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# Operational Handbook

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

Modified Date: 09/18/2023



# 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

Date	Section	Page	Comment
10/6/21	All	All	Removed Covid-19 Section. Updated all sections and Index
10/14/19	C	27	Change to CAN Policy
8/16/21	C		Removed technology requirement
8/16/21	C		Medication Dispensing Training, two staff required
8/16/21			Fire Drills: requirements updated
8/16/21			NOAA weather radio and weather alert phone removed
8/16/21	E		Program Training Requirements: Two staff members with Medication Dispensing Training
10/7/2020	D		Fees paid to BASCC
7/23/2020	All	All	All sections updated
4/13/2020	C	27	Updated CAN Policy

# Contact Information

<b>Name</b>	<b>Position</b>
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## Location Information:

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# Mission Statement

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

## History of Before and After School Programs

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 and After School Child Care Operational Handbook for on-site before and after school child care programs. The handbook is reviewed and revised as deemed necessary by BASCC.

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.

# Acronyms

For the purpose of this document, the following acronyms will be used:

- Before and After School Child Care (BASCC)
- Broward County Public Schools (BCPS)
- Broward County Public Schools Special Investigative Unit (SIU)
- Business Support Center (BSC)
- Centers for Disease Control and Prevention (CDC)
- Declaration of Vacancy (DOV)
- Exceptional Student Education (ESE)
- Extended School Year (ESY)
- Florida Department of Children and Families (DCF)
- Learning Across Broward (LAB)
- Operational Handbook (OH)
- Private Providers (PPO)
- Program Data Management System (PDMS)
- Request for Proposal (RFP)
- School Advisory Council (SAC)
- School Advisory Forum (SAF)
- School Board of Broward County (SBBC)
- School Board Operated (SBO)
- School Activity Notification Form (SANF)



# BASCC Policy 6000.3

6000.3

6000.3

## 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  
POLICY ADOPTED: 9/15/92

Rules Amended: 9/21/93

### 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

## School Board of Broward County Policies

POLICY TITLE	POLICY #
Administration of Medications/Treatments	6305
Advertising	6300
Anti-Bullying	5.9
Assaulting Personnel	4017
Audiovisual Materials Use Policy	6100
Before and After Care Student Programs	6000.3
Bomb Threat Procedures	2.4
Building Evacuation Drills	2305
Ceremonies at All School Board-Sponsored Functions	1344
Clubs and Organizations	6205,5201
Coordination of Examinations by Outside Audit Groups	3101
Copyrighted Materials - Reproduction Usage	6318
Distribution of Video Tapes and Films	6740
Drug-Free Workplace	2400
Employee Disciplinary Guidelines	4.9
Facility Security	2302
Face Coverings	2170
First Aid	5303
Food and Beverage Services Available to Students	3.2
Gifts to Schools	3412
Instruction and Instructional Materials for Minority Cultures	6307
Insulting Personnel: Disturbing School Functions	4018
Internal Accounts	3411
Leases-Rentals of Real Property and Facilities	2314
Long Distance Phone Calls	3201
Mandatory Reporting of Child Abuse, Abandonment, Neglect or Need of Supervision	5.3
McKinney-Vento Act for Homeless Students	5.1A
Non-School Funds	3.1
Promotion and Public Relations Funding	3413
Property Accountability and Responsibility	3204
Publications	6207
Reporting Injuries	2301
School and District Technology Usage	5306

Self-Reporting Rule-Arrests/Charges and Final Dispositions	2405
Smoking on School Board-Owned Premises	1120
Special Investigative Unit (SIU)	4017.1
Taking a Dependent Child into Custody	1162
Treatments of Students and Employees with Communicable Diseases and Conditions	5012
Tutoring	4202
Use of Broward County School Facilities for Commercial Film Production	1341.1
Weapons	2304.1
Workplace Violence	2410



## **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) **Purposes:**
  - 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](mailto: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 SECTION

Supplemental documentation can be found in the subpages below.

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



Provider Name

## Provider Logo

**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 **6** 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

Provider Name

## Provider Logo

### 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

# 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 2<sup>nd</sup> & 3<sup>rd</sup> 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

School Name

Two (2) Hour Stay

Provider Logo

Week of:

Student Names	Date	Monday				Tuesday				Wednesday				Thursday				Friday							
		Time In	Time Out	Code	Signature	Time In	Time Out	Code	Signature	Time In	Time Out	Code	Signature	Time In	Time Out	Code	Signature	Time In	Time Out	Code	Signature				

.5 Unit

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1 Unit

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Provider Address

Codes: AB=Absent    .5 ≥ 57 & ≤ 112 minutes    X = ≤ 57 minutes    √ = Present or ≥ 113 minutes

## Program Selection

When parents/guardians request the services of an on-site BASCC program, the school administration may select a School Board Operated (SBO) or Private Provider Operated (PPO) program. The School Advisory Council (SAC) or School Advisory Forum (SAF) may recommend an authorized provider that they feel will best meet the school's needs. The change of provider is the sole responsibility of the school site administration.

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 School Board of Broward County for final approval.

**RFP FY20-007** states:

Program selection will be based upon visits to providers' sites and provider presentations. Before distribution, all printed promotional material must be pre-approved, in writing, by the Before and After School Child Care department (BASCC). Providers are not permitted to contact school administrators to offer their company's service. If the school is interested in changing providers, or providing childcare for their location, it is their responsibility to contact the provider. Providers must follow the timeline for distribution of promotional materials set by BASCC. This timeline, as specified by the BASCC Operational Handbook, will allow for an annual distribution of materials, through the department.

The Chief School Performance and Accountability Officer and the BASCC Director will be notified, by the school administrator, 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, SAC/SAF, and school administrators with establishing the selection of an on-site Before and/or After School Child Care program.

The rules in the policy are consistent with the BASCC Operational Handbook (OH).

## II. Background

On-site BASCC programs are established to provide inclusive programs that are safe and nurturing in a comfortable environment. Schools that have enough parent/guardian 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

If school administration deems that they are unable to operate a program of their own, they may select a Private Provider Operated program. 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 OH.

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

When parents/guardians request the services of on-site before and/or after school child care, the school's administration shall identify the best program. The administration may choose the SBO or PPO program that will best meet the school's needs.

The SAC/SAF may recommend an authorized provider that they feel will best meet the school's needs. The change of provider is the sole responsibility of the school site administration.

## 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. Estimates from parent groups and projections based on the prior year's school enrollment, etc. should be included.

The school administration will determine if there is a need for on-site childcare, and which program will be offered. If an SBO program is chosen, school

administration is required to determine who will be responsible for operating the program (the supervisor).

If a PPO is chosen, school administration must meet with at least three private providers to determine which organization will best meet the needs of their families.

School administration must send a signed memorandum, indicating a decision has been made to begin a program, to the Chief School Performance and Accountability Officer with a copy to the Director of BASCC, located at 2301 NW 26<sup>th</sup> Street, Fort Lauderdale, FL 33311. This memorandum must be received by April 30<sup>th</sup>.

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)

All new providers must ensure that the level of quality services can be maintained.

- a. The school administrator will call the BASCC department at 754-321-3330, and ask for a list of providers, and the schools they currently manage.
- b. The school administrator, along with a selected team, will investigate which type of program will best meet the needs of the school community.
- c. As part of the selection process, the school administrator will contact private providers or school board operated programs, and request references of their school programs.
- d. The school administrator 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.
- e. The school administrator, along with selected team members, will visit at least three schools to assist in determining the best program design for the school's schedule.
- f. The school administrator may review results of the investigation with the SAC/SAF, at which time SAC/SAF may make a recommendation. The school administrator makes the final decision on the selection of a provider.

If there will be a change in providers, school administration must send a signed memorandum, indicating a decision has been made to begin a program, to the Chief School Performance and Accountability Officer with a copy to the Director of BASCC, located at 2301 NW 26<sup>th</sup> Street, Fort Lauderdale, FL 33311. This memorandum must be received by April 30<sup>th</sup>.

School administration must give a 60-day written notification to the existing provider, stating that their services will no longer be needed.

This decision should be determined no later than April 30<sup>th</sup>.

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

All new providers must ensure that the level of quality services can be maintained.

1. November – BASCC shares provider information with all elementary/middle/high and center 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 school administrator 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). A committee should be created to investigate the program that will best meet the needs of the school. A determination must be made as to whether the school is best served by choosing an outside provider or being an SBO provider itself. For questions regarding SAC, you may reach out to Kelli S. Blackburn, Office of Service Quality, [kelli.blackburn@browardschools.com](mailto:kelli.blackburn@browardschools.com), or 754-321-3870.
4. February/April – (Final Decision) The school administrator will select the provider for the school. This decision should be determined no later than April 30<sup>th</sup>.
5. May – Chief School Performance and Accountability Office and BASCC Director receive notification.

An immediate change of program will occur if one or more of the following occur:

1. A private provider gives a 60-day written notice to the school, stating they will no longer provide service.
2. 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. There are safety concerns, and the concerns have not been addressed in a timely manner.

# 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.
- 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 last student leaves.
- 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.
- If there are two providers on the site, campus monitors may be shared.
  - Each program must have access to all campus monitors' personnel files.

## 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 not escort students, parents or other adults around campus
  - Campus Monitors may need to remove students or visitors due to safety issues.
- May never be with a group of students or at the desk.
- Call 911 if anything suspicious occurs on campus
- Does not accompany programs on off-site field trips.
  - Stays on campus to ensure program areas are safe upon students' return.



