

#### Interoffice Memorandum

July 20, 2022

#### **AGENDA ITEM**

- TO: Mayor Jerry L. Demings -AND-County Commissioners
- THRU: Dr. Tracy Salem, Interim Deputy Director Community and Family Services Department
- FROM: Sonya L. Hill, Manager Head Start Division Contact: Sandra Moore (407) 836-8913
- SUBJECT: Consent Agenda Item August 9, 2022 Florida Department of Children and Families Applications for Licenses to Operate Child Care Facilities

The Head Start Division requests Board approval for renewal of licenses from the Florida Department of Children and Families. These licenses will allow the Head Start Program to provide comprehensive early childhood development services for preschool children and support to their families at the listed Head Start locations for the 2022-2023 school year. The license fees will be paid with Head Start funds.

Center Name	Expiration Date	Fee
1. Washington Shores Early Learning Center	September 17, 2022	\$100
2. Hungerford Elementary	September 29, 2022	\$38
3. Washington Shores Elementary	October 4, 2022	\$100
4. Engelwood	October 11, 2022	\$62
5. Dover Shores	October 12, 2022	\$75
6. South Orlando YMCA	October 20, 2022	\$60
7. Ventura Elementary	November 3, 2022	\$43
8. Lila Mitchell	November 18, 2022	\$80
9. Aloma Elementary	November 23, 2022	\$38
10. Taft	November 29, 2022	\$100

Consent Agenda Item – August 9, 2022 Florida Department of Children and Families Applications for Renewal of Licenses to Operate Child Care Facilities Page 2

These are standard applications for licenses that are required by the Florida Department of Children and Families for licensed child care facilities.

ACTION REQUESTED: Approval and execution of the Florida Department of Children and Families Applications for renewal of Licenses to Operate a Child Care Facility at Washington Shores Early Learning Center, Hungerford Elementary, Washington Shores Elementary, Engelwood, Dover Shores, South Orlando YMCA, Ventura Elementary, Lila Mitchell, Aloma Elementary, and Taft Head Start sites.

SLH/smm:jamh

Attachments

BCC Mtg. Date: August 9, 2021



#### APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

#### PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

**Instructions:** All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the licensing agency if there are any questions relating to this application

**FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that were not contested, or that were affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

PART 1: PROGRAM IN	FORMATION (this	sec	tion must be com	pleted in	its	entirety)	)	
	Initial 🗹	*Re	newal [	Chang	e of	: [	Re	vision of
(choose one):	License	Yea	ar: 2022-23	Owner	ship	)		isting License
Name of Facility as it is to appe	ar on license:			Telepho		umber ea code):	Alterna	ate Phone Number:
Washington Shores Ea	arly Learning Cent	ter I	Head Start		~	0-6260	(32	1)895-0270
Street Address of Facility (phys	ical address):		City:		Cou	inty:		Zip Code:
2500 Bruton Boulevar	-		Orlando			Orange	9	32811
Mailing Address of Facility, if di	fferent (include city and	zip c	:ode):					
2100 East Michigan S	treet, Orlando, FL	328	306					
E-Mail Address:								luding area code):
Aturia.Hall@ocfl.net						(40	7)836	6-1926
Is this facility located in or adjacent to the home of the owner/operator?		b	<b>yes</b> , all household m ackground screening f family members wit	g complete th their nan	d.P	lease atta	ich a li	st Capacity:
Days and Hours of Operat	ion – please check A	AM c	or PM as applicable	:				
24 Hour Care								
Monday	Tuesday Wedne	esda	y Thursday	Friday		Saturda	ay	Sunday
AM	AM N		M AM	A	M		AM	AM
Opening Time: <u>7:30</u> PM <u>7:</u>	30 PM 7:30	P	M <u>7:30</u> PM <u>7</u>	<u>/:30</u> P	M		PM	PM
	AM		M AM	A	M		AM	MAM
Closing Time: <u>5:30</u> PM <u>5</u> :3	30 🔽 PM 5:30 🕻		м <u>5:30</u> УРМ <u>5</u>	5:30 🔽 P	M		PM	PM
	School 12 Mc Year Only	onthe	o Other:					
Program Designations:								
🗌 Faith Based 🛛 🖌 Hea	ad Start 🗌 Urban Z	one	Public/Non-Pu	iblic Schoo		VPK	Sc	chool Readiness
Check all service options	that apply:							
	lf Day Drop-In		Night Care Befor	re School	Afte	er School	W	leekend
				$\checkmark$		$\checkmark$		
Infant Care (0-1	I) Food Served	٦	Fransportation					
L								

PART 2: OWNERSHIP TYPE (check one)					
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F			
Corporation	Corporation Documentation required	Complete Sections B and F			
Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F			
Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F			
Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F			

SECTION A: INDIVIDUAL OWNERSHIP - NOT INCORPORATED (Special Instructions: One owner)				
Name (First, Middle and/or Maiden, Last):				
Date of Birth:	*Social Security nun	nber:		
Home Address:	City:	State:	Zip Code:	
			_	
Telephone Number (including area code):				

<b>SECTION B: CORPORATION</b> (Special Instructions: Upon initial application for child care licensure, attach Articles of Incorporation, which must include the names, the title/office, address, and telephone number for each member of the Board of Directors. Also attach the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or registered agent in Florida is grounds for revocation of this license. For <b>RENEWAL applications</b> for child care licensure, attach a current copy of Certificate of Status/Certificate of Authorization from the Department of State (available through SunBiz.org).							
Name of Corporation:			Corpor	ate and FEIN #:			
Address of Corporation:			Incorporated in which State? If out-of-state, is the corporation registered in the State of Florida? If no, please register prior to submitting an application.				
City:	State:	Zip Code:	Teleph	one Number (including are	a code)	)]	
Designated Corporate Representa	tive:			Date of Birth:		*Socia	al Security Number:
Home Address:			City:		State	9:	Zip Code:

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

SECTION C: LIMITED LIA	ABILITY C	COMPANY (S	pecial I	nstructions: Upon initia	l appl	icatior	n for child care
licensure, attach Articles of	Organiza	tion, which must	include	the names, the title/offic	ce, ac	Idress	s, and telephone
number for each member of	the Comp	any. Also attach f	the nam	e and telephone numbe	r of t	he coi	rporation's
registered agent. Failure to for revocation of this license.	Continuous	siy maintain a reg	isterea	office and/or registered	agen	rrent c	onda is grounds
Certificate of Status/Certificat							
Name of Company:				any and FEIN #:	ougn		
				,			
Address of Company:			Organi	zed in which State?			
Address of Company.			l				
			If out-o	of-state, is the company regi			
			Y	es No submittin			
City:	State:	Zip Code:	Teleph	one Number (including area	code)	):	
					,		
Designated Company Representa	tivo:			Date of Birth:		*Soci:	al Security Number:
Designated Company Representa	UVÇ.					0001	ar occurry muniper.
			1.00				1
Home Address:			City:		State	<u>}:</u>	Zip Code:
SECTION D: PARTNERS							
Partnership Agreement ann		ch additional shee	ets as a	pplicable if more than tw	<i>i</i> o pa	rtners	.)
Partner #1 (First, Middle (Maiden)	, Last):						
Date of Birth:			*Socia	I Security number:			
Home Address (street address):		· · · · · · · · · · · · · · · · · · ·	City:		State	<del>)</del> :	Zip Code:
Telephone Number (including area	a code):						
relephone Number (melading area							
Partner #2 (First, Middle (Maiden)	last)						
	. 2001)						
Detroit District							
Date of Birth:			*50018	I Security number:			
Home Address (street address):			City		State	9:	Zip Code:
Telephone Number (including area	a code):				1		1
SECTION E: OTHER EN	TITY - NC		TED	(Special Instructions:	These	arer	rograms
operated by School Boards							
and other non-incorporated							
Name of Entity:							
Orange County, Florida							
Entity's Designated Representativ	ve (First. Mid	dle and/or Maiden, L	ast):				
Address of Entity (street address)			City:		State	<u>a</u> .	Zip Code:
201 South Rosalind Ave			1	ndo			32801
				ando	FL	-	32001
elephone Number (including area code):							

(407)	)836-6590

SECTION F: ON-SITE DIRECTOR INFORMATION – An On-site Director holds a Director Credential, is responsit to be on-site for the majority of operating hours. A Multi-Sit multiple before-school and after-school programs for a sing number of children enrolled; or, (b) More than three sites if Name (First. Middle and/or Maiden, Last): Aturia Hall	ble for the day-to-day operation e Director holds a Director Cred le organization as follows: (a) T the combined number of childre	of the facilit lential and s Three sites r	y and is required supervises egardless of the
Date of Birth:	*Social Security number:		
Home Address:	City:	State:	Zip Code:
4813 Skeena Street	Orlando	FL	32819
Cell Phone Number (including area code): If applicable, name of N (407)990-4533	ulti-Site Programs and enrollment:		
PART 3: ATTESTATION (To be completed by all a	pplicants)		i
Has the owner, applicant, or director ever had a license der the subject of a disciplinary action, or been fined while emp		any state or	jurisdiction, been
Yes VI No If yes, please explain (attach add	itional sheet(s) if necessary):		
		£	
I hereby attest that the information contained in this section	is truthful and correct under pe	nalty of perj	ury. <u>A Mc</u> Initial
Have you or anyone identified as a party to ownership ever with any state agency in any capacity other than a driver's Yes No If yes, where, what type of license	icense?		netology, etc.)
Yes _No If yes, where, what type of license Washington Shores Early Learning Center Hea			1205
Pursuant to section 402.3054, F.S., child enrichment se upon screening, using level 2 standards in Chapter 435, provider, it is the responsibility of the director to ensure accordingly, and parents/guardians provide written cons conducted by the child enrichment service provider.	F.S. If this facility utilizes a that the child enrichment ser	child enric vice provid	hment service er is screened
The Health Insurance Portability and Accountability Act information must be protected from disclosure and main the public and to otherwise assure the privacy of such in that you agree to comply with the requirements of HIPA children's health records in your possession.	tained in a manner to preven nformation. Your signature o	t inadverte n this appli	nt disclosure to cation indicates
In accordance with s. 402.319(3), F.S., each child care with the provisions of s. 39.201, F.S., regarding the required Jerry L. Demings, Applicant of Washingt do hereby affirm that all child care personnel are in corr	uirements of a mandated repo on Shores ELC Head Start	an affidavit	of compliance
Pursuant to section 435.05(3), F.S., each employer must a of Chapter 435, F.S., regarding the statutory requirement <u>Jerry L. Demings</u> , Applicant of <u>Washington</u> attest under penalty of perjury that all child care personne	nts for background screening <u>n Shores ELC Head Start</u>	. Signi Cafe F	ig below. acility, do herey
By Burks	10 Aug 22	RANGE	OUNTY FLORIDA

Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

Falsification of application information is grounds for denial or revocation of the license to operate facility. Your signature on this application indicates your understanding and compliance with the

Signature of Owner or Organization's Designated Representative

Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

#### Do Not Write Below this Line - Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date F	ee Forwarded to Fiscal Office:
Sexual Offender Add (http://offender.fdle.s	ress Cross-Reference state.fl.us):	Date of Search:	Conducted by Signature/Ini	tials:	Exact Address Match:

APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

BCC Mtg. Date: August 9, 2021



#### APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

#### PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

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**FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that were not contested, or that were affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

PART 1: PROGRAM INFORMATION (this section must be completed in its entirety)						
	*Renewal	Change of	Revision of			
(choose one): License	Year: 2022-23	Ownership	Existing License			
Name of Facility as it is to appear on license:		Telephone Number (including area code):	Alternate Phone Number:			
Hungerford Elementary Head Start		(407)623-1430				
Street Address of Facility (physical address):	City:	County:	Zip Code:			
230 South College Avenue	Eatonville	Orang	ge 32751			
Mailing Address of Facility, if different (include city and						
2100 East Michigan Street, Orlando, FL	32806					
E-Mail Address:		1	nber (including area code):			
Rosemine.Celestin@ocfl.net		(4	07)836-2984			
Is this facility located in or adjacent to the home of the Yes VNo owner/operator?	If <b>yes</b> , all household me background screening of family members with	completed. Please at	tach a list Capacity:			
Days and Hours of Operation – please check	AM or PM as applicable:					
24 Hour Care						
Monday Tuesday Wedne	esday Thursday	Friday Satur	day Sunday			
Opening AM AM	🖌 AM 📝 AM	AM	AM AM			
Time: 7:00 PM 7:00 PM 7:00	PM <u>7:00</u> PM <u>7:</u>	00 PM	PM PM			
	AM AM	AM [	AM AM			
Closing Time: <u>6:00</u> <b>✓</b> PM <u>6:00</u> <b>✓</b> PM <u>6:00</u>	✓ PM <u>6:00</u> ✓ PM <u>6:</u>	00 🔽 РМ	PM PM			
Months of Operation: School Year Only	onths Other:					
Program Designations:						
🗌 Faith Based 🗹 Head Start 🗌 Urban Z	Zone Public/Non-Pub	lic School VPK	School Readiness			
Check all service options that apply:						
Full Day Half Day Drop-In	Night Care Before	School After School	Weekend			
		$\checkmark$				
Infant Care (0-1) Food Served	Transportation					

PART 2: OWNERSHIP TYPE (check one)					
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F			
Corporation	Corporation Documentation required	Complete Sections <b>B and F</b>			
Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F			
Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F			
Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F			

SECTION A: INDIVIDUAL OWNERSHIP – NOT INCORPORATED (Special Instructions: One owner)					
Name (First, Middle and/or Maiden, Last):					
Data of Didta	+Social Security pumb				
Date of Birth:	*Social Security numbe				
Home Address:	City:	State:	Zip Code:		
Telephone Number (including area code):		·			

<b>SECTION B: CORPORATION</b> (Special Instructions: Upon initial application for child care licensure, attach Articles of Incorporation, which must include the names, the title/office, address, and telephone number for each member of the Board of Directors. Also attach the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or registered agent in Florida is grounds for revocation of this license. For <b>RENEWAL applications</b> for child care licensure, attach a current copy of Certificate of Status/Certificate of Authorization from the Department of State (available through SunBiz.org).							
Name of Corporation:			Corporate and FEIN #:				
Address of Corporation:			Incorporated in which State? If out-of-state, is the corporation registered in the State of Florida? If no, please register prior to submitting an application.				
City:	State:	Zip Code:	Telephone Number (including area code):				
Designated Corporate Representative:			Date of Birth: *Social Security N				I Security Number:
Home Address:			City:		State		Zip Code:

pecial Instructions: Upon initial application for child care
nclude the names, the title/office, address, and telephone
he name and telephone number of the corporation's
stered office and/or registered agent in Florida is grounds
s for child care licensure, attach a current copy of
epartment of State (available through SunBiz.org).
Company and FEIN #:

Address of Company:			Organized in which State?				
If			If out-c	f-state, is the company regis	stered	in the	State of Florida?
			Y	es No submitting			
City:	State:	Zip Code:	Telephone Number (including area code):				
Designated Company Representat	ive:			Date of Birth:		*Socia	al Security Number:
Home Address:			City:		State		Zip Code:

#### **SECTION D: PARTNERSHIP – NOT INCORPORATED** (Special Instructions: Attach a copy of the Partnership Agreement annually. Attach additional sheets as applicable if more than two partners.)

ate of Birth:	*Social Security num	ber:	
Home Address (street address):	City:	State:	Zip Code:
Felephone Number (including area code):			

Date of Birth:	*Social Security num	ber:	
Home Address (street address):	City:	State:	Zip Code:
Telephone Number (including area code):		ļ ,	

# SECTION E: OTHER ENTITY – NOT INCORPORATED (Special Instructions: These are programs operated by School Boards or city/county municipalities, before and after school programs, faith-based programs and other non-incorporated entities.) Name of Entity: Orange County, Florida Entity's Designated Representative (First, Middle and/or Maiden, Last): State: Zip Code: Address of Entity (street address): City: State: Zip Code: 201 South Rosalind Avenue Orlando FL 32801 Telephone Number (including area code): (407)836-6590 State: Zip Code:

					<u> </u>
SECTION F: ON-SITE DIRECTO An On-site Director holds a Director C to be on-site for the majority of operat multiple before-school and after-school number of children enrolled; or, (b) Mo	Credential, is responsib ting hours. A Multi-Site ol programs for a singl	e for the day-to- Director holds a e organization as	day operation of Director Crede follows: (a) TI	of the facil ential and hree sites	ity and is required supervises regardless of the
Name (First, Middle and/or Maiden, Last): Rosemine Celestin					
Date of Birth:		*Social Security nu	imber:		
Home Address:		City:		State:	Zip Code:
1729 Sage Creek Court		Orlando		FL	32824
Cell Phone Number (including area code): (321)331-1633	If applicable, name of M	ulti-Site Programs a	and enrollment:		
				··· -	····
PART 3: ATTESTATION (To be	completed by all a	oplicants)			
Has the owner, applicant, or director e the subject of a disciplinary action, or Yes VNo If yes, pleas		oyed in a child ca	re facility?	ny state o	r jurisdiction, been
I hereby attest that the information co Have you or anyone identified as a pa with any state agency in any capacity	arty to ownership ever other than a driver's li	held a license (ch cense?	nild care, foster	care, cos	Initial
Yes No If yes, wher Hungerford Elementary Head	e, what type of license d Start, Child Care			at name?	
Pursuant to section 402.3054, F.S., upon screening, using level 2 standa provider, it is the responsibility of the accordingly, and parents/guardians conducted by the child enrichment s The Health Insurance Portability and information must be protected from a the public and to otherwise assure to that you agree to comply with the re	ards in Chapter 435, e director to ensure provide written cons ervice provider. d Accountability Act disclosure and main he privacy of such ir	F.S. If this faci that the child en ent before a chil (HIPAA) require ained in a mann formation. You	lity utilizes a c richment serv d may particip s that persona ier to prevent r signature on	child enri- ice provi- pate in ac ally identi inadverte this app	chment service der is screened ctivities fiable health ent disclosure to lication indicates
children's health records in your pos In accordance with s. 402.319(3), F. with the provisions of s. 39.201, F.S	ssession. S., each child care f , regarding the requ oplicant of <u>Hungerfor</u>	acility must ann irements of a m d Elementary He	ually submit a andated repo ad Start	n affidav	it of compliance
Pursuant to section 435.05(3), F.S., e of Chapter 435, F.S., regarding the	each employer must a statutory requiremen plicant of <u>Hungerford</u>	ttest via signed a ts for backgrour Elementary Héa	attestation nd screeni d Start	By Isigni ild Kare	in <b>o</b> beigy, land Facility do <b>ber</b> eby
	2760	JO MU Date	\$22	NGE CO	UNTY FLORE

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Falsification of application information is grounds for denial or revocation of the license to operative facility. Your signature on this application indicates your understanding and compliance with the law.

