures?  ○Yes  ○No

If yes, please complete Seizure Action Plan.

What is the student’s level of speech and communication (including language spoken at home):

List any assistive technology or communication devices required:

List any challenging behaviors (for example: hitting, kicking, biting, pinching, screaming, tantrums, eloping):

Are there situations in which the student is more likely to engage in the above behaviors?

What is the response to these behaviors at home?

What is the response to these behaviors at school?
Name of Student: ________________________________

Student’s motivating rewards and reinforcers: ________________________________

Please list the student’s interests: ________________________________

Special training recommended for staff: ________________________________

Requested staff to student ratio: ○ 1:1 ○ 1:4 ○ 1:10 ○ 1:20 ○ other _____________

(Not all programs provide these ratios)

I agree to release the information from my child/dependant’s IEP (Individualized Education Program) or 504 Plan ○ Yes ○ No

THE PARENT / GUARDIAN’S SIGNATURE BELOW INDICATES AGREEMENT WITH THE FOLLOWING LANGUAGE:

• I understand this pre-enrollment conference is not a guarantee of my child’s placement in the before and/or after school child care program. The purpose of the “Pre-enrollment Conference” is to determine if this program is most appropriate for my child.

• I understand that this program is not designed for therapeutic or one-on-one care. I understand this before and/or after school program operates within the provisions of the American’s with Disabilities Act, which allows for equal access for students.

• I understand and agree that if my child is determined to be a threat to the overall health and safety of him/herself or others, he/she may be expelled from the before and/or after school child care program.

• After taking in considerations all needed accommodations, I understand that upon entering, all students have a two week trial period. If the program cannot meet the student’s needs, the student may be withdrawn.

• I understand that all students, regardless of their diagnosis, are subject to disciplinary procedures. Parent conferences, probationary periods, and suspension are some of the steps that may be taken to ensure children and families are aware that their before and/or after school placement is in jeopardy. In some cases, students may be subject to emergency suspension or expulsion, at the sole discretion of the before and/or after school provider, if the student’s behaviors are beyond our staff’s ability to control.

• I give permission for information from this intake interview to be shared with the Before and After School Child Care (BASCC) Special Needs Committee, if special considerations need to be made for my child’s after school placement.

School Representative: ________________________________ Signature: ________________________________

LIST other individuals present at intake:

Print Name / Relationship to student ________________________________

Print Name / Relationship to student ________________________________ Date: 1/18/2019

Print Name / Relationship to student ________________________________

Print Name / Relationship to student ________________________________

Registering Adult: ________________________________

Signature of Registering Adult: ________________________________ Date: 1/18/2019

Agreed upon ratio: ○ 1:1 ○ 1:4 ○ 1:10 ○ 1:20 ○ other _____________

☐ Signature
Case Note Log

Name of Student: ___________________________ Student Number: ___________________________

Date of Birth: ___________________________ Age: ___________________________ Grade: ___________________________

Registering Adult: _____________________________________________

After School Provider and Program Location: _____________________________________________

The following attempts have been made to assist the family of the above student:

Call(s) made to the following:

Contact 1
Name of Organization: _____________________________________________
Date of call: _____________________________________________
Spoke with: _____________________________________________
Suggestions/Solutions: _____________________________________________

Contact 2
Name of Organization: _____________________________________________
Date of call: _____________________________________________
Spoke with: _____________________________________________
Suggestions/Solutions: _____________________________________________

Contact 3
Name of Organization: _____________________________________________
Date of call: _____________________________________________
Spoke with: _____________________________________________
Suggestions/Solutions: _____________________________________________
Organizations for Assistance

211 First Call for Help, Special Needs Connections
Phone: 211 Mainline
Phone: 954-390-0493 Administration
www.211specialneeds.org or 211-broward.org
Special Needs Help-Line Counselors, Care Coordinators
Phone: Dial 2-1-1

2-1-1 can help you find food, housing, health care, senior services, child care, legal aid and much
more. Visit our Special Needs Connections, Senior Touchline, and TeenSpace websites to see a
complete list of our services.

Achievement & Rehabilitation Centers, Inc. (ARC)
10250 NW 53rd Street
Sunrise, FL 33351
Phone: 954-746-9400
TTY/TTD: 954-577-5357
Fax: 954-746-9496
arcbroward.com
Contact: Mainline

Ask for specifics department for needed services intake for a Team Leader (i.e.,
behavior/discipline or speech, etc.)
Visit website to see complete list or programs and services.