# 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 staff responsibility 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 Conduct". Behavior expectations must be posted in all indoor 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 exiting students from the program must be part of the Parent Handbook.

## Minimum Procedures for Exiting a Student Due to Behavior Issues

Parents/guardians 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 the program's discipline plan at the time of enrollment via the Parent Handbook.
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 regarding exiting the student must be completed in PDMS and emailed to the principal. In addition, a "Child Behavior Planning" form must be used after the second incident. 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/guardian conference with the principal, or designee, will be held to discuss the student's progress.
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.

# Student Registration

## General Registration Information

- 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
  - Requested, not required
- A password for parent/guardian identification over the phone
- Additional information as requested on the application

## 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.
- Registration forms must be printed for use in a possible evacuation.
- Registrations must have current information and be updated as necessary
  - If current school year's registration form is updated, all previous versions must be retained.
  - 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.
  - Registration and pay period fees must be paid before the student can attend the program.

## Primary Registering Parent/Guardian/Secondary Registering Parent/Guardian

- The primary registering parent/guardian is the only person who can make changes to the original registration form.
- A second parent or legal guardian may complete the secondary registering parent/guardian form and sign it. It will be attached to the student's registration

document.

- A secondary registering parent/guardian may not delete or change the information provided to the program by the primary registering parent/guardian, 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 30<sup>th</sup> 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.



## Parental/Legal Guardian Rights

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, and 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 who is not listed on the parent pick up list brings court documents deeming they are the legal guardian, 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 of a change to 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
- Signing the student in and/or out of the program in PDMS

### 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 Raptor Visitor Management 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 12 years of age.
  - To authorize persons under the age of 18 for pick-up, parent/guardian must complete a "Pick-Up Authorization" form
    - Name must be listed as authorized for pick-up on the student registration form.
    - "Pick-Up Authorization" form is available in the "Supplemental Documents" section of the BASCC Operational Handbook.
- 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.

# Release of Liability

## When to Use

- A “Release of Liability” form must be used if a parent/guardian 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 program
- 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-out.

## Facility Space for Program Operations

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 administration and office staff should be notified of all off campus field trips.

# 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 review 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.

## BASCC Quality Standards Needs Assessment

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.

# Program Annual Evaluation

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

The SAC/SAF reviews:

- 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 reviews the effectiveness of the program.

- This information must be kept at the school site.
- 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 5<sup>th</sup> Grade 1:20
- 6<sup>th</sup> Grade to 8<sup>th</sup> Grade 1:25
- Students with special needs may require a lower ratio (this includes high school students with special needs).
  - Campus monitors may not be included in this count.

## Minimum Staffing Requirement

- When students are present, program must have one qualified and trained supervisor/site manager, one campus monitor, and one additional staff member.
- The campus monitor will arrive fifteen minutes prior to the start of the program and stay fifteen minutes after the program closes.

## Staff members on-site:

- Current CPR certification (two staff at all times)
  - BASCC does not accept online training.
- Current First Aid certification (two staff at all times)
  - BASCC does not accept online training.
- Medication Dispensing (two 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>
  - This training must be completed annually by all staff.

# Safety Information

## 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

## Daily Safety Checklist

- A daily checklist is in use to ensure the program space is safe and secure.
  - Checklist should include, but is not limited to, perimeter gates, gates to mechanical units, custodial closets and equipment, outdoor play areas, and restrooms

## 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 SBBC website.
- 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:

- Two during the month of August
- 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.

#### WeatherBug Application

- The WeatherBug application must to be on the supervisor's cell phone.
  - Used as evidence of weather monitoring at each location

#### 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 Raptor Visitor Management 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.

#### 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.



## BASCC Quality Standards Program Safety Check

BASCC before and after school programs and all BASCC Summer Camps may be 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.

# Medical/Accident/Incident/Emergency Information

## 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 annually 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 cooler 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

## 5.3 MANDATORY REPORTS OF CHILD ABUSE, ABANDONMENT, NEGLECT OR NEED OF SUPERVISION

A. Matters that Must be Reported. All school district personnel are required to report to the Department of Children and Families ("DCF") any knowledge or reasonable cause to suspect the following matters:

- that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare; or
- that 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; or
- that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare; or
- that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender.

B. How to Make Reports. Section 39.201 (2)(a), Florida Statutes, provides that reports shall be made to DCF through its toll-free hotline number: 1-800-96 ABUSE (962-2873)

C. Confidentiality of Reporters' Names. District school teachers, district school officials, district school personnel, social workers, day care center workers, professional child care workers, law enforcement officers, physicians, nurses, health professionals and mental health professionals are among those persons required by Section 39.201 (1)(d), Florida Statutes, to provide their names to DCF hotline staff. However, the names of reporters shall be held confidential and exempt from disclosure as provided by Section 39.202, Florida Statutes.

D. Criminal Penalties for Failure to Report. A person who is required to report known or suspected child abuse, abandonment, or neglect and who knowingly and willingly fails to do so, or who knowingly and willfully prevents another person from doing so, commits a felony of the third degree pursuant to Section 39.205(1), Florida Statutes, which is punishable as provided in Sections 775.082, 775.083 or 775.084.

E. Administrative Fines for False Reports. Section 39.206(1), Florida Statutes, entitles DCF to impose a fine, not to exceed \$10,000 for each violation, upon a person who knowingly and willfully makes a false report of abuse, abandonment or neglect of a child, or upon a person who counsels another to make a false report. In addition, a person who knowingly and willfully makes a false report may be civilly liable under Section 39.206(10), Florida Statutes, for damages suffered, including reasonable attorney fees and costs, as a result of the filing of the false report.

F. Immunity for Reporters. Any person reporting in good faith to DCF or any law

enforcement agency any instance of child abuse, abandonment or neglect shall be immune under Section 39.203(1), Florida Statutes, from any civil or criminal liability which might otherwise result by reason of such action. Section 39.203(2), Florida Statutes, provides that no employee of a facility serving children may be subjected to reprisal or discharge because of his or her actions in reporting abuse, abandonment or neglect.

G. Training for District Personnel. All school district personnel, including but not limited to: instructional including substitute teachers and non-instructional staff, school-based administrators, school-based support staff including clerical, custodial and food service, district level personnel, bus drivers and attendants and all staff that interact with students shall annually complete the DCF training on Reporting of Child Abuse and Neglect to the Florida Abuse Hotline.

Authority: F.S. 1001.41 (1) (2);

Laws Implemented: F.S. 39.201, 39.203, 39.205(1); 39.206, 39.01

Policy Adopted: 9/5/74; 5/8/78; 11/1/84; 12/7/93; 9/15/98

Policy Amended: 7/24/07, 5/2/00; 9/3/03, 9/19/14, 6/21/2016

## 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 two staff members who have 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>

# Taking a Dependent into Custody, SBBC Policy 1162

SBBC Policy 1162 & Supplemental for #23

## 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 (1)(2)

Policy Amended 5/2/00

Approved as Emergency Rule #ER82-I; 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-l: JL111L82

Rules Adopted:

Policy Amended:



# 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 Raptor Visitor Management 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](http://www.browardschools.com)

## Literature Dissemination

- Non-School Board providers who wish to have information and/or brochures made available to parents 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).

## SBBC High School Volunteer Information

- 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.
- For required volunteer service hours, supervisor is required to track hours carefully.
  - Volunteer must provide the form used by their high school
- Rules and training must be established.
- A staff person will be assigned to supervise the volunteers.

# Community Volunteer Information

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 Raptor Visitor Management System 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 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.
1. Volunteers must use the volunteer badge to sign in and out each time service is performed. If the Raptor Visitor Management 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 SECTION

Supplemental documentation can be found in the subpages below.



# Before and After School Child Care Parent Meeting Conference Form

Parent's Name \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title

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

# Parent Conference Documentation

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

# Child Behavior Planning Form

School: \_\_\_\_\_  
 (Used after 2<sup>nd</sup> incident)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Program Concern: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

STUDENT RESPONSIBILITY	PARENT/GUARDIAN RESPONSIBILITY	PROGRAM RESPONSIBILITY

# Program Communication Log

School Name: \_\_\_\_\_

Before/After Care Supervisor: \_\_\_\_\_  
(Print Name) (Signature)

DATE	SPOKE TO	PURPOSE OF CALL (Concern/Issue Request)	OUTCOME	NOTES

This form can be used for tracking communication regarding behavior and parent concerns.

# Student Registration Form (English)

Grade:

**Application**  
Before and After School Child Care Program

Parent/Guardian 1 Password:

Parent/Guardian 2 Password:

Before Care  1 hr. Staff  Extended  
 After Care  Non School  Day

**Student**

Student #  Home School:

Child's Name: Last  First  Starting Date:

Teacher's Name:  D/O/B:  Hair Color:

Age:  Gender:  Height:  Weight:  Eye Color:  Ethnicity:

Race  White  Black  Native American  Multiracial  Asian  Other  
 Non-Hispanic or Non-Latino  
 Hispanic or Latino

Child Lives with:  Both Parents  Mother  Father  Guardian  Shared Custody  Other

LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:

Are you a Broward County School Employee?  Yes  No Personnel #:

**Parent / Guardian 1**

Name (First)  (Last)  HomePhone

Primary Address  Cell Phone

City  State  Zip  Cell Phone Provider

Work

**Parent / Guardian 2**

Name (First)  (Last)  HomePhone

Second Address  Cell Phone

City  State  Zip  Cell Phone Provider

Work

List Email Addresses:

Can your child be photographed?  Yes  No

**Medical / Special Concerns**

Family Doctor:  Doctor 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, What?  Where?