Signature of Owner or Organization's Designated Representative

' Z2

Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

#### Do Not Write Below this Line - Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date F	ee Forwarded to Fiscal Office:
Sexual Offender Add (http://offender.fdle.s	ress Cross-Reference itate.fl.us):	Date of Search:	Conducted by Signature/Init	ials:	Exact Address Match:

BCC Mtg. Date: August 9, 2021



#### APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

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PART 1: PROGRAM INFORMATION (this section must be completed in its entirety)							
	Renewal [ Year: 2022-23	Change of [ Ownership	Revision of Existing License				
Name of Facility as it is to appear on license:		Telephone Number (including area code):	Alternate Phone Number:				
Washington Shores Elementary Head St	art	(407)296-6540	(321)388-7165				
Street Address of Facility (physical address):	City:	County:	Zip Code:				
944 West Lake Mann Drive	Orlando	Orange	e 32805				
Mailing Address of Facility, if different (include city and z							
2100 East Michigan Street, Orlando, FL	32806						
E-Mail Address:			per (including area code):				
Nicole.Davis@ocfl.net		(40	7)836-1932				
Is this facility located in or adjacent to the home of the Yes No owner/operator? If <b>yes</b> , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.							
Days and Hours of Operation – please check A	M or PM as applicable:						
24 Hour Care							
Monday Tuesday Wednes Opening AM AM	sday Thursday ]AM	Friday Saturd	ay Sunday AM AM PM PM				
Closing         AM         AM           Time:         6:00         ✓         PM         6:00         ✓	]am □am ]pm <u>6:00</u> ✔ pm <u>6:0</u>	□ AM □ 00	AM AM				
Months of Operation: School Vear Only	nths Other:						
Program Designations:							
🗌 Faith Based 🗹 Head Start 🗌 Urban Zo	one Public/Non-Publ	lic School 🗌 VPK	School Readiness				
Check all service options that apply:							
Full Day Half Day Drop-In	Night Care Before	School After School	Weekend				
		$\checkmark$					
Infant Care (0-1) Food Served	Transportation						



PART 2: OWNERSHIP TYPE (check one)						
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F				
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Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F				
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Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F				

SECTION A: INDIVIDUAL OWNERSHIP - NOT INCORPORATED (Special Instructions: One owner)					
Name (First, Middle and/or Maiden, Last):					
Date of Birth:	*Social Security number	er:			
Home Address:	City:	State:	Zip Code:		
Telephone Number (including area code):					

<b>SECTION B: CORPORATION</b> (Special Instructions: Upon initial application for child care licensure, attach Articles of Incorporation, which must include the names, the title/office, address, and telephone number for each member of the Board of Directors. Also attach the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or registered agent in Florida is grounds for revocation of this license. For <b>RENEWAL applications</b> for child care licensure, attach a current copy of Certificate of Status/Certificate of Authorization from the Department of State (available through SunBiz.org).							
Name of Corporation:			Corporate and FEIN #:				
Address of Corporation:			Incorporated in which State? If out-of-state, is the corporation registered in the State of Florida? If no. please register prior to submitting an application.				
City:	State:	Zip Code:	Telephone Number (including area code):				
Designated Corporate Representative:			Date of Birth: *Social Security N			al Security Number:	
Home Address:			City:		State:	Zip Code:	

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

SECTION C: LIMITED LIABILITY COMPANY       (Special Instructions: Upon initial application for child care         licensure, attach Articles of Organization, which must include the names, the title/office, address, and telephone       number for each member of the Company. Also attach the name and telephone number of the corporation's         registered agent.       Failure to continuously maintain a registered office and/or registered agent in Florida is grounds         for revocation of this license.       For RENEWAL applications for child care licensure, attach a current copy of         Certificate of Status/Certificate of Authorization from the Department of State (available through SunBiz.org).         Name of Company:							
mame of Company:							
Address of Company:			Organi	zed in which State?			
			If out-of-state, is the company registered in the State of Florida?				
City:	State:	Zip Code:	Teleph	one Number (including area	code):		
Designated Company Representat	ive:			Date of Birth:	*Soc	ial Security Number:	
Home Address:			City:	1	State:	Zip Code:	
				· · · · · · · · ·	•		
	SECTION D: PARTNERSHIP – NOT INCORPORATED (Special Instructions: Attach a copy of the Partnership Agreement annually. Attach additional sheets as applicable if more than two partners.)						
Partner #1 (First, Middle (Maiden)							
Date of Birth:			*Social Security number:				
Home Address (street address):		City:		State:	Zip Code:		
Telephone Number (including area	a code):		1				
Partner #2 (First, Middle (Maiden)	, Last):						
Date of Birth:			*Socia	I Security number:			
Home Address (street address):			City:		State:	Zip Code:	
Telephone Number (including area	a code):		1		l		
SECTION E: OTHER ENT operated by School Boards and other non-incorporated	or city/cour						
Name of Entity:							
Orange County, Florida							
Entity's Designated Representativ	e (First, Mido	dle and/or Maiden, L	ast):				
Address of Entity (street address)	:		City:		State:	Zip Code:	
201 South Rosalind Ave			Orla	indo	FL	32801	
Telephone Number (including area (407)836-6590	a code):						

SECTION F: ON-SITE DIRECTOR An On-site Director holds a Director Cre to be on-site for the majority of operating multiple before-school and after-school number of children enrolled; or, (b) More	edential, is responsibl g hours. A Multi-Site programs for a single	e for the day-to-day Director holds a Dir organization as foll	operation of the fa ector Credential ar ows: (a) Three site	cility and is required and supervises es regardless of the
Name (First. Middle and/or Maiden, Last):				
Nicole Davis Turner				
Date of Birth:		*Social Security number	er:	
Home Address:		City:	State:	Zip Code:
1016 Vanessa Drive		Oveido	FL	32765
Cell Phone Number (including area code): If (321)388-7165	applicable, name of Mu	Ilti-Site Programs and e	enrollment:	
PART 3: ATTESTATION (To be co	ompleted by all ap	plicants)		
Has the owner, applicant, or director even the subject of a disciplinary action, or be ☐ Yes ✔ No If yes, please		oyed in a child care f	acility?	or jurisdiction, been
I hereby attest that the information conta				Initial
Have you or anyone identified as a party with any state agency in any capacity of	ther than a driver's lic	cense?		
Yes No If yes, where.	what type of license,	license number, and	d under what name	?
Washington Shores Elementar	ry Head Start, Ch	ild Care License	C09OR1203	
Pursuant to section 402.3054, F.S., ch upon screening, using level 2 standard provider, it is the responsibility of the of accordingly, and parents/guardians pro- conducted by the child enrichment ser	ds in Chapter 435, I director to ensure t ovide written conse	F.S. If this facility hat the child enrich	utilizes a child en ment service pro	richment service vider is screened
The Health Insurance Portability and A information must be protected from dis the public and to otherwise assure the that you agree to comply with the require children's health records in your posse	sclosure and mainta e privacy of such inf uirements of HIPAA	ained in a manner to formation. Your sig	o prevent inadve inature on this ap	rtent disclosure to plication indicates
In accordance with s. 402.319(3), F.S. with the provisions of s. 39.201, F.S., Jerry L. Demings , Appl do hereby affirm that all child care per	regarding the requi licant of <u>Washington</u>	rements of a mand n Shores Elem. Hea	ated reporter. B ad Start C	
attest under penalty of perjury that all cl	atutory requirement cant of <u>Washington</u>	s for background s Shores Elem. Heac	creening. <b>Dog</b> Start Chil <b>ss</b> ar	Fachity do hereby
Signature of Applicant		Date 🖉		

Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility. Your signature on this application indicates your understanding and compliance with this law.

Signature of Owner or Organization's Designated Representative



Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

#### Do Not Write Below this Line - Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date F	ee Forwarded to Fiscal Office:
Sexual Offender Add (http://offender.fdle.s	ress Cross-Reference tate.fl.us);	Date of Search:	Conducted by Signature/Init	ials:	Exact Address Match:

APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

BCC Mtg. Date: August 9, 2021



#### APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

#### PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

**Instructions:** All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the licensing agency if there are any questions relating to this application

**FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that were not contested, or that were affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

PART 1: PROGRAM INFORMATION (this section must be completed in its entirety)							
Application Type [ (choose one):	Initial License		enewal ear: 2022-23	Chang Owner		Exis	ision of ting License
Name of Facility as it is to a	ppear on license:				one Number ng area code):	Alternate	Phone Number:
Engelwood Head S					)249-6340	(321	)278-9602
Street Address of Facility (p	•		City:		County:		ip Code:
5985 La Costa Driv			Orlando		Orange	e :	32807
Mailing Address of Facility, i							
2100 East Michigan	Street, Orla	ndo, FL 32	2806				
E-Mail Address:							ding area code):
Solimar.Szul@ocfl.r						7)836-	1927
Is this facility located in o adjacent to the home of t owner/operator?		No I	If <b>yes</b> , all househok background screen of family members v	ing complete	d. Please atta	ach a list	
Days and Hours of Ope	ration – please	e check AM	or PM as applicab	le:			
24 Hour Care Monday Opening Time: <u>7:00</u> ₽M	Tuesday ✔AM 7:00 PM	Wednesd ✓ A 7:00 □ F	AM AM	Friday A 7:00 P	Saturd M	ay AM PM	Sunday AM
Closing AM Time: <u>6:00</u> ✔ PM		<u>6:00</u> F			M	AM PM	AM PM
Months of Operation:	Year Only	12 Month	ns Other:				
Program Designations:							
🗌 Faith Based 🛛 🗹 F	lead Start	Urban Zon	e 🗌 Public/Non-l	Public Schoo	I VPK	Sch	ool Readiness
Check all service option	ns that apply:						
	Half Day	Drop-In	Night Care Be	fore School	After School	Wee [	ekend
Infant Care (	(0-1) Food (	Served Z	Transportation				



PART 2: OWNERSHIP TYPE (check one)						
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F				
	Corporation Documentation required	Complete Sections B and F				
Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F				
Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F				
Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F				