Ann Storck Center, Inc.
1790 SW 43rd Way
Fort Lauderdale, FL 33317
Phone: 954-564-8000
Fax: 954-321-8863
www.annstorckcenter.org
Contact: Dawn Terlizze, ext. 377 dterlizze@ascfi.org
Lori Mandke ext. 319, Pre-school Director
Cecilia Nanetti, ext. 325, Pre-school Coordinator
The Center is dedicated to enriching the lives of children and adult with developmental disabilities.

We provide service/program for preschool age children, and adults through agency programs, and teach
empowerment skills to families in need by hosting ongoing events for their enhancement of life.
Organizations for Assistance

**Broward Autism Foundation**
P.O. Box 450476
Sunrise, FL 33345-0476
Phone: 954-465-4700
asabroward.org
info@asabroward.org
**Contact:** Fabiola Torrez, President

Providing “free” support groups and recreational services for anyone affected by autism, and for parents/guardians and/or caregivers. For more info visit the websites.

**Center for Hearing & Communication (CHC) aka League for the Hard of Hearing**
2900 West Cypress Creek Road, Suite 3
Fort Lauderdale, FL 33309
Phone: 954-601-1930 (Voice Direct)
TTY: 954-601-1938
Fax: 954-601-1399
chchearing.org
**Contact:** David Williams ext. 322, Programs Operations Manager, dwilliams@chchearing.org
Kim Schur, Director, Audiology, kschur@chchearing.org

CHC meets hearing and communication needs through professional services that provide the highest level of clinical expertise, and technical know-how available in the hearing healthcare field.

In addition, serves as an educational resource to consumers and healthcare professionals worldwide seeking information on hearing loss and hearing conservation.

**Center for Independent Living**
4800 N. State Road 7, Suite 102
Fort Lauderdale, FL 33319
Phone: 954-722-6400
TTY: 954-735-0963
Fax: 954-735-1958
Toll Free: 888-722-6400
cilbroward.org

Our mission is to offer assistance to people with disabilities in fulfilling their goals of independence and self-sufficiency.

In addition, providing core services of advocacy, independent living skills, information and referral, and peer support.

We offer programs/services in housing/ADA accessibility, nursing home transition, employment, high school high tech/youth services, assistive technology and equipment, and the Florida Telecommunications Relay, Inc. (FTR).
Organizations for Assistance

South Broward Hospital District (SBHD)
d/b/a Memorial Healthcare System (MHS)
7031 Taft Street
Hollywood, FL 33024
Phone: 954-584-7000
Fax: 954-985-0382
mhs.net
Contact: Tim Curtin
tcurtin@mhs.net
954-985-7004 (Voice Direct)
SBHD d/b/a MHS mission is to provide safe, quality, cost-effective, patient and family centered care regardless of one’s ability to pay, with the goal of improving the health of the community. We extend beyond medical care to address issues of all residents’ quality of life, such as advocating air conditioning in local public housing and conduct programs to engage at-risk children and seniors.

The Children’s Advocacy YMCA Family Center
900 SE 3rd Avenue
Fort Lauderdale, FL 33316
Phone: 954-623-5555
Fax: 954-623-5556
ymcabroward.org
Contact: Alison Bergman-Rodriguez, Executive Director, Special Needs
abergman-rodriguez@ymcabroward.org
754-551-7138 ext. 1103
Ratios: 1:2, 1:4, 1:6
The Advocacy engages programming and service coordination foster physical, social and academic development, as well as family strengthening. Our unique service approach strives to address key issues that impact school-age youth, teens, families and active older adults of all developmental levels. We engage communities in our three areas of focus:
Youth development - nurturing every child and teen, Healthy living - improving the communities' health, and Social Responsibility - giving back & supporting others.

United Community Options, Inc. (UCO) (Formerly UCP)
3117 SW 13th Court
Fort Lauderdale, FL 33312
Phone: 954-584-7178
Contact: Jill Reipsa
954-315-4058 (Voice Direct)
jill.reipsa@ucpsouthflorida.org
Ratio is 1:5 and will take all children with special needs.
UCP serves more than 1,800 infants, children and adults with developmental disabilities. In addition to Cerebral Palsy, UCP service anyone with conditions such as Down syndrome, autism, spina bifida, prematurity, hearing, intellectual disabilities and speech delay.
We have programs and services a designed to meet the special needs of each individual and family served, with a common goal: to enable people with disabilities to reach their greatest potential, and achieve rewarding and productive lives as fully participating members of their communities.
Index

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