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**

Name	Relationship	Home Phone	Work or Cell Phone

I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.

Signature  Print Name  Relationship to child  Date

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

Name	Relationship	Home Phone	Work or Cell Phone

I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.

Signature  Print Name  Relationship to child  Date



# Pick-Up Authorization

(Required to authorize persons between the ages of 12 and 18 to pick up students from a PPO program)

- I, the undersigned, hereby grant permission for:

\_\_\_\_\_

(Print Student First and Last Name)

to be picked up by:

\_\_\_\_\_/\_\_\_\_\_.

(Print Name)

(Relationship to Student)

- I understand that once my child is signed out by the person named above, he/she is no longer the responsibility of the program.
- I understand that my child and the person listed above must leave the campus once he/she has been signed out.
- The person authorized above must provide proof of identification at the time of pick-up such as a school ID, Driver's License, or other government issued photo ID.

\_\_\_\_\_

(Print Parent/Guardian Name)

\_\_\_\_\_

(Signature Parent/Guardian)

\_\_\_\_\_

(Date)

# Middle School After Care Student Sign-Out (12 or older)

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  
(Time)

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:

\_\_\_\_\_



# Middle School Before Care Student Sign-In (12 or older)

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:  
\_\_\_\_\_

SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
BEFORE AND AFTER SCHOOL CHILD CARE (BASCC)

- Elementary
- PreK-8
- Middle

Scoring: 4.0 3.5 3.0 2.5 2.0 1.5 1.0

If a standard receives a score of 2.0 or less, the principal will be contacted by a BASCC Program Supervisor.

## BASCC Quality Standards Needs Assessment

Program Location Number _____	Number of Students Enrolled _____
Date of Assessment _____ Visit <input type="checkbox"/> Provider _____	Number of Students Present _____
School _____ Principal _____	Approximate Number of Daily Staff, Excludes Campus Monitor _____
Supervisor _____	
Observer 1 _____	
Observer 2 <input style="width: 500px; height: 20px;" type="text"/>	

Human Relationships	Classifications
---------------------	-----------------

<b>1. All staff are actively engaged and interacting with students in positive ways.</b> <ul style="list-style-type: none"> <li>a. Positive language is used with the students.</li> <li>b. Students are greeted upon entry to the program and during transitions.</li> <li>c. Appropriate staff are circulating and providing assistance to students.</li> </ul>	<input style="width: 100px; height: 20px;" type="text"/>
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**Comments:**


<b>2. Staff provide students with choices to teach responsibility.</b> <ul style="list-style-type: none"> <li>a. Staff encourage students to become more responsible by assigning leadership roles.</li> <li>b. Staff encourage students to become actively engaged in the decision making process by providing choices when possible.</li> <li>c. For middle school students, choices should increase leadership competency and a sense of belonging (e.g. service projects).</li> </ul>	<input style="width: 100px; height: 20px;" type="text"/>
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**Comments:**


School Name \_\_\_\_\_ 9/13/2021 Page 1

The Before & After School Child Care(BASCC) department would like to acknowledge the National After School Association (NAA) "Standards of Quality Care" as the primary reference for development of our "Quality Standards".  
4 = Exemplary 3=Satisfactory 2=Needs Work 1=Priority Area





**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 must reach all program areas, 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.
- 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:


School Name \_\_\_\_\_

9/13/2021

Page 4

The Before & After School Child Care(BASCC) department would like to acknowledge the National After School Association (NAA) "Standards of Quality Care" as the primary reference for development of our "Quality Standards".

4 = Exemplary 3=Satisfactory 2=Needs Work 1=Priority Area

## 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 directly supervise students.
- c. If the program 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.
- g. If program is using outdoor equipment, it adheres to current BCPS COVID-19 guidelines.

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 member's 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:


School Name \_\_\_\_\_

9/13/2021

Page 5

**12. Students experience a wide variety of activities.**

- a. There are regular opportunities for active, physical play.
- b. There are regular opportunities for creative arts and dramatic/role play.
- c. There are regular opportunities for quiet activities and socializing.

Comments:


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

- a. The program's activity schedule reflects a minimum of two academic components for each group, per week. This excludes homework.
- b. Activities presented, and their time frames, are developmentally and age appropriate for the students in each group.
- c. Activities are flexible to meet varied styles, abilities, and interests of the students in the program.

Comments:


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

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

Comments:


School Name \_\_\_\_\_

9/13/2021

Page 6











**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:**


**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 unexpired 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:**


**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.**

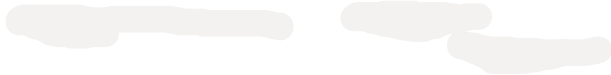
- a. A written mission statement sets forth the program's philosophy and goals.
- b. The program makes itself affordable to all families by using all possible community resources and sources of subsidy.
- c. It is the program's policy to enroll students with special needs and schedule pre-enrollment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

**Comments:**


**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/designees signature, site director/supervisor 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:**

# BASCC QUALITY STANDARDS NEEDS ASSESSMENT OBSERVATION FEEDBACK FORM

## AREAS FOR IMPROVEMENT

## AREAS OF EXCELLENCE

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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 & After School Child Care Quality Standards Needs Assessment for the 2021-2022 school year.

School Name: \_\_\_\_\_  
After Care Provider Name \_\_\_\_\_

*SAMPLE*

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 Wendy Rosenthal at Before & After School Child Care, Rock Island Professional Development Center. Thank you for your assistance.



Revised 2021/2022  
10/5/21  
E31\_OnsiteQual/NeedsAssmntReview\_Confirm 2021/2022





**The School Board of Broward County  
Before and After School Child Care  
"Show List"/Document File**



The "Show" list of documents creates the "Document File". Checklist of information and documentation that will be requested by observer

- Document file must be organized by standard and cue
- Must contain current examples/samples
- School Board Operated: must use a document file box, "Show Box"
- Private Provider Operated: may use document file box or binder

\_\_\_6a Documentation showing customer satisfaction surveys has been, or will be, completed prior to January of the current school year.

- copy of most recently conducted survey
- if current year's survey has not been conducted, plan and sample must be available

\_\_\_6e The following are available for review, examples must be current:

- program newsletters
- announcements of upcoming events
- recent student work
- current activity schedule

\_\_\_9a A map of the school with program locations highlighted and labeled

\_\_\_10a A daily checklist is in place to verify program space is safe and secure.

Cues 10f through 13b:

- highlight and label the items requested
- use duplicate schedules for each cue.

\_\_\_10f Weekly activity schedule shows that all groups are scheduled for at least 30 minutes of active physical play for every three-hour block of time.

\_\_\_11c Written schedule includes:

- group name
- grade level
- number of students in group
- staff members' names
- location
- time scheduled/length of time



**The School Board of Broward County  
Before and After School Child Care  
"Show List"/Document File**



- \_\_\_11d Rainy day schedule, includes alternative activity locations
- \_\_\_12b-c Activity schedule includes (per group):
  - active, physical play
  - creative arts
  - dramatic/role play
  - quiet activities
  - opportunities for socializing
- \_\_\_13a Activity schedule reflects a minimum of two academic components per group, per week
  - excludes homework
- \_\_\_15b Safety checklist indicates that program space is checked to ensure it is secured and gated before students arrive.
- \_\_\_15i Student portable file includes:
  - current PDMS Medical Concerns list, printed
  - student registration forms, SBO programs must have printed copies
  - sign-out sheet reflecting current enrollment
- \_\_\_17a PDMS Location Rosters are accurately used for all groups of students. Rosters are used during all program hours.
  - A duplicate set of current rosters must be available for emergency use.
- \_\_\_17d Staff carry copy of current PDMS Medical Concerns list.
- \_\_\_17g Staff schedule indicates program has one qualified and trained supervisor/site director, one campus monitor, and one additional staff member on site whenever students are present.
- \_\_\_19c List of substitute staff is available for review.
  - List includes names, availability, and contact information
  - All substitute staff must have complete personnel files.



**The School Board of Broward County  
Before and After School Child Care  
"Show List"/Document File**



- \_\_\_20a The following record systems are in use, samples available for review:
- \_\_\_ I. Attendance reconciled with school's Daily Attendance and Dismissal logs within 30 minutes of program start time
  - \_\_\_ IV. Signed registration forms with list of authorized people for pick-up and password available for all students.
- \_\_\_20b Private Provider Operated Programs Only: Samples of documents with signatures for the following policies:
- \_\_\_ I. behavior management
  - \_\_\_ II. non-payment of fees
  - \_\_\_ III. late pick-up
- \_\_\_21b Documentation of staff information
- \_\_\_ III. Current CPR/First Aid/AED certification, at least two staff members on site during all program hours, online training not accepted
  - \_\_\_ IV. Current SBBC Medication Dispensing certificate, at least two staff members on site during all program hours
- \_\_\_22a,b PDMS Emergency Plan, copy of completed plan, evidence of staff training
- agenda and sign-in sheets
- \_\_\_22d Elementary Private Provider Operated programs only: copy of current Broward County Childcare Licensing Monitoring Report
- \_\_\_23c A written staff schedule showing group assignments, arrival and departure times for staff
- include supervisor, front desk staff, campus monitor
- \_\_\_24a Written job descriptions for all positions
- must show evidence that it was reviewed with staff
- \_\_\_24b-c Written personnel policies are reviewed with staff.
- orientation includes mission statement, Quality Standards Needs Assessment process, routines and practices
  - evidence showing a staff/employee handbook is distributed and reviewed by staff