SECTION A: INDIVIDUAL OWNERSHIP - NOT INCORPORATED (Special Instructions: One owner)						
Name (First. Middle and/or Maiden, Last):						
Date of Birth:	*Social Security number:					
Home Address:	City:	State:	Zip Code:			
Telephone Number (including area code):	1	I				

<b>SECTION B: CORPORATION</b> (Special Instructions: Upon initial application for child care licensure, attach Articles of Incorporation, which must include the names, the title/office, address, and telephone number for each member of the Board of Directors. Also attach the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or registered agent in Florida is grounds for revocation of this license. For <b>RENEWAL applications</b> for child care licensure, attach a current copy of Certificate of Status/Certificate of Authorization from the Department of State (available through SunBiz.org).							
Name of Corporation:			Corpor	ate and FEIN #:			
Address of Corporation:			If out-c	orated in which State? If-state, is the corporation r If no, ple es No submittin	ase re	gister j	prior to
City:	State:	Zip Code:	Telephone Number (including area code):				
Designated Corporate Represent	ative:			Date of Birth:		*Socia	al Security Number:
Home Address:			City:		State	):	Zip Code:

SECTION C: LIMITED LIA licensure, attach Articles of number for each member of registered agent. Failure to for revocation of this license. Certificate of Status/Certificate Name of Company:	Organizat the Compa continuous For RENE	<b>ion,</b> which must any. Also attach t ly maintain a regi <b>WAL application</b>	include he nam istered s for ch epartme	the names, the title/offic le and telephone numbe office and/or registered ild care licensure, attach	ce, addre er of the o agent in a curren	ess, and telephone corporation's Florida is grounds t copy of	
Address of Company:			Organi	zed in which State?			
			🗆 Y	es No submittin	ase registe g an appli	er prior to	
City:	State:	Zip Code:	Teleph	one Number (including area	code):		
Designated Company Representat	ive:	1	<u> </u>	Date of Birth:	*Sc	ocial Security Number:	
Home Address:			City:	dan - m - m - m - m - m - m - m - m - m -	State:	Zip Code:	
L					I		
SECTION D: PARTNERS				Special Instructions: A	ttach a c	copy of the	
Partnership Agreement annu Partner #1 (First, Middle (Maiden),		additional shee	us as a	oplicable it more than tw	io partne	its.)	
Date of Birth:			*Social Security number:				
Home Address (street address):		City:		State:	Zip Code:		
Telephone Number (including area	a code):		1		I		
Partner #2 (First, Middle (Maiden),	, Last):						
Date of Birth:			#0 a ai -	Security number:			
			- Socia	r Security number:			
Home Address (street address):			City:		State:	Zip Code:	
Telephone Number (including area	a code):				1	<u> </u>	
SECTION E: OTHER ENT operated by School Boards of and other non-incorporated of	or city/cour						
Name of Entity:							
Orange County, Florida							
Entity's Designated Representative	e (First, Mido	lle and/or Maiden, L	ast):				
Address of Entity (street address):	:		City:		State:	Zip Code:	
201 South Rosalind Ave	enue		Orla	indo	FL	32801	
Telephone Number (including area (407)836-6590	a code):				1	1	

SECTION F: ON-SITE DIRECTOR INFORMA An On-site Director holds a Director Credential, is re to be on-site for the majority of operating hours. A multiple before-school and after-school programs for number of children enrolled; or, (b) More than three	esponsible for the day-to-day of Multi-Site Director holds a Director or a single organization as follow	peration of the faci tor Credential and vs: (a) Three sites	ity and is required supervises regardless of the
Name (First, Middle and/or Maiden, Last): Solimar Szul			
Date of Birth:	*Social Security number:		
Home Address:	City:	State:	Zip Code:
537 Birmingham Place	Lake Mary	FL	32746
	ame of Multi-Site Programs and en	rollment:	
PART 3: ATTESTATION (To be completed b			
Has the owner, applicant, or director ever had a lice the subject of a disciplinary action, or been fined wh Yes Volume No If yes, please explain (att		ility?	r jurisdiction, been
I hereby attest that the information contained in this	section is truthful and correct u	Inder penalty of pe	rjury. <u>A Mc</u> Initial
Have you or anyone identified as a party to owners with any state agency in any capacity other than a c	driver's license?		
	of license, license number, and u	under what name?	
Engelwood Head Start, Child Care Licer	156 CU9OR 1226		
Pursuant to section 402.3054, F.S., child enrichn upon screening, using level 2 standards in Chapt provider, it is the responsibility of the director to accordingly, and parents/guardians provide writte conducted by the child enrichment service provide	ter 435, F.S. If this facility ut ensure that the child enrichm en consent before a child ma	ilizes a child enr ent service provi	chment service der is screened
The Health Insurance Portability and Accountability information must be protected from disclosure and the public and to otherwise assure the privacy of that you agree to comply with the requirements of children's health records in your possession.	nd maintained in a manner to such information. Your sign	prevent inadvert ature on this app	ent disclosure to lication indicates
In accordance with s. 402.319(3), F.S., each chil with the provisions of s. 39.201, F.S., regarding t Jerry L. Demings, Applicant of En do hereby affirm that all child care personnel are	the requirements of a mandating ngelwood Head Start	ed reporter. By	
Pursuant to section 435.05(3), F.S., each employe of Chapter 435, F.S., regarding the statutory req Jerry L. Demings, Applicant of Eng attest under penalty of perjury that all child care per	uirements for background scr jelwood Head Start	eening by sign	Fasility do hereby
Signature of Applicant	<i>IV UNY 22</i> Date	- VICE (I	HINTY FLORE

Date U 2

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308. F.S.

COUNTY

Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

Falsification of application information is grounds for denial or revocation of the license to opticate a child car facility. Your signature on this application indicates your understanding and compliance with this law.

Signature of Owner or Organization's Designated Representative

10 May 22 Date

#### Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

#### Do Not Write Below this Line - Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date Fee Forwarded to Fiscal Office:
Sexual Offender Add (http://offender.fdle.s	I ress Cross-Reference state.fl.us):	Date of Search:	Conducted by Signature/Initi	ials: Exact Address Match:

BCC Mtg. Date: August 9, 2021



#### APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

#### PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

**Instructions:** All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the licensing agency if there are any questions relating to this application

**FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that were not contested, or that were affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

PART 1: PROGRAM INFORMATION (this section must be completed in its entirety)							
Application Type (choose one):	Initial License		enewal ear: 2022-23	Chang Owner			rision of sting License
Name of Facility as it is to a	ppear on license:				one Number	Alternate	e Phone Number:
Dover Shores Head					)249-6330	`	)442-7029
Street Address of Facility (p	hysical address):		City:		County:	1	(ip Code:
1200 Gaston Foste			Orlando		Orange	e	32812
Mailing Address of Facility.							
2100 East Michigar	n Street, Orla	ndo, FL 32	806				
E-Mail Address:							ding area code):
Aileen.Morales@oo	cfl.net				(40	7)836-	7472
Is this facility located in c adjacent to the home of t owner/operator?	the Yes		f <b>yes</b> , all household background screeni of family members v	ing complete with their nan	d. Please atta	ach a lis <sup>.</sup>	t Capacity:
Days and Hours of Ope	eration – please	e check AM	or PM as applicab	le:			
	Tuesday ✓AM <u>7:00</u> PM	Wednesda A 7:00 P	M AM		Saturd M M	ay AM PM	Sunday AM PM
Closing Time: <u>6:00</u> PM						PM _	PM
Months of Operation:	Year Only	12 Month	ns Other:				
Program Designations:	•						
🗌 Faith Based 🛛 🗹 I	Head Start	]Urban Zone	e Public/Non-I	Public Schoo		Sch	ool Readiness
Check all service optio	ons that apply:						
	Half Day	Drop-In	Night Care Be	fore School	After School	We	ekend
Infant Care	(0-1) Food 3	Served	Transportation				

PART 2: OWNERSHIP TYPE (check one)						
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F				
Corporation	Corporation Documentation required	Complete Sections B and F				
Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F				
Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F				
Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F				

SECTION A: INDIVIDUAL OWNERSHIP – NOT INCORPORATED (Special Instructions: One owner)					
Name (First, Middle and/or Maiden, Last):					
Date of Birth:	*Social Security numb	ber:			
Home Address:	City:	State:	Zip Code:		
Telephone Number (including area code):					

Articles of Incorporation, which must include the names, member of the Board of Directors. Also attach the name ar Failure to continuously maintain a registered office and/or r license. For <b>RENEWAL applications</b> for child care license	nd telephone number of the corporation's registered agent. egistered agent in Florida is grounds for revocation of this ure, attach a current copy of Certificate of Status/Certificate
of Authorization from the Department of State (available thr	ough SunBiz.org).
Name of Corporation:	Corporate and FEIN #:
Address of Corporation:	Incorporated in which State?
	If out-of-state, is the corporation registered in the State of Florida?

				ne corporatio	in registered in	T the State of Flohua?
			Yes I		, please registe hitting an applic	
City:	State:	Zip Code:	Telephone Numbe	er (including a	area code):	
Designated Corporate I	Representative:	<b>I</b>	Date of B	irth:	*S0	cial Security Number:
Home Address:			City:		State:	Zip Code:

SECTION C: LIMITED L licensure, attach Articles of number for each member of registered agent. Failure to for revocation of this license Certificate of Status/Certificat Name of Company:	of Organiza of the Compa o continuous e. For <b>RENE</b>	tion, which must i any. Also attach t sly maintain a regi WAL application	he name and telephone no stered office and/or registe s for child care licensure, a epartment of State (availab Company and FEIN #:	e/office, addres umber of the co ered agent in F attach a current	s, and telephone orporation's florida is grounds copy of
Address of Company:			Organized in which State? If out-of-state, is the compan	u registered in th	e Stote of Elocido?
			Yes No sub	o, please register omitting an applic	r prior to
City:	State:	Zip Code:	Telephone Number (including	g area code):	
Designated Company Represent	ative:	L.,	Date of Birth:	*Soc	sial Security Number:
Home Address:		· · · · · · · · · · · · · · · · · · ·	City:	State:	Zip Code:
SECTION D: PARTNER Partnership Agreement an Partner #1 (First, Middle (Maide	nually. Atta	T INCORPORAT ch additional shee	ED (Special Instruction ts as applicable if more th	ns: Attach a co an two partner	opy of the s.)
Date of Birth:			*Social Security number:		
Home Address (street address):			City:	State:	Zip Code:
Telephone Number (including ar	ea code):		J		
Partner #2 (First, Middle (Maide	n), Last):			<u>, , , , , , , , , , , , , , , , , , , </u>	
Date of Birth:			*Social Security number:		
Home Address (street address):			City:	State	Zip Code:
Telephone Number (including an	ea code):				
SECTION E: OTHER EN operated by School Boards and other non-incorporated	s or city/cou	T INCORPORAT	<b>FED</b> (Special Instruction before and after school p	<b>ns:</b> These are rograms, faith-	programs based programs
Name of Entity:					
Orange County, Florida Entity's Designated Representat		dle and/or Maiden, L	ast):		
Address of Entity (street addres	c).		City:	State:	Zip Code:
201 South Rosalind Av			Orlando	FL	32801
Telephone Number (including ar (407)836-6590					1

SECTION F: ON-SITE DIRECTO					
An On-site Director holds a Director C to be on-site for the majority of opera					
multiple before-school and after-school	ol programs for a sing	le organization a	as follows: (a) T	hree sites	regardless of the
number of children enrolled; or, (b) M	lore than three sites if	the combined nu	umber of childre	n does not	exceed 350.)
Name (First, Middle and/or Maiden, Last): Aileen Morales Cotto					
Date of Birth:		*Social Security	number:		
Home Address:		City:		State:	Zip Code:
2101 Oak Wind Court		Saint Cloud		FL	34772
Cell Phone Number (including area code):	If applicable, name of N	lulti-Site Programs	and enrollment:		
(321)442-7029					
				-	
PART 3: ATTESTATION (To be	completed by all a	pplicants)			
Has the owner, applicant, or director the subject of a disciplinary action, or				any state o	r jurisdiction, been
Yes No If yes, plea	se explain (attach add	litional sheet(s) i	f necessarv):		
			, , , , , , , , , , , , , , , , , , ,		
I hereby attest that the information co	ontained in this section	is truthful and c	orrect under per	nalty of pe	rjury. <u>A Mc</u> Initial
Have you or anyone identified as a p with any state agency in any capacity			child care, foste	r care, cos	metology, etc.)
Yes No If yes, when	re, what type of license	e, license numbe	er, and under wh	nat name?	
Engelwood Head Start, Child	d Care License C0	90R1205			
Pursuant to section 402.3054, F.S.,	child enrichment se		shall be of go	od moral (	character based
upon screening, using level 2 stand	ards in Chapter 435	F.S. If this fa	cility utilizes a	child enri	chment service
provider, it is the responsibility of the accordingly, and parents/guardians					
conducted by the child enrichment s		sent before a ci	ind may partici	pate in at	
The Health Insurance Portability an	d Accountability Act	(HIPAA) requir	es that person	ally identi	fiable health
information must be protected from	disclosure and main	tained in a mai	nner to prevent	inadverte	ent disclosure to
the public and to otherwise assure that you agree to comply with the re					
children's health records in your po		, , , , , , , , , , , , , , , , , , ,		,	
In accordance with s. 402.319(3), F					
with the provisions of s. 39.201, F.S. Jerry L. Demings , A	<ol><li>regarding the req pplicant of Dover Sh</li></ol>				signing below, I, <u>ild C</u> are Facility,
do hereby affirm that all child care p				MUN	Non activity,
Pursuant to section 435.05(3), F.S., e	each employer must a	attest via signed	l attestation co	ance v	with the posisions
of Chapter 435, F.S., regarding the	statutory requirement	nts for backgro	und screening	OBy Man	ng below
Jerry L. Demings , Ap attest under penalty of perjury that al	plicant of <u>Dover Shoi</u> Il child care personne	res Head Start	nce with the	visitas of	Faellity, do areby
	A	. ste tr compile			N 151
BYNN.Br	00100	10 01	1027 19	P V	
Signature of Applicant	· ·	Date		MGECO	FIGH

Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

Falsification of application information is grounds for denial or revocation of the license to operative facility. Your signature on this application indicates your understanding and compliance with the second

Signature of Owner or Organization's Designated Representative

### ID Que 22 Date Date COUNTY FURNING

Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

#### Do Not Write Below this Line - Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date F	ee Forwarded to Fiscal Office:
Sexual Offender Add (http://offender.fdle.s	ress Cross-Reference state.fl.us):	Date of Search:	Conducted by Signature/Init	ials:	Exact Address Match:

BCC Mtg. Date: August 9, 2021



#### APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

#### PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

**Instructions:** All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the licensing agency if there are any questions relating to this application

**FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that were not contested, or that were affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

PART 1: PROGRAM INFORMATION (this see	ction must be compl	eted in it	ts entirety	)	
	enewal	Change	-		vision of
(choose one): License Ye	ar: 2022-23	Ownersh	nip	Exi	sting License
Name of Facility as it is to appear on license:		Telephone	e Number area code):		e Phone Number:
South Orlando YMCA Head Start		1 \ U	254-1110	(40	7)625-6050
Street Address of Facility (physical address):	City:	C	County:		Zip Code:
810 West Oak Ridge Road	Orlando		Orange	<b>;</b>	32809
Mailing Address of Facility. if different (include city and zip					
2100 East Michigan Street, Orlando, FL 32	806				
E-Mail Address:					uding area code):
Milagros.Hoyos@ocfl.net				7)836	
adjacent to the home of the Yes Vo k	f <b>yes</b> , all household mer background screening co	ompleted.	Please atta	ich a lis	t Capacity:
owner/operator? compared of Operation – please check AM	of family members with t	neir name	s and dates	of birth	1. 00
24 Hour Care	Thursday	Esiden	Catural		Curdeu
Monday Tuesday Wednesda ✓ ✓ ▲ ▲ ✓ ▲	· _ ·	Friday	Saturd	, , , , , , , , , , , , , , , , , , ,	Sunday
Opening V AM V AM V A Time: 7:00 PM 7:00 PM 7:00 P		AM <b>√</b> AM 0 □ PM		AM PM	
ClosingAMAMA Time: 6:00 ✔ PM 6:00 ✔ PM 6:00 ✔ P	M ∐AM M 6:00 √PM 6:0	—АМ 0 <b>√</b> рм		AM PM	AM PM
Months of Operation: School I 12 Month Year Only					
Program Designations:			-		
Faith Based 🖌 Head Start 🗌 Urban Zone	e Public/Non-Public	c School	VPK	Scl	hool Readiness
Check all service options that apply:					
Full Day Half Day Drop-In	Night Care Before	School A	After School	We	eekend
Infant Care (0-1) Food Served	Transportation				



PART 2: OWNERSHIP TYPE (check of	one)	
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
Corporation	Corporation Documentation required	Complete Sections B and F
Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F

SECTION A: INDIVIDUAL OWNERSHIP - NO	T INCORPORATED (S	pecial Instructions: (	One owner)
Name (First. Middle and/or Maiden, Last):			
Date of Birth:	*Social Security nu	mber:	
	,		
Home Address:	City:	State:	Zip Code:
Telephone Number (including area code):			

SECTION B: CORPORA Articles of Incorporation, w member of the Board of Direc Failure to continuously maint license. For RENEWAL app of Authorization from the Dep	hich must i ctors. Also ain a regist <b>lications</b> fo	nclude the names, attach the name a ered office and/or r or child care licens	the title nd telep egistere ure, atta	whone number of the corp ad agent in Florida is ground ach a current copy of Cer	phone oratic unds f	e num on's re for rev	ber for each gistered agent. ocation of this
Name of Corporation:			Corpor	ate and FEIN #:			
Address of Corporation:			If out-c	orated in which State? of-state, is the corporation re 'es \[ No submittin	ase re	gister p	prior to
City:	State:	Zip Code:	Teleph	one Number (including area	code)		
Designated Corporate Representa	itive:			Date of Birth:		*Socia	al Security Number:
Home Address:			City:		State	1	Zip Code:

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

	pecial Instructions: Upon initial application for child care
	nclude the names, the title/office, address, and telephone
number for each member of the Company. Also attach t	
	stered office and/or registered agent in Florida is grounds
for revocation of this license. For RENEWAL applications	
Certificate of Status/Certificate of Authorization from the De	
Name of Company:	Company and FEIN #:
Address of Company:	Organized in which State?