**The School Board of Broward County  
Before and After School Child Care  
"Show List"/Document File**



- \_\_\_25a,e Staff training: minimum of 2.5 hours per quarter, 10 hours per year
- certificates, or training agendas and sign-in sheets must be available for review
- \_\_\_25b,e Supervisors/site director training: 10 hours per year
- certificates or training agendas and sign-in sheets must be available for review
- \_\_\_28a Documented mission statement setting forth the program's philosophy and goals
- \_\_\_28b The program makes itself affordable to families by using all possible community resources and sources of subsidy.
- scholarship/partial fee/sliding scale information
- \_\_\_29a Principal meetings, agendas available for review
- created in PDMS
  - monthly
  - includes signatures of supervisor and principal/designee



The School Board of Broward County  
Before and After School Child Care  
"Tell List"



Supervisors should be prepared to discuss procedures reflecting the following standards:

- \_\_\_4f Middle school programs only: Students are involved in creation of behavior exceptions. **How were behavior expectations created?**
  
- \_\_\_15d **How are universal precautions clean ups handled? How are mats sanitized after student use?**
  
- \_\_\_16f Staff protect students from communicable disease by separating students who become ill during program hours. **How does the program handle students who are ill? How do they keep these students isolated? Who monitors these students?**
  
- \_\_\_16i Program adheres to current BCPS COVID-19 guidelines. **What procedures does the program have in place to meet this cue?**
  
- \_\_\_17e 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 program'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?**



# 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:

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

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# Before Care Student Satisfaction Survey Kindergarten through 2nd grade

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

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:

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# BASCC Student Satisfaction Survey

## 3rd through 8th grade

School Name: \_\_\_\_\_

Your age: \_\_\_\_\_

Date: \_\_\_\_\_

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:

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

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10. This is what I like least about the program:

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# BASCC Family Satisfaction Survey

SCHOOL/PROGRAM NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Are your children attending:      Before Care      After Care (please check all that apply)

**Select the appropriate response. Make sure to answer every question.**

		STRONGLY AGREE	AGREE	DISSATISFIED	VERY SATISFIED	NO OPINION	DON'T KNOW
1.	The principal appears to be involved with the program.						
	Comment:						
2.	When I pick up my child/children, the front desk staff is friendly and makes me feel welcome.						
	Comment:						
3.	The program has the appropriate balance between academic enhancement and play activities.						
	Comment:						
4.	The quality of the program meets the needs of my child/children.						
	Comment:						
5.	The program posts a weekly schedule of activities, and a calendar of upcoming events for parents to view.						
	Comment:						
6.	My child/children are provided an opportunity to complete homework, with assistance, while in the program.						
	Comment:						
7.	The program provides adequate opportunity for outside activities.						
	Comment:						
8.	Videos watched provide appropriate academic enrichment for my child/children.						
	Comment:						

		STRONGLY AGREE	AGREE	DISSATISFI ED	VERY SATISFIED	NO OPINION	DON'T KNOW
9.	Enrichment and academic program activities are age and grade level appropriate.						
	Comment:						
10.	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)						
	Comment:						
11.	Snacks and/or dinner provided are healthy and nutritious.						
	Comment:						
12.	The counselors provide necessary support for my child/children.						
	Comment:						
13.	The supervisors of the program are available to answer questions or concerns.						
	Comment:						
14.	Parents have an opportunity to make suggestions and discuss their concerns.						
	Comment:						
15.	Please rank the following in order of importance, from 5 being most to 1 being the least.						
					Safety		Academics
					Enrichment		Homework
					Behavior		

# Before and After Care Staff Survey

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

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.

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

11. What do you feel should be the responsibility of the on-site supervisor?

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12. What do you feel are the program's strengths?

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13. What do you feel are the program's weaknesses?

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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?

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16. Any additional comments?

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

Thank you for your cooperation.

 **EMERGENCY NUMBERS** 

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	<input type="text"/>	Provider Name	<input type="text"/>
School Address	<input type="text"/>	Program Number	<input type="text"/>
City	<input type="text"/>	School Phone Number	<input type="text"/>
Zip Code	<input type="text"/>		

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:	<input type="text"/>	Address	<input type="text"/>
Phone Number	<input type="text"/>	City	<input type="text"/>
		Zip Code	<input type="text"/>

### Secondary Evacuation site is:

Name:	<input type="text"/>	Address	<input type="text"/>
Phone Number	<input type="text"/>	City	<input type="text"/>
			<input type="text"/>



# Emergency Plan

Zip Code

## 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

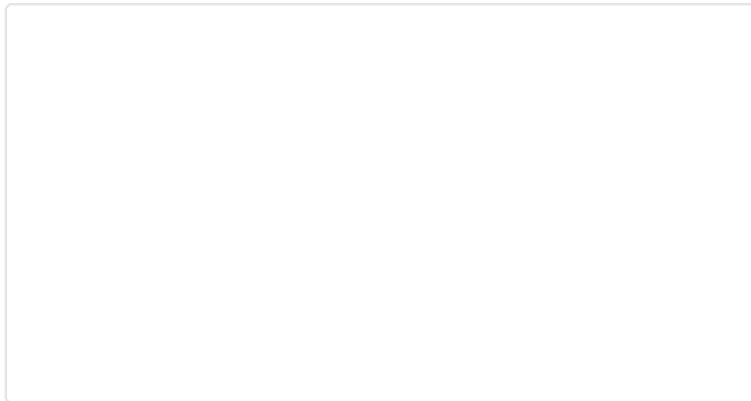
Hospital Zip Code

## 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:

and/or

- 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**

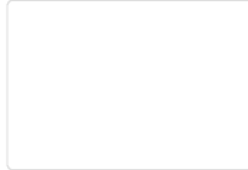
Relocation of students may be required

**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



## Emergency Contact List

Provider Name

School Name

School Address

School Phone Number

Program Phone Number

Describe the nearest main crossroads to this school if an emergency occurs:

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.

	Contact Name	Main Number	Cell Number	Fax Number
<b>Principal</b>				
<b>Assistant Principal</b>				
<b>Provider</b>				
<b>First Emergency Contact (Provider)</b>				
<b>Second Emergency Contact (Provider)</b>				
	Poison Control 1-800-222-1222	911		
<b>Local Police</b>				
<b>Child Abuse and Neglect</b>		1-800-962-2873		
<b>Child Abuse and Neglect (SBBC)</b>	Yva Dieudonne	754-321-2492	954-806-9705	754-321-2499
<b>Special Investigative Unit (SIU)</b>	Chief Robert C. Hutchinson	754-321-0911		
<b>School Resource Officer</b>				
<b>Before and After School Child Care (BASCC)</b>	Dr. Deborah R. Gavilan	754-321-3330	954-249-5112	754-321-3333
<b>Chief, School Performance &amp; Accountability Officer</b>	Dr. Valerie Wanza	754-321-3800	754-321-3886	

## Before and After School Child Care Quality Standards Program Safety Check

Visit #

School \_\_\_\_\_  Elementary      Provider \_\_\_\_\_  
 Supervisor \_\_\_\_\_  PreK-8      Assessor \_\_\_\_\_ Date \_\_\_\_\_  
 Principal \_\_\_\_\_  Middle  
     STEP      # of Students Present \_\_\_\_\_ # of Staff Present \_\_\_\_\_

<b>Check List</b>			<b>Comment</b>
1. Qualified Supervisor(s) is in place at the start of the program, and remains for the duration of the program time.	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
2. Program uses the school's designated single point of entry.  If an alternative single point is approved by the Area Security Manager, documentation, including specific details and photographs, must be provided to the BASCC Department.	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	

## Before and After School Child Care Quality Standards Program Safety Check

<p>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 Raptor Visitor Management System badge. Documentation of clearance and unexpired SBBC badge must be in staff file.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>4. The program provider is responsible for having at least one 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.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>5. Emergency phone numbers are posted near the dismissal desk. Evacuation maps are posted in every room utilized by the program.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	



## Before and After School Child Care Quality Standards Program Safety Check

<p>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.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>7. The facility and outdoor areas are gated and secured. 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.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>8. Equipment for active play is safe. Basketball poles are properly padded.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	

## Before and After School Child Care Quality Standards Program Safety Check

<p>9. A system is in place to keep unauthorized people from having contact with students in the program (parent passwords, and photo ID). PDMS will be used for student sign in and sign out. All programs must assign their own personnel to monitor the front desk.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>10. Documentation exists in PDMS showing Accident and Incident reports are written. The program follows district guidelines regarding reporting.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>11. Staff use a PDMS Group Location Roster to note student locations when they are not with the group, when students arrive, and when they leave.</p> <p>Staff keep a copy of a current PDMS Medical Concerns list with specific information for individual students (allergy information, medical needs, special needs, etc.).</p> <p>Attendance must be verified within 30 minutes of the program's start time.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	

## Before and After School Child Care Quality Standards Program Safety Check

<p>12. Medication is administered according to SBBC policy. Program documentation showing individual student's medication dispensing records is available. Existing medication is secured and accessible to staff.</p> <p>There is a plan for storing and administering students' required emergency medications during field trips and in case of evacuation.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>13. The WeatherBug app must be on all program supervisors' cell phones.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>14. Students in the program space, and on field trips, are under direct adult supervision. Students are never left alone; program staff is always present with the group.</p> <p>At minimum, program must have one qualified and trained supervisor/site manager, one campus monitor, and one additional staff member on site whenever students are present.</p> <p>Campus monitors may not directly supervise or escort students.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	

## Before and After School Child Care Quality Standards Program Safety Check

<p>15. The space restrictions, per BCPS COVID-19 physical distancing guidelines, determine group size, however, the following ratios may not be exceeded:</p> <ul style="list-style-type: none"> <li>• 1:10 for pre-school and pre-kindergarten students</li> <li>• 1:20 for kindergarten through 5th grade</li> <li>• 1:25 for 6th through 12th grade</li> <li>• Students with special needs may require modified ratios to meet their needs. Assessor will record observed group ratios</li> <li>• 1:10 for field trips. This is verified by the staff schedule.</li> <li>• Group size may not exceed 30 students for most indoor activities.</li> </ul> <p>Enough qualified staff are scheduled and present when all students enrolled are in attendance. A list of substitutes is available.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>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.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>17. Program will conduct two fire drills in August, and once monthly for the remainder of the school year. Monthly fire drills will be conducted according to current BCPS guidelines. All drills must be recorded and signed in PDMS by supervisor and principal or designee.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	

## Before and After School Child Care Quality Standards Program Safety Check

<p>18. Code Red/Active Assailant drills: two must be conducted in August, one in the in the months of September through June, drills will be conducted according to current BCPS guidelines.</p> <p>Code Black drills: twice per school year, completed as tabletop training for staff; one by the last school day of October and one by the last school day of March</p> <p>Tornado drills: one in the month of August</p> <p>All drills must be recorded and signed in PDMS by supervisor and principal or designee.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>19. Custodial and garbage carts are kept out of the path of students. Custodians keep carts under their direct control at all times.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>20. All chemical and hazardous materials are in a locked closet and kept out of reach of students.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	

## Before and After School Child Care Quality Standards Program Safety Check

<p>21. All restrooms in the program area are clean and supplied. Equipment is in working order.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>22. Students and staff wash hands frequently: prior to eating, after outdoor or play activities, during transitions, or after restroom use.</p> <p>Students and staff must wash or sanitize hands after touching desks, doorknobs, and surfaces that may have been touched by someone else.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>23. There are no observable health hazards in the indoor or outdoor program spaces.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	

## Before and After School Child Care Quality Standards Program Safety Check

<p>24. A stocked first aid kit is available. Ice and a filled portable ice cooler are in place for treating injuries. First Aid kit, ice, and ice cooler are portable for emergencies and field trips. Staff have access to disposable gloves. Drinking water is readily available to students.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>25. Universal precautions are followed.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>26. Trained staff are on site, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Two staff with current CPR/First Aid/AED training (training cannot be completed online)</li> <li>• All staff with SBBC Anti-Bullying training and Department of Children and Families Child Abuse and Neglect Training</li> <li>• Two staff members trained in medication dispensing</li> <li>• All SBO supervisors must have unexpired CPR and First Aid Training (training cannot be completed online)</li> </ul>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	

## Before and After School Child Care Quality Standards Program Safety Check

<p>27. Program has established policies to transport students safely that complies with all legal requirements for vehicles and drivers. Policy must include a stocked first aid kit and small cooler with ice to be used for travel.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>28. Administrator meets with the program's supervisor monthly. Documentation must be provided. Agenda is created in PDMS and printed for signatures. Agenda must include the meeting date and the signatures of the supervisor and principal or designee.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>29. An identified campus monitor is in place for the duration of the program. The campus monitor will arrive fifteen minutes prior to the start of the program and stay fifteen minutes after the last student leaves. The campus monitor is actively patrolling the campus and keeping it secure.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>30. Students must wear a current identification badge in a visible location.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	



## Before and After School Child Care Quality Standards Program Safety Check

<p>31. The program must adhere to current BCPS COVID-19 restrictions for physical distancing in all areas, including outdoors and during transitions.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>32. Program follows current BCPS COVID-19 isolation room guidelines and requirements.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>33. Per BCPS COVID-19 guidelines, the program ensures that sanitation procedures are followed for:</p> <ul style="list-style-type: none"> <li>• High touch areas</li> <li>• Shared materials and equipment</li> <li>• Isolation room</li> </ul>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	
<p>34. Program staff and students adhere to the current SBBC Policy 2170-E/Face Coverings.</p>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	



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 2021-2022 school year.

School Name: \_\_\_\_\_

After Care Provider Name: \_\_\_\_\_

Name of SAC 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 Wendy Rosenthal at Before & After School Child Care, Rock Island Professional Development Center. Thank you for your assistance.



Revised 2021/2022  
10/5/21

The School Board of Broward County  
Risk Management Department  
Infection Control Update

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

## BEFORE AND AFTER SCHOOL CHILD CARE (BASCC)

### 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 \_\_\_\_\_ Age: \_\_\_\_\_ 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 754-321-3838 office  
and Accountability (OSPA) 754-321-3886 fax

Child Abuse Hotline Called:  Yes  No BY: \_\_\_\_\_ Time: \_\_\_\_\_

(1-800-98-ABUSE / 1-800- 962-2873 \* 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. 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.

**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).

**Medication Authorization Form  
Prescription or Over-the-Counter Medication**

**PART I TO BE COMPLETED BY PARENT/GUARDIAN**

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. If my child is unable to self-administer their medication, I give permission for the principal/designee to perform the administration of the prescribed medication. I give permission to contact the physician/provider prescribing this medication(s) to clarify information provided on the authorization should the need arise.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PART II TO BE COMPLETED BY PHYSICIAN/PROVIDER**

Allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

MEDICATION	STRENGTH	DOSAGE	TIME(S) TO BE GIVEN	ROUTE	SIDE EFFECTS

Please check the appropriate box:

- I believe that this student has received adequate information on how and when to use their medication and they can use it properly.
- The student is to carry the medication on their person with the principal's knowledge. (An additional supply, to be used as backup, may be kept in the school health room or other approved location).
- The medication will be kept in the school health room.

Please list any limitations/precautions that should be considered:

\_\_\_\_\_

Physician's Name (Printed) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's Telephone & Fax Numbers \_\_\_\_\_

**PART III TO BE COMPLETED BY SCHOOL HEALTH NURSE/DESIGNEE**

Check as appropriate:

- Parts I and II are completed in entirety, including signatures
- Prescription medication is properly labeled by pharmacist.
- Medication authorization and medication label are consistent and pharmacy label is NOT expired.
- Over-the-counter medication is in an original container with the manufacturer's dosage and label, labeled with student's name and safety seal is intact
- Medication has been signed into clinic by parent and counted with school staff member.

School Designee/Healthcare Personnel (Please Print) \_\_\_\_\_

School Designee/Healthcare Personnel (Signature) \_\_\_\_\_

Date \_\_\_\_\_



## INFORMATION AND PROCEDURES

1. No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written authorized prescriber order. This includes both prescription and over-the-counter (OTC) medications.
2. The parent/guardian is responsible for filling out Part I and obtaining the authorized prescriber's order and signature on Part II. A new Medication Authorization form must be completed every 12 months or when changes are made to an existing Medication Authorization. Information necessary includes student's name, diagnosis, allergies (specify none or n/a if there aren't any), medication name, strength of medication, dosage, time of administration, route of administration, possible side effects, prescriber's signature and date.
3. All medications will be administered by onsite healthcare personnel or by a trained school staff member designated by the principal.
4. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. All medication must be signed into the clinic by the parent/guardian and counted with the school health nurse or school personnel. Medication delivered by the student will not be administered by the school health nurse or school personnel.
5. All prescription medication must be provided in an original pharmacy container with the pharmacy label attached. The pharmacy label cannot be expired. Non-prescription OTC medication must be received in the original packaging with the safety seal intact.
6. The first day's dosage of any new non-emergency medication must have been given at home before it can be administered at school.
7. The parent/guardian is responsible for collecting any unused portion of a medication after expiration date of the medication or expiration date of the authorized prescriber's order. If the medication is unclaimed by the parent/guardian after three contact attempts, the medication will be forwarded to the Risk Management department and will be destroyed.
8. An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma or epinephrine auto-injectors/auvi-q auto injectors for anaphylaxis. **It is imperative that the student understands the necessity for reporting to either the school nurse or school staff members that they have self-administered their inhaler without any improvement or have self-administered an epinephrine/auvi q auto injector so 911 may be called.**
9. The school nurse will call the authorized prescriber, as allowed by the Health Insurance Portability and Accountability Act (HIPAA), if a question arises about the student and/or the student's medication.
10. There are seven OTC medications that students in grades 9-12 may carry with parent approval only. These include: Tylenol, Midol, Ibuprofen, Tums, Allegra, Claritin, and Lactaid. Students may only carry two doses of one of these medications at a time. These students must have a completed Authorization for Selected Over-the-Counter Medication with Parental Approval Only form on file in the health room.

**ESE MEDICAL FRAGILE  
AUTHORIZATION FOR TREATMENT FORM: RESPIRATORY**

**PART I TO BE COMPLETED BY PARENT/GUARDIAN**

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. I give permission to contact the physician/health care provider prescribing this medication(s) to clarify information provided on the authorization should the need arise. **NOTE: school personnel may administer only treatments authorized by a physician/healthcare provider. It is the parent/guardian's responsibility to notify the school when there is a change in treatment regimen.**

(Please print Clearly) School: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II TO BE COMPLETED BY PHYSICIAN/PROVIDER**

This section is to be completed by the physician when specific nurse/trained personnel expertise is needed to administer medications and/or treatments to students within the school day. A review of this order will be conducted by the IEP team for determination of support and services to be provided to this student.