			If out-	of-state, is the company	registered	l in the	State of Florida?
			ר 🗌 ו		o, please re mitting an a		
City:	State:	Zip Code:	Teleph	ione Number (including	area code	):	
Designated Company Represer	ntative:			Date of Birth:		*Socia	al Security Number:
Home Address:			City:		State	9:	Zip Code:

#### **SECTION D: PARTNERSHIP – NOT INCORPORATED** (Special Instructions: Attach a copy of the Partnership Agreement annually. Attach additional sheets as applicable if more than two partners.)

pate of Birth:	*Social Security number:			
lome Address (street address):	City:	State:	Zip Code:	

Partner #2 (First, Middle (Maiden), Last):			
Date of Birth:	*Social Security number:	:	
Home Address (street address):	City:	State:	Zip Code:
Telephone Number (including area code):		L	

## SECTION E: OTHER ENTITY – NOT INCORPORATED (Special Instructions: These are programs operated by School Boards or city/county municipalities, before and after school programs, faith-based programs and other non-incorporated entities.) Name of Entity: Orange County, Florida Entity's Designated Representative (First, Middle and/or Maiden, Last): State: Zip Code: Address of Entity (street address): City: State: Zip Code: 201 South Rosalind Avenue Orlando El 32801

	Onunao	02001
Telephone Number (including area code):		
(407)836-6590		

SECTION F: ON-SITE DIRECTOR INFORM			
An On-site Director holds a Director Credential, is to be on-site for the majority of operating hours.			
multiple before-school and after-school programs			
number of children enrolled; or, (b) More than three	e sites if the combined number of	of children does no	ot exceed 350.)
Name (First, Middle and/or Maiden, Last):			
Milagros Hoyos			
Date of Birth:	*Social Security number		
Home Address:	City:	State:	Zip Code:
118-C Springwood Circle	Seminole	FL	32750
Cell Phone Number (including area code): If applicable.	name of Multi-Site Programs and en	rollment:	··· I
(407)625-6050			
PART 3: ATTESTATION (To be completed	by all applicants)		
Has the owner, applicant, or director ever had a lie			or jurisdiction, been
the subject of a disciplinary action, or been fined w		-	
Yes 🖌 No If yes, please explain (a	ttach additional sheet(s) if neces	sary):	
I hereby attest that the information contained in th	is section is truthful and correct i	under penalty of pe	erjury. A Mc
			Initial
Have you or anyone identified as a party to owner		are, foster care, co	smetology, etc.)
with any state agency in any capacity other than a	a driver's license?		
Yes No If yes, where, what type	of license, license number, and	under what name?	?
South Orlando YMCA Head Start, Child	d Care License C09OR034	5	
		0	
Pursuant to section 402.3054, F.S., child enrich			
upon screening, using level 2 standards in Cha provider, it is the responsibility of the director to			
accordingly, and parents/guardians provide writ			
conducted by the child enrichment service prov			
The Health Insurance Portability and Accountal	bility Act (HIPAA) requires that	personally ident	lifiable health
information must be protected from disclosure a	and maintained in a manner to	prevent inadver	tent disclosure to
the public and to otherwise assure the privacy of			
that you agree to comply with the requirements children's health records in your possession.	of HIPAA by protecting the co	onfidentiality of e	mployee and
In accordance with s. 402.319(3), F.S., each ch with the provisions of s. 39.201, F.S., regarding			
	South Orlando YMCA Head Sta		signing below, r
do hereby affirm that all child care personnel ar			COUNTYCOM
Pursuant to section 435.05(3), F.S., each employ	er must attest via signed attest	ation compliance	WHERE DID TRIDES
of Chapter 435, F.S., regarding the statutory re	quirements for background sc	reening. BASgr	ning below
Jerry L. Demings , Applicant of Sc	outh Orlando YMCA Head Start	Chilles are	Facility, do vereby
attest under penalty of perjury that all child care p	personnel are in compliance wit	n the provisions of	nonapter 4307 ⊢.8
	- 4	12	1. Jan / 5
BUMW. OMMO	10 Ung 2-		
Signature of Applicant	Date	- ~	COUNTY YY

Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility. Your signature on this application indicates your understanding and compliance with this law to the second second

Signature of Owner or Organization's Designated Representative



Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

#### Do Not Write Below this Line – Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date F	ee Forwarded to Fiscal Office:
Sexual Offender Add (http://offender.fdle.s	ress Cross-Reference tate.fl.us):	Date of Search:	Conducted by Signature/Ini	tials:	Exact Address Match:

APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

BCC Mtg. Date: August 9, 2021



#### APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

#### PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

**Instructions:** All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the licensing agency if there are any questions relating to this application

**FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that were not contested, or that were affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

PART 1: PROGRAM		ON (this se	ection must be co	ompleted in	its entirety	)	
Application Type	Initial		enewal	Chang	-		vision of
(choose one):	License		ear: 2022-23	Owner	ship		sting License
Name of Facility as it is to a	ppear on license:				one Number ing area code):		te Phone Number:
Ventura Elementary	·			`	)388-7184	L	7)494-7129
Street Address of Facility (p			City:		County:		Zip Code:
4400 Woodgate Bo			Orlando		Orange	e	32822
Mailing Address of Facility.							
2100 East Michigar	n Street, Orla	ndo, FL 32	2806				
E-Mail Address:			-				uding area code):
Liana.Baker@ocfl.r	net				(40	7)836	-7486
Is this facility located in or adjacent to the home of the second s		<b>N</b> o	If yes, all household background screeni	ing complete	d. Please atta	ach a lis	st Capacity:
owner/operator?			of family members v		nes and dates	of birth	n. 43
Days and Hours of Ope	eration – please	e check AM	or PM as applicab	le:			
24 Hour Care							
Monday	Tuesday	Wednesd	· _ ·	Friday	Saturd	ay	Sunday
Opening AM	AM 🖌		AM 🖌 AM	A 🖌	M	AM	AM
	<u>7:00</u> PM	<u>7:00</u> I	PM <u>7:00</u> PM	7:00 F	M	PM _	PM
	AM		AM AM	A	M	AM	<b>M</b> A
Time: <u>6:00</u> PM	6:00 🖌 PM	<u>6:00</u>	РМ <u>6:00</u> УРМ	<u>6:00</u> F	M	PM _	PM
Months of Operation:	School [ Year Only	12 Mont	hs Other:				
Program Designations	•						
🗌 Faith Based 🛛 🗹	Head Start	]Urban Zon	e Public/Non-I	Public Schoo		Scl	hool Readiness
Check all service optio	ons that apply:						
Full Day	Ha <u>lf D</u> ay	Dr <u>op-</u> In	Night Care Be	for <u>e S</u> chool	After School	We	eekend
$\checkmark$					$\checkmark$		
Infant Care	· · ·	Served	Transportation				



PART 2: OWNERSHIP TYPE (check of	one)	
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
	Corporation Documentation required	Complete Sections B and F
Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F

SECTION A: INDIVIDUAL OWNERSHIP	P - NOT INCORPORATED (Spe	ecial Instructions: C	)ne owner)
Name (First. Middle and/or Maiden, Last):			
Date of Birth:	*Social Security numb	er:	
Home Address:	City:	State:	Zip Code:
Telephone Number (including area code):		· · ·	·

SECTION B: CORPORAT Articles of Incorporation, when member of the Board of Direct Failure to continuously maintan license. For RENEWAL appl of Authorization from the Dep	nich must ir tors. Also ain a registe <b>ications</b> fo	nclude the names, attach the name ar ered office and/or r or child care licensu	the title nd telep egistere ure, atta	whone number of the cor ad agent in Florida is gro ach a current copy of Cer	ephone poratic unds f	e num on's re for rev	ber for each gistered agent. ocation of this
Name of Corporation:			Corpor	ate and FEIN #:			
Address of Corporation:			Incorpo	prated in which State?			
			If out-c	of-state, is the corporation r	egister	ed in th	ne State of Florida?
			🗌 Y	es No If no, ple			
City:	State:	Zip Code:	Teleph	one Number (including area	a code)	:	
Designated Corporate Representa	tive:			Date of Birth:		*Socia	al Security Number:
Home Address:			City:		State	):	Zip Code:

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

SECTION C: LIMITED LIABILITY COMPANY (Sp	pecial Instructions: Upon initial application for child care
licensure, attach Articles of Organization, which must in	nclude the names, the title/office, address, and telephone
number for each member of the Company. Also attach the	
	stered office and/or registered agent in Florida is grounds
for revocation of this license. For RENEWAL applications	
Certificate of Status/Certificate of Authorization from the De	epartment of State (available through SunBiz.org).
Name of Company:	Company and FEIN #:

Nume of company.							
Address of Company:				zed in which State?			
			If out-c	f-state, is the company reg	istered	in the	State of Florida?
			Y	es No If no, ple			
City:	State:	Zip Code:	Teleph	one Number (including area	code):		
Designated Company Represer	itative:			Date of Birth:		*Socia	I Security Number:
Home Address:			City:		State	:	Zip Code:

#### **SECTION D: PARTNERSHIP – NOT INCORPORATED** (Special Instructions: Attach a copy of the Partnership Agreement annually. Attach additional sheets as applicable if more than two partners.)

ate of Birth:	*Social Security num	*Social Security number:	
ome Address (street address):	City:	State:	Zip Code:

Date of Birth:	*Social Security num	nber:	
Home Address (street address):	City:	State:	Zip Code:

#### SECTION E: OTHER ENTITY - NOT INCORPORATED (Special Instructions: These are programs operated by School Boards or city/county municipalities, before and after school programs, faith-based programs and other non-incorporated entities.) Name of Entity: Orange County, Florida Entity's Designated Representative (First, Middle and/or Maiden, Last): Address of Entity (street address): City: State: Zip Code: FL 32801 201 South Rosalind Avenue Orlando Telephone Number (including area code): (407)836-6590