<b>Diagnosis:</b>  Artificial Airway <input type="checkbox"/> Type: _____ Size _____ Ventilator <input type="checkbox"/> Type: _____ Mode: _____ Pressure Support: _____ Pressure/IPAP: _____ Tidal Volume: _____ Respiratory Rate: _____ FIO2/LPM: _____ PEEP/EPAP: _____ Inspiratory Rate: _____ Low Minute Volume: _____ High Pressure: _____ Low Pressure: _____ Suctioning <input type="checkbox"/> Oral/Nasal <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Nebulizer <input type="checkbox"/> Please specify order: _____ (Please circle one) As needed/ Daily for _____ _____	<b>Allergies:</b>  Oxygen <input type="checkbox"/> Oxygen delivered via: <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Face Mask Oxygen Flow Rate: _____ Liters Per Minute (LPM) Pulse Oximeter Monitoring <input type="checkbox"/> Frequency _____ Keep oxygen saturations above _____ % CPT <input type="checkbox"/> Frequency: _____ BiPAP/CPAP <input type="checkbox"/> Settings: _____ Inhaler <input type="checkbox"/> Please specify order: _____ (Please circle one) As needed/ Daily for _____ _____
---	--

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

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Physician's Name (Printed)  
 \_\_\_\_\_  
 Physician's Telephone & Fax Numbers

\_\_\_\_\_  
 Physician's Signature  
 \_\_\_\_\_  
 Date Completed



**ESE MEDICAL FRAGILE  
AUTHORIZATION FOR TREATMENT: GI/GU GASTROINTESTINAL/GENITOURINARY**

**PART I TO BE COMPLETED BY PARENT/GUARDIAN**

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. I give permission to contact the physician/provider prescribing this medication(s) to clarify information provided on the authorization should the need arise.

**NOTE: School personnel may administer only treatments authorized by a healthcare provider. It is the parent/guardian's responsibility to notify the school when there is a change in treatment regimen.**

(Please print Clearly)

School: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II TO BE COMPLETED BY PHYSICIAN/PROVIDER**

This section is to be completed by the healthcare provider when specific nurse/trained personnel expertise is needed to administer medications and/or treatments to students within the school day. A review of this order will be conducted by the IEP team for determination of support and services to be provided to this student.

<p><b>Diagnosis:</b></p> <p>G-Tube <input type="checkbox"/></p> <p>Oral Feeds Tolerated <input type="checkbox"/> Nothing By Mouth <input type="checkbox"/> Not accessed during school hours</p> <p>Type(s) of oral feeds tolerated: _____</p> <p>G-Tube Type: _____</p> <p>Size: _____ FR Length: _____ cm Balloon Volume _____ mL</p> <p>Tube feeding Formula: _____</p> <p>Feeding Amount: _____</p> <p>Delivered via: <input type="checkbox"/> Pump _____ mL/hr <input type="checkbox"/> Gravity</p> <p>Frequency: _____</p> <p>Water Flush: _____ mL Frequency: _____</p> <p><b>IF G-Tube becomes dislodged and student is receiving services of trained one to one nurse, nurse may replace G-Tube:</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Specify instructions: _____</p>	<p><b>Allergies:</b></p> <p>Ostomy Care Instructions: _____</p> <p>Catheterization: <input type="checkbox"/> Indwelling <input type="checkbox"/> Suprapubic <input type="checkbox"/> Condom <input type="checkbox"/> Mitrofanoff <input type="checkbox"/> Straight <input type="checkbox"/> Urostomy</p> <p>Catheter Size: _____ Frequency: _____</p>
--	---

List any limitations / precautionary measures that should be considered; e.g. physical education, activity intolerance, outdoor activities, heat sensitivity, transporting, lifting, moving, special devices / equipment: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Telephone & Fax Numbers

\_\_\_\_\_  
Date Completed

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

Coordinated Student Health Services, 1400 NW 14<sup>th</sup> CT, Ft. Lauderdale, FL 33311

**Grades 9-12**

**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**

Student's Name:	Birth Date:	Allergies:	Grade:
Parent/Guardian (Print Name):		Address:	
Home Phone:	Work Phone:	Other Phone:	

**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.**

Medication to be Administered by Mouth	Dosage and Time	Symptoms	Comments	Expiration Date of Medication
<b>Tylenol (Acetaminophen)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturers label	For relief of minor aches and pain; fever (100.4 will not be treated as school)	Student with temperature over 100.4 must be sent home.	
<b>Tums (Calcium Carbonate)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturers label	For stomach ache or heart burn	Alert: May cause constipation.	
<b>Advil, Motrin (Ibuprofen)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturers label	For relief of body aches & menstrual cramps; fever (100.4 will not be treated as school)	Alert: Contains no aspirin but should not be given if student has asthma or allergy to aspirin.	
<b>Midol (Acetaminophen, Pamabrom)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturers label	Menstrual cramps	Alert: Aspirin sensitive students should be careful.	
<b>Allegra (Fexofenadine)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturers label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose).	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to.	
<b>Lactaid (Lactase)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturers label	Lactose intolerance	No common side effects when used in small doses	
<b>Claritin (Loratadine)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturers label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose).	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to.	

**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

**STUDENT MEDICATION LOG**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ \*Allergies \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ Hm Rm Teacher \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_ Side Effects: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Month/Year: \_\_\_\_\_

**MEDICATION**  
**NAME**  
**DOSAGE**  
**TIME TO BE GIVEN**  
**ROUTE**

- Record the amount of Medication received (i.e. # 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 and Provide explanation in the "Notes" Section on the Reverse side

Date →																			
AM	Initials																		
PM	Initials																		
AM	Initials																		
PM	Initials																		
AM	Initials																		
PM	Initials																		
AM	Initials																		
PM	Initials																		

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_  
**DOCUMENTATION OF RECEIPT OF MEDICATION**

DATE RECEIVED	MEDICATION (Name and dosage)	AMOUNT (# of Tablets or amount of Liquid)	PARENT/GUARDIAN SIGNATURE	RECEIVED BY (SIGNATURE)



# Taking a Dependent into Custody Supplement #23

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

# Private Instructional Personnel Program

## Occupational Therapist Requirements & Behavior Health Partnership Provider List

### 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:

<https://www.browardschools.com/Page/73731>

- 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@browardschools.com](mailto:charlene.grecsek@browardschools.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.



PIP\_Parent  
\_Packet\_J...



RBT\_Parent  
\_Packet\_J...



Information  
- Applicati...

## Fee Structure

- 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 15<sup>th</sup> 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

## Facility Usage Agreement/Intent to Provide Service

The Facility Usage Agreement/Intent to Provide Service (FUA) is part of RFP FY20-007 and is used in lieu of a lease agreement. The FUA covers one fiscal year (July 1<sup>st</sup> to June 30<sup>th</sup>). Principals receive the FUA by May 1<sup>st</sup>, prior to the beginning of the new fiscal year. Principals 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.

# Operational Fees Paid to BASCC

## 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 15<sup>th</sup> 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 31<sup>st</sup> of October of each school year, and by the 15<sup>th</sup> 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 \$15.00 per child, annually.
- Payment is due by the 31<sup>st</sup> of October.
- Payment is based upon the 15<sup>th</sup> 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.

# Student Cost: PPO Programs

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 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.

## Aftercare Program Discounts

- 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.

# One Hour Staff Program

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 minute interval.
- Fee amount must be communicated to all parents and stated in the program's handbook.
  - Refer to Standard Practice Bulletin 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 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 1162, School Board of Broward County Release Form.
    - Document can be found in Section C Supplements
  - The police department will notify the Department of Children and Families (DCF).
  - Program must create an Incident Report in PDMS



## SUPPLEMENTAL DOCUMENTATION SECTION

Supplemental documentation can be found in the subpages below.

## FACILITY USAGE AGREEMENT COVER SHEET - RFP FY20-007

FISCAL YEAR APPLYING: \_\_\_\_\_

PPROVIDER 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".**

FACILITY USAGE AGREEMENT FOR RFP FY20-007  
DAY(S) OF INTENT TO PROVIDE CHILD CARE SERVICES

May 29, 2019

Name of School	Date Submitted	Name of Provider				Cost
Specific Need	Dates	Number of Children	Number of Rooms Needed	Security Cost (if required by school)	Time(s) of operation for request	Cost
School Year (180 days to include Early Release)						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.
Holidays (District is closed)						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.
Winter Break (Excludes Green Days – District Open)						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.
Spring Break (Excludes Green Days - District Open)						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.
Teacher Planning Days						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.
Summer Camp*						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.
June						
July						
August						
Fridays During Summer (District is Closed)						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.
<i>*Summer Camp is not held when District is closed, i.e. 4<sup>th</sup> of July or a designated holiday.</i>						

Principal's Signature

Date

OSQ:  Approved  
 Not approved

OSQ Representative Signature

Date



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
 Before & After School Child Care (BASCC) Department  
**Private Provider Registration Fee Remittance Form**

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 15<sup>th</sup> of October of each school year, and by the 1<sup>st</sup> day of July of each summer.

- All students registered must be counted.
- Payment to BASCC shall be submitted by the 31<sup>st</sup> of October of each school year, and by the 15<sup>th</sup> 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 31<sup>st</sup> of October.
- Payment is based upon the 15<sup>th</sup> of October count.

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

Date: \_\_\_\_\_

Private Provider Name: \_\_\_\_\_ School Year \_\_\_\_ Summer: \_\_\_\_

Site Name	Director Name	Number of Students Registered	Multiplied by \$15	Multiplied by \$10 for CSC/City	Total for Site

Total Remitted: \_\_\_\_\_

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.