<b>SECTION F: ON-SITE DIRECTOR INFORMATION</b> – To be completed by all applicants (Special Instructions: An On-site Director holds a Director Credential, is responsible for the day-to-day operation of the facility and is required to be on-site for the majority of operating hours. A Multi-Site Director holds a Director Credential and supervises multiple before-school and after-school programs for a single organization as follows: (a) Three sites regardless of the number of children enrolled; or, (b) More than three sites if the combined number of children does not exceed 350.)				
Name (First, Middle and/or Maiden, Last): Liana L. Baker				
Date of Birth:		*Social Security number:		
Home Address:		City:	State:	Zip Code:
3203 Mahalia Place		Orlando	FL	32805
Cell Phone Number (including area code): (407)761-8271	If applicable, name of N	lulti-Site Programs and enrollment:		
PART 3: ATTESTATION (To be completed by all applicants)				
Has the owner, applicant, or director ever had a license denied, revoked, or suspended in any state or jurisdiction, been the subject of a disciplinary action, or been fined while employed in a child care facility?				
Yes Vo If yes, please explain (attach additional sheet(s) if necessary):				
I hereby attest that the information contained in this section is truthful and correct under penalty of perjury. A Mc				
				Initial
Have you or anyone identified as a party to ownership ever held a license (child care, foster care, cosmetology, etc.) with any state agency in any capacity other than a driver's license?				
Yes No If yes, where, what type of license, license number, and under what name?				
Ventura Elementary Head Start, Child Care License C09OR1224				
Pursuant to section 402.3054, F.S., child enrichment service providers shall be of good moral character based upon screening, using level 2 standards in Chapter 435, F.S. If this facility utilizes a child enrichment service provider, it is the responsibility of the director to ensure that the child enrichment service provider is screened accordingly, and parents/guardians provide written consent before a child may participate in activities conducted by the child enrichment service provider.				
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature on this application indicates that you agree to comply with the requirements of HIPAA by protecting the confidentiality of employee and children's health records in your possession.				
In accordance with s. 402.319(3), F.S., each child care facility must annually submit an affidavit of compliance with the provisions of s. 39.201, F.S., regarding the requirements of a mandated reporter. By signing below, I, Jerry L. Demings, Applicant of Ventura Elementary Head Start Child Care personnel are in compliance with s. 39.201, F.S.				
Pursuant to section 435.05(3), F.S., each employer must attest via signed attestation compliance with the provision of Chapter 435, F.S., regarding the statutory requirements for background screening. By spinor between the provision of Lemma 2000, provision of Ventura Elementary Head Start Children Facility do interest.				

attest under penalty of perjury that all child care personnel are in compliance with the provi

Signature of Applicant

Date

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2); F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

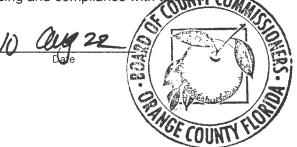
Chapter 43

UR

5

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility. Your signature on this application indicates your understanding and compliance with the second secon

Signature of Owner or Organization's Designated Representative



Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

## Do Not Write Below this Line – Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date F	ee Forwarded to Fiscal Office:
Sexual Offender Add (http://offender.fdle.s	I Iress Cross-Reference state.fl.us):	Date of Search:	Conducted by Signature/Init	ials:	Exact Address Match:

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S. APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

BCC Mtg. Date: August 9, 2021



# APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

#### PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

**Instructions:** All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the licensing agency if there are any questions relating to this application

**FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that were not contested, or that were affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

PART 1: PROGRAM INFORMAT	ION (this se	ction must be co	ompleted in	its entirety	)		
Application Type	<b>√</b> *R€	enewal	Chang	e of [	Rev	ision of	
(choose one): License	Ye	ear: 2022-23	Owner	ship	Existing License		
Name of Facility as it is to appear on licens	e:			ne Number ng area code):	Alternate	Phone Number:	
Lila Mitchell Head Start				)388-7184	1	)494-7129	
Street Address of Facility (physical address	s):	City:		County:		ip Code:	
5151 Raleigh Street Suite B		Orlando		Orange	e  :	32811	
Mailing Address of Facility, if different (incl							
2100 East Michigan Street, Orl	ando, FL 32	806					
E-Mail Address:				FAX Numb	per (inclue	ding area code):	
Tonya. JohnsonHale@ocfl.net				(40	7)836-	1930	
Is this facility located in or adjacent to the home of the Yes owner/operator?	🖌 No 🛛 t	f <b>yes</b> , all household background screen of family members v	ing completed	d. Please atta	ach a list		
Days and Hours of Operation – plea	se check AM	or PM as applicab	ole:				
24 Hour Care							
Monday Tuesday	Wednesda	ay Thursday	Friday	Saturd	ay	Sunday	
Opening 🗹 AM 🗹 AN	1 🗹 A	M 🖌 AM	A	м 🗌	AM	AM	
Time: <u>7:00</u> PM <u>7:00</u> PN	1 <u>7:00</u> P	PM <u>7:00</u> PM	<u>7:00</u> P	м	PM	PM	
	1 🗌 A	MA AM	A	м	AM	MA	
Time: <u>6:00</u> PM <u>6:00</u> PN	1 <u>6:00</u> ₽	РМ <u>6:00</u> ✔ РМ	6:00 🔽 P	м	PM	PM	
Months of Operation: School Year Only	12 Month	ns Other:					
Program Designations:							
🗌 Faith Based 🗹 Head Start [	Urban Zone	e Public/Non-I	Public Schoo		Sch	ool Readiness	
Check all service options that apply	·:						
Full Day Half Day	Drop-In	Night Care Be	fore School	After School	Wee	ekend	
			$\checkmark$	$\checkmark$	[		
Infant Care (0-1) Food	d Served	Transportation					
	· · · · <b></b>						



Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2). F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

PART 2: OWNERSHIP TYPE (check one)					
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F			
	Corporation Documentation required	Complete Sections B and F			
Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F			
Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F			
Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F			

SECTION A: INDIVIDUAL OWNERSHIP - NOT II	NCORPORATED (Special Inst	ructions: C	)ne owner)
Name (First, Middle and/or Maiden, Last):			
Date of Birth:	*Social Security number:		
Home Address:	City:	State:	Zip Code:
Telephone Number (including area code):			

SECTION B: CORPORATION (Special Instructions: Upon initial application for child care licensure, attach Articles of Incorporation, which must include the names, the title/office, address, and telephone number for each member of the Board of Directors. Also attach the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or registered agent in Florida is grounds for revocation of this license. For RENEWAL applications for child care licensure, attach a current copy of Certificate of Status/Certificate of Authorization from the Department of State (available through SunBiz.org). Name of Corporation: Corporate and FEIN #: Address of Corporation: Incorporated in which State? If out-of-state, is the corporation registered in the State of Florida? If no, please register prior to No Yes submitting an application. Telephone Number (including area code): City: State: Zip Code: Designated Corporate Representative: Date of Birth: \*Social Security Number:

City:

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

Home Address:

State:

Zip Code:

SECTION C: LIMITED LIA licensure, attach Articles of number for each member of registered agent. Failure to for revocation of this license. Certificate of Status/Certificate	Organizat the Compa continuous For <b>RENE</b>	<b>tion,</b> which must i any. Also attach t aly maintain a regi <b>WAL application</b>	include the nam istered <b>s</b> for ch	e and telephone num office and/or registere ild care licensure, atta	ffice, ad ber of th ed agent ch a cur	dress ne cor in Fle rent c	, and telephone poration's orida is grounds opy of	
Name of Company:			Company and FEIN #:					
Address of Company:			Organi	zed in which State?				
			Y	es No submit	blease reg ting an a	gister p pplicat	prior to	
City:	State:	Zip Code:	Telephone Number (including area code):					
Designated Company Representat	ive:	1.	1	Date of Birth:		*Socia	al Security Number:	
Home Address:			City:		State		Zip Code:	
			I				l	
SECTION D: PARTNERS				Special Instructions: pplicable if more than	Attach two par	a cop tners	oy of the	
Partner #1 (First, Middle (Maiden),	Last):							
Date of Birth:			*Social Security number:					
Home Address (street address):			City:		State		Zip Code:	
Telephone Number (including area	code):						I	
Partner #2 (First, Middle (Maiden),	Last):							
Date of Birth:			*Socia	I Security number:				
Home Address (street address):			City:		State	:	Zip Code:	
Telephone Number (including area	code):						1	
SECTION E: OTHER ENT operated by School Boards of and other non-incorporated of	or city/cour							
Name of Entity:	sinnios.j							
Orange County, Florida								
Entity's Designated Representative	e (First. Midd	dle and/or Maiden, L	ast):					
Addross of Estitu (streat address)			Citu		State		Zip Codo:	
Address of Entity (street address): 201 South Rosalind Ave			City: Orla	ando	FL		Zip Code: 32801	
Telephone Number (including area (407)836-6590	i code):				I		1	

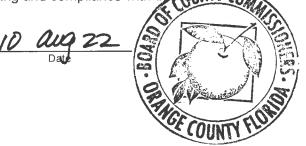
Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2). F.S \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