## 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.***

Check Which Month	Revenue Collection Date	Check Remittal Date	Total Collected for Program	10% for School	5% for SBBC
	August 1 - August 31	9/15/20__			
	September 1 - September 30	10/15/20__			
	October 1 - October 31	11/15/20__			
	November 1 - November 30	12/15/20__			
	December 2 - December 31	1/15/20__			
	January 1 - January 31	2/15/20__			
	February 3 - February 27 (28)	3/15/20__			
	March 1 - March 31	4/15/20__			
	April 1 - April 30	5/15/20__			
	May 1 - May 31	6/15/20__			
	June 1 - June 30	7/15/20__			
	July 1 - July 31	8/15/20__			

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**

**Before After School  
Child Care Begins**

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

<b>BASCC Bathrooms</b>	
<b>Group bathrooms should have been cleaned from day's use before the assistant starts duties.</b>	
	<ul style="list-style-type: none"> <li>• Pick up and empty trash using rubber gloves and litter pickers.</li> <li>• Wipe off sinks using rubber gloves and properly mixed cleaning chemicals supplied by the facility.</li> <li>• Stock paper towels (if applicable), soap and toilet paper.</li> </ul>
<b>Prepare Classrooms</b>	
	<ul style="list-style-type: none"> <li>• Put chairs at desks.</li> <li>• Pick up and empty trash using lobby pan, lobby broom and gloves.</li> </ul>
<b>Prepare Classrooms for Cleaning</b>	
	<ul style="list-style-type: none"> <li>• Pick up and empty trash using lobby pan, lobby broom and gloves.</li> <li>• Stack chairs in an area agreed upon by the facility.</li> <li>• Pick up and empty trash outside.</li> </ul>
<b>Prepare Cafeteria for Next School Day</b>	
	<ul style="list-style-type: none"> <li>• Wipe tables using rubber gloves and cleaning solution provided by the facility.</li> <li>• Pick up trash using lobby pan, lobby broom and gloves.</li> <li>• Sweep floors using push broom, gloves, trash receptacle and dust pan. Also empty trash.</li> </ul>
<b>BASCC Bathrooms</b>	
	<ul style="list-style-type: none"> <li>• Same cleaning as before BASCC begins.</li> </ul>

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

Comments: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature

Custodian's Signature



# Staffing the Program

## Minimum Staff Required

- When students are present, program must have one qualified and trained supervisor/site manager, one campus monitor, and one additional staff member.

## 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.
  - BASCC programs must have a campus monitor in place.
    - The campus monitor will arrive fifteen minutes prior to the start of the program and stay fifteen minutes after the last student leaves.

## Supervisor Requirements

- There must be a trained supervisor in place during all program operational hours.
- 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.

## 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.

## 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:

- First Aid and CPR: Two staff must be present at all times with current certification
  - BASCC does not accept online training.
- SBBC Anti-Bullying: All staff must complete within the first two weeks of employment
  - Certificate required
  - Completed annually
- Department of Children and Families (DCF) online "Identifying and Reporting Child Abuse and Neglect" training must be completed annually by all SBBC staff, including supervisors.
  - All staff must complete within the first two weeks of employment
  - Certificate required
- At least two staff members with SBBC Medication Dispensing training must be on site at all times.
- Per BCPS Job Description: On-going staff development for all employees, provided on a regular basis and kept with program documents.
  - 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 SECTION

Supplemental documentation can be found in the subpages below.



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## Before & After School Child Care Staff Development – Sign In

School Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Each employee is required to attend a minimum of ten hours of staff development training per year.

List <u>all</u> employees names in this column	Training topic:	Training topic:	Training topic:	Training topic:	
	Training date:	Training date:	Training date:	Training date:	
	Time:	Time:	Time:	Time:	
	Hours:	Hours:	Hours:	Hours:	
Employee Name	Employee signature	Employee signature	Employee signature	Employee signature	Total # of Hours
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

**Before & After School Child Care Staff Development – Sign In**

School Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Employee Name	Employee signature	Employee signature	Employee signature	Employee signature	Total # of Hours
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					

# Special Needs Informational Guidelines

## THE SCHOOL BOARD OF BROWARD COUNTY Before & After School Child Care (BASCC) BASCC Special Needs Informational Document

### Underlying Premises

Guidelines were developed by the Before & After School Child Care (BASCC) Department, the Exceptional Student Learning Support(ESLS) Division, 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 Americans with Disabilities 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, unique training needs for staff, special equipment, transportation, and anything else necessary to meet the needs of students with disabilities. 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 ratios for students in general education classes 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)/Americans with 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.

THE SCHOOL BOARD OF BROWARD COUNTY  
Before & After School Child Care (BASCC)  
BASCC Special Needs Informational Document

**Document completed in PDMS**

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 & AFTER SCHOOL CHILD CARE (BASCC) Special Needs Informational Document

Before & After School Child Care (BASCC) programs are not a part of the school day. The program does not have access to information that the school might have. This document will be used to help your child be more successful.

The BASCC program operates under the provisions of the Americans with Disabilities Act.

Name of School:							
Student Number:			Date Submitted:				
Student Name:							
Date of Birth:		Age:		Grade:			
Name of Registering Adult:			Home Phone:				
Relationship of person completing this form to the student.					(drop down with selections)		
Cell:		Emergency Phone:		Work Phone:			
Street Address:							
City:		Zip Code:					

Does the student have a 504 or IEP with BCPS?	Yes	No	Unsure
If no, is the student being considered for testing?	Yes	No	Unsure
If yes, would you consider sharing the information?	Yes	No	Unsure
Does the BASCC registration form and TERMS A23 match?	Yes	No	Unsure
Does your child receive special educational services during the school day?	Yes	No	Unsure

If receiving special education services during the school day, what type of group are they in?	Full-Time Group	Part-Time Group	Cluster Group	Other:
--	-----------------	-----------------	---------------	--------

Please indicate student's Matrix of Services used during the school day:

Autism Spectrum Disorder	Established Conditions (Age 0-2)	Profoundly Mentally Handicapped
Deaf/Hard of Hearing	Gifted	Specific Learning Disabled
Developmentally Delayed (Age 0-5)	Language Impaired	Speech Impaired
Diabetes	Occupational Therapy	Trainable Mentally Handicapped
Dual-Sensory Impaired	Orthopedically Impaired	Traumatic Brain Injury
Educable Mentally Handicapped	Other Health Impaired	Visually Impaired
Emotional/Behavioral Disabilities	Physical Therapy	Other

Explain other: \_\_\_\_\_

Provide any secondary diagnosis: \_\_\_\_\_

Does staff require special training to service your child?	Yes	No			
If yes, type of training:					
Program agreed upon ratio:	1:3	1:4	1:5	1:10	1:20
Day school student to staff ratio:	1:3	1:4	1:5	1:10	1:20

My child can function in a 1:20 ratio, and I decline receiving additional support services.	Yes	No
---	-----	----

Registering Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Document Completed in PDMS

## BEFORE & AFTER SCHOOL CHILD CARE (BASCC) Special Needs Informational Document

Name of School:	
Student Number:	
Student Name:	

### COMPLETE MEDICATION INFORMATION (NECESSARY IN CASE OF A MEDICAL EMERGENCY)

List all current medication and daily dosage:

Medication Name	Time of Day Taken	Dosage

List side effects of the medications above:


If medications are to be administered during the program, did you complete the medication authorization form?

	Yes	No
--	-----	----

Special diet:

List any allergies:	

Does student have seizures?	Yes	No	Unsure
If yes, does the student have a "Seizure Action Plan"?	Yes	No	Unsure
Does student use assistive technology?	Yes	No	Unsure
If yes, will the student be using it in the program?	Yes	No	Unsure
Does student have a feeding tube?	Yes	No	Unsure
If yes, will student need to be fed during program hours?	Yes	No	Unsure
Does student have diabetes?	Yes	No	Unsure
If yes, can they monitor their own blood sugar?	Yes	No	Unsure
Does student use any devices for mobility?	Yes	No	Unsure
If yes, can they manage it without assistance?	Yes	No	Unsure
Does the student need toileting assistance?	Yes	No	Unsure
If yes, can they identify that they have a need to use the restroom?	Yes	No	Unsure

# Document Completed in PDMS

## BEFORE & AFTER SCHOOL CHILD CARE (BASCC) Special Needs Informational Document

Student Number:	
Name of Student:	

Answer the following to the best of your ability.

	Yes	No	Unsure
The student needs assistance with participation in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student plays with others appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student plays with toys appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student elopes (runs away) from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student hides from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student may be aggressive at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student bites self or others at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The students must be physically restrained at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student throws items or breaks things when upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student will hurt themselves if becomes upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student's level of speech and communication is a concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What does a typical non-school day look like for the student? (Give examples)			
What is the student's favorite thing(s) to do? (List one or two)			
What makes the student "really angry"?			
When the student gets angry, what do you do to calm them down?			
What rewards does the student like when they have been successful at a task?			
When they are at home, what makes them the happiest?			