SECTION F: ON-SITE DIRECTOR INFORMATION – An On-site Director holds a Director Credential, is responsit to be on-site for the majority of operating hours. A Multi-Sit multiple before-school and after-school programs for a sing number of children enrolled; or, (b) More than three sites if Name (First, Middle and/or Maiden, Last):	ble for the day-to-day operation e Director holds a Director Cre le organization as follows: (a)	n of the faci dential and Three sites	lity and is required supervises regardless of the
Tonya Johnson Hale			
Date of Birth:	*Social Security number:		
Home Address:	City:	State:	Zip Code:
939 18th Street	Orlando	FL	32805
Cell Phone Number (including area code): If applicable, name of N (407)494-7129	lulti-Site Programs and enrollment	:	
PART 3: ATTESTATION (To be completed by all a		<u> </u>	
Has the owner, applicant, or director ever had a license der the subject of a disciplinary action, or been fined while emp Yes Mo If yes, please explain (attach add	loyed in a child care facility?	any state o	or jurisdiction, been
I hereby attest that the information contained in this section Have you or anyone identified as a party to ownership ever with any state agency in any capacity other than a driver's I	held a license (child care, fost icense?	er care, cos	Initial smetology, etc.)
Lila Mitchell Head Start, Child Care License Co	90R1235		
Pursuant to section 402.3054, F.S., child enrichment se upon screening, using level 2 standards in Chapter 435, provider, it is the responsibility of the director to ensure accordingly, and parents/guardians provide written cons conducted by the child enrichment service provider.	F.S. If this facility utilizes a that the child enrichment se	a child enr rvice provi	ichment service ider is screened
The Health Insurance Portability and Accountability Act information must be protected from disclosure and main the public and to otherwise assure the privacy of such in that you agree to comply with the requirements of HIPA/ children's health records in your possession.	tained in a manner to prevent formation. Your signature of	nt inadvert	ent disclosure to dication indicates
In accordance with s. 402.319(3), F.S., each child care with the provisions of s. 39.201, F.S., regarding the required the provision of <u>Lila Mitcher</u> , Applicant of <u>Lila Mitcher</u> do hereby affirm that all child care personnel are in com	uirements of a mandated rep ell Head Start	an affiday	vit of compliance below the below th
Pursuant to section 435.05(3), F.S., each employer must a of Chapter 435, F.S., regarding the statutory requirement Jerry L. Demings, Applicant of Lila Mitchel attest under penalty of perjury that all child care personne Butter Butte	nts for background screening I Head Start	diand Care	ing belover Facility, canerary
Signatule of Applicant	Date 🗸	10	UNI

Background screening of owners, operators, and directors who by definition are child care personnel is required by s-402.305(2). F-S \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility. Your signature on this application indicates your understanding and compliance with the second secon

Signature of Owner or Organization's Designated Representative



Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

#### Do Not Write Below this Line – Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date F	ee Forwarded to Fiscal Office:
Sexual Offender Addr (http://offender.fdle.st	ress Cross-Reference tate.fl.us):	Date of Search:	Conducted by Signature/Init	ials:	Exact Address Match:

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

BCC Mtg. Date: August 9, 2021



# APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

## PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

**Instructions:** All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the licensing agency if there are any questions relating to this application

**FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that were not contested, or that were affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

PART 1: PROGRAM INFORMATION (this se	ection must be comp	leted in its	entirety)	
	Renewal	Change of Ownership		evision of isting License
Name of Facility as it is to appear on license:		Telephone N		ate Phone Number:
Aloma Elementary Head Start		(including are (407)672	1 100	21)990-4533
Street Address of Facility (physical address):	City:	Cou	nty:	Zip Code:
2949 Scarlett Road	Orlando		Orange	32824
Mailing Address of Facility. if different (include city and zig	code):			
2100 East Michigan Street, Orlando, FL 3	2806			
E-Mail Address:			FAX Number (inc	luding area code):
Saul.Cruz@ocfl.net			(407)836	5-2981
Is this facility located in or adjacent to the home of the Yes Vo owner/operator?	If <b>yes</b> , all household me background screening c of family members with	completed. Pl	lease attach a l	ist Capacity:
Days and Hours of Operation – please check AN	l or PM as applicable:			
24 Hour Care				
Monday Tuesday Wednesd	day Thursday	Friday	Saturday	Sunday
	AM AM	MA 🚺	MA 🗌	AM
Opening         Image: Comparing         Image: Comparing	РМ <u>7:00</u> РМ <u>7:0</u>	00 PM	PM	PM
Closing         AM         AM           Time:         6:00         ✓         PM         6:00         ✓	AMAM PM <u>6:00</u> ✔ PM <u>6:0</u>	АМ ООРМ	AM	AM
Months of Operation: School 12 Mont Year Only	ths Other:			
Program Designations:				
Faith Based 🖌 Head Start 🗌 Urban Zor	ne Public/Non-Publ	lic School		chool Readiness
Check all service options that apply:				
Full Day Half Day Drop-In	Night Care Before	School Afte	er School W	/eekend
Infant Care (0-1) Food Served	Transportation			
			-	



Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

PART 2: OWNERSHIP TYPE (check of	one)	
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
Corporation	Corporation Documentation required	Complete Sections B and F
Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F

SECTION A: INDIVIDUAL OWNERSH	HIP - NOT INCORPORATED (Spec	cial Instructions: C	One owner)
Name (First, Middle and/or Maiden, Last):			
Date of Birth:	*Social Security numbe	РГ:	
Home Address:	City:	State:	Zip Code:
Telephone Number (including area code):			

SECTION B: CORPORAT Articles of Incorporation, wi member of the Board of Direct Failure to continuously mainta license. For RENEWAL appl of Authorization from the Dep	hich must in tors. Also a ain a registe <b>lications</b> for	iclude the names, attach the name a red office and/or r r child care licensu	the title nd telep egistere ure, atta rough S	hone number of the corp d agent in Florida is gro ch a current copy of Cer unBiz.org).	phon oratic unds	e num on's re for rev	ber for each gistered agent. ocation of this	
Name of Corporation: Corporate and FEIN #:								
Address of Corporation:			Incorporated in which State?					
			If out-o	f-state, is the corporation re	gister	ed in th	he State of Florida?	
			Yes No If no, please register prior to submitting an application.					
City:	State:	Zip Code:	Telephone Number (including area code):					
Designated Corporate Representa	tive:			Date of Birth:		*Socia	al Security Number:	
Home Address:			City:	-	State	e:	Zip Code:	

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss 402.305 and 402.308, F.S.

SECTION C: LIMITED LIABILITY COMPANY (Special Instructions: Upon initial application for child care
licensure, attach Articles of Organization, which must include the names, the title/office, address, and telephone
number for each member of the Company. Also attach the name and telephone number of the corporation's
registered agent. Failure to continuously maintain a registered office and/or registered agent in Florida is grounds
for revocation of this license. For <b>RENEWAL applications</b> for child care licensure, attach a current copy of
Certificate of Status/Certificate of Authorization from the Department of State (available through SunBiz.org).

Name of Company:			Company and FEIN #:				
Address of Company:		Organized in which State?					
		If out-o	f-state, is the company regi	stered in th	e State of Florida?		
			Y		ase registe g an applic		
City:	State:	Zip Code:	Telepho	one Number (including area	code):		
Designated Company Representative:		Date of Birth: *Social Security Numb			ial Security Number:		
Home Address:			City:		State:	Zip Code:	

# **SECTION D: PARTNERSHIP – NOT INCORPORATED** (Special Instructions: Attach a copy of the Partnership Agreement annually. Attach additional sheets as applicable if more than two partners.)

ate of Birth:	*Social Security num	ber:	
lome Address (street address):	City:	State:	Zip Code:
elephone Number (including area code):			

Partner #2 (First, Middle (Maiden), Last):			
Date of Birth:	*Social Security numb	per:	
Home Address (street address):	City:	State:	Zip Code:
Telephone Number (including area code):			

## SECTION E: OTHER ENTITY – NOT INCORPORATED (Special Instructions: These are programs operated by School Boards or city/county municipalities, before and after school programs, faith-based programs and other non-incorporated entities.) Name of Entity: Orange County, Florida Entity's Designated Representative (First, Middle and/or Maiden, Last):

Address of Entity (street address):	City:	State:	Zip Code:	
201 South Rosalind Avenue	Orlando	FL	32801	
Telephone Number (including area code):				
(407)836-6590				

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

CONTINUE, AN OTE DIRECTOR		Tata			and the strength of the
SECTION F: ON-SITE DIRECTOR An On-site Director holds a Director Cr to be on-site for the majority of operating	redential, is responsi	ble for the da	y-to-day operation	of the faci	lity and is required
multiple before-school and after-schoo	of programs for a sing	le organizati	on as follows: (a) 1	Three sites	regardless of the
number of children enrolled; or, (b) Mo	re than three sites if	the combine	d number of childre	n does no	t exceed 350.)
Name (First, Middle and/or Maiden, Last): Saul F. Cruz Mendez					
Date of Birth:		*Social Secu	rity number:		
Date of Birth.					1
Home Address:		Čity:		State:	Zip Code:
1119 Fountain Coin Loop		Orlando		FL	32828
· ·	If applicable, name of M		rams and enrollment:		
(407)990-4533		Ū			
			· · ·		
PART 3: ATTESTATION (To be c	completed by all a	pplicants)			
Has the owner, applicant, or director e the subject of a disciplinary action, or b				any state o	r jurisdiction, been
	•		-		
	e explain (attach ado	litional sneet	(s) if necessary):		
I hereby attest that the information con	ntained in this sectior	n is truthful ar	nd correct under pe	nalty of pe	rjury. <u>A Mc</u> Initial
Have you or anyone identified as a pair with any state agency in any capacity of	other than a driver's	license?			
Yes No If yes, where	e, what type of licens	e, license nu	mber, and under wi	hat name?	
Aloma Elementary Head Star	t, Child Care Lice	ense C09O	R1228		
Pursuant to section 402.3054, F.S., o upon screening, using level 2 standa provider, it is the responsibility of the accordingly, and parents/guardians p conducted by the child enrichment se	rds in Chapter 435 director to ensure provide written cons	, F.S. If this that the chi	s facility utilizes a Id enrichment ser	child enri vice provi	chment service der is screened
The Health Insurance Portability and information must be protected from d the public and to otherwise assure th that you agree to comply with the req children's health records in your pose	lisclosure and main ne privacy of such i quirements of HIPA	itained in a information.	manner to preven Your signature o	t inadverte n this app	ent disclosure to lication indicates
In accordance with s. 402.319(3), F.S. with the provisions of s. 39.201, F.S. Jerry L. Demings