- I understand that this document is for informational purposes and does not guarantee placement in the before/after school childcare program. The goal of this document is to help the student be successful.
- I understand that upon entering the program, all students are given a two-week trial period. If the program cannot meet the student's needs, the student may be withdrawn.
- I understand that the program is not a therapeutic program, nor does it provide one-on-one care.
- I understand that if the student is determined to be a threat to the overall health and safety of him/herself or others, that he/she may be exited from the program.
- I understand that students, regardless of diagnosis, are subject to disciplinary procedures. The program follows the Broward County Public Schools (BCPS) Student Code of Conduct. If necessary, the following steps may be taken, parent conferences, probationary periods, suspensions, exit from the program.
- 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)/Americans with Disabilities Act (ADA) Compliance Department of BCPS at 754-321-2150.
- I give my permission for this information to be shared with the Before & After School Child Care department of BCPS. For School Board Operated programs, the department may use this information to determine if additional funding can be provided to the program for staff or a nurse.

Registering Adult Name: \_\_\_\_\_

Registering Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Special Needs Contacts

## Organizations for Assistance

### **211 First Call for Help, Special Needs Connections**

Phone: 211 Mainline

Phone: 954-390-0493 Administration

[www.211specialneeds.org](http://www.211specialneeds.org) or [211-broward.org](http://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 53<sup>rd</sup> Street

Sunrise, FL 33351

Phone: 954-746-9400

TTY/TTD: 954-577-5357

Fax: 954-746-9496

[arcbroward.com](http://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 of programs and services.

### **Ann Storck Center, Inc.**

1790 SW 43<sup>rd</sup> Way

Fort Lauderdale, FL 33317

Phone: 954-584-8000

Fax: 954-321-8863

[www.annstorckcenter.org](http://www.annstorckcenter.org)

**Contact:** Dawn Terlizzese, ext. 377 [dterlizzese@ascfl.org](mailto:dterlizzese@ascfl.org)

Lori Mandke ext. 319, Pre-school Director

Cecilla 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](http://asabroward.org)

[info@asabroward.org](mailto:info@asabroward.org)

**Contact:** Fabiola Torrez, President

Providing "free" support groups and recreational services for anyone effected 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](http://chchearing.org)

**Contact:** David Williams ext. 322, Programs Operations Manager, [dwilliams@chchearing.org](mailto:dwilliams@chchearing.org)

Kim Schur, Director, Audiology, [kschur@chchearing.org](mailto: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

[cilibroward.org](http://cilibroward.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 3<sup>rd</sup> Avenue

Fort Lauderdale, FL 33316

Phone: 954-623-5555

Fax: 954-623-5556

ymcabroward.org

**Contact:** Alison Bergman-Rodriguez, Executive Director, Special Needs

abregman-rodriquez@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 13<sup>th</sup> 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 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

You will find shortcut links to the section topics in this section

SECTION TITLE	SECTION	PAGE
<a href="#">Accident Report Notification Form</a>	C	103
<a href="#">Acronyms</a>	A	3
<a href="#">Administration of Medication/Treatments, SBBC Policy 6305</a>	C	105
<a href="#">Aftercare Program Discounts</a>	D	7
<a href="#">Attendance Procedures</a>	C	15
<a href="#">Attendance Roster (Temporary)</a>	C	48
<a href="#">Authorization for Selected Over-the-Counter (OTC) Medication with Parental Approval Only, Grades 9-12</a>	C	109
<a href="#">Authorization for Treatment</a>	C	104
<a href="#">BASCC Department Contact Information</a>	A	9
<a href="#">BASCC Emergency Plan Template</a>	C	82
<a href="#">BASCC Family Satisfaction Survey</a>	C	77
<a href="#">BASCC Parent Conference Form</a>	C	43
<a href="#">BASCC Policy 6000.3</a>	A	4
<a href="#">BASCC Quality Standards Needs Assessment</a>	C	21
<a href="#">BASCC Quality Standards Needs Assessment Tool</a>	C	52
<a href="#">BASCC Quality Standards Needs Assessment Tool Review Confirmation</a>	C	66
<a href="#">BASCC Quality Standards Needs Assessment Show Document</a>	C	67
<a href="#">BASCC Quality Standards Needs Assessment Tell Document</a>	C	71
<a href="#">BASCC Quality Standards Program Safety Check</a>	C	27
<a href="#">BASCC Quality Standards Safety Check, Document</a>	C	89
<a href="#">BASCC Quality Standards Safety Check Review Confirmation</a>	C	101
<a href="#">BASCC Staff Survey</a>	C	79
<a href="#">BASCC Staff Program Development Sign-In Form</a>	C	77
<a href="#">BASCC Student Satisfaction Survey After Care K-2</a>	C	72
<a href="#">BASCC Student Satisfaction Survey Before Care K-2</a>	C	74
<a href="#">BASCC Student Satisfaction Survey 3-8</a>	C	76
<a href="#">Behavior and Discipline</a>	C	7
<a href="#">Campus Monitors</a>	C	4
<a href="#">Case Note Log</a>	F	9

SECTION TITLE	SECTION	PAGE
<a href="#">Child Behavior Planning Form</a>	C	45
<a href="#">Community Volunteer Information</a>	C	40
<a href="#">Consent Form</a>	A	11
<a href="#">CSC Unit Hours Form</a>	A	18
<a href="#">Developmental Considerations</a>	C	5
<a href="#">Dispensing Medication</a>	C	32
<a href="#">Emergency Numbers</a>	C	81
<a href="#">ESE Medical Fragile Authorization For Treatment GI/GU</a>	C	108
<a href="#">ESE Medical Fragile Authorization For Treatment Respiratory</a>	C	107
<a href="#">Facility Space for Program Operations</a>	C	18
<a href="#">Facility Usage Agreement/Intent to Provide Service</a>	D	3
<a href="#">Facility Usage Agreement Intent to Provide Service Document</a>	D	12
<a href="#">Facility Usage Cover Sheet RFP FY20-007</a>	D	11
<a href="#">Family Registration Fee</a>	D	4
<a href="#">Fee Structure</a>	D	1
<a href="#">FERPA/HIPAA</a>	A	7
<a href="#">FieldPrint Inc. Information</a>	E	4
<a href="#">Guidelines for Provider Change and Selection of Before and/or After School Child Care Program</a>	B	2
<a href="#">History of Before and After School Programs</a>	A	2
<a href="#">Homeless/Foster Care Students</a>	C	11
<a href="#">Incident Report Notification Form</a>	C	104
<a href="#">Infection Control Update</a>	C	102
<a href="#">Late Pick-Up</a>	D	9
<a href="#">Literature Dissemination</a>	C	37
<a href="#">Mandatory Reporting of Child Abuse, Abandonment and/or Neglect, SBBC Policy 5.3</a>	C	30
<a href="#">Medical/Accident/Incident/Emergency Information</a>	C	28
<a href="#">Medication Authorization Form Prescription or Over-the-Counter Medication</a>	C	105
<a href="#">Middle School After Care Student Sign-Out (12 or older)</a>	C	50
<a href="#">Middle School Before Care Student Sign-In (12 or older)</a>	C	51

SECTION TITLE	SECTION	PAGE
<a href="#">Mission Statement</a>	A	1
<a href="#">One Hour Staff Program</a>	D	8
<a href="#">On-Site Staff Fees</a>	D	5
<a href="#">Operational Fees Paid to BASCC</a>	D	4
<a href="#">Operational Fees Paid to Host School and SBBC</a>	D	2
<a href="#">Parent Conference Document</a>	C	44
<a href="#">Parental/Legal Guardian Responsibilities</a>	C	13
<a href="#">Parental/Legal Guardian Rights</a>	C	12
<a href="#">Pick-Up Authorization</a>	C	49
<a href="#">Private Instructional Personnel Program</a>	C	114
<a href="#">Private Provider Communication with BASCC</a>	C	1
<a href="#">Private Provider Custodial Assistant Tasks</a>	D	15
<a href="#">Private Provider Monthly School Remittance</a>	D	14
<a href="#">Private Provider Registration Fee Remittance Form</a>	D	13
<a href="#">Program Annual Evaluation</a>	C	22
<a href="#">Program Communication Log</a>	C	46
<a href="#">Program Components</a>	C	2
<a href="#">Program Selection</a>	B	1
<a href="#">Program Training Requirements</a>	E	2
<a href="#">Provider's Responsibilities</a>	C	19
<a href="#">Quality Programming Requirements</a>	C	23
<a href="#">Ratios</a>	C	21
<a href="#">Registration Fee</a>	D	5
<a href="#">Release of Liability</a>	C	17
<a href="#">Safety Information</a>	C	24
<a href="#">SBBC Disclosure of Education Records</a>	A	7
<a href="#">SBBC High School Volunteer Information</a>	C	39
<a href="#">School Administrator's Responsibilities</a>	C	20
<a href="#">School Board of Broward County Policies</a>	A	5
<a href="#">Service Providers</a>	C	35
<a href="#">Special Needs Informational Guidelines</a>	F	1
<a href="#">Special Needs Informational Conference</a>	F	3
<a href="#">Special Needs Informational Document</a>	F	6

SECTION TITLE	SECTION	PAGE
<a href="#">Special Needs Contacts</a>	F	10
<a href="#">Staffing the Program</a>	E	1
<a href="#">Staff Program Development Tracking Form</a>	E	6
<a href="#">Student Cost: PPO Programs</a>	D	6
<a href="#">Student Medication Log</a>	C	111
<a href="#">Student Registration</a>	C	9
<a href="#">Student Registration Form (English)</a>	C	47
<a href="#">Taking a Dependent into Custody, SBBC Policy 1162</a>	C	33
<a href="#">Taking a Dependent into Custody Supplement #23</a>	C	113
<a href="#">Tutoring</a>	C	38
<a href="#">Two-Week Trial Period</a>	C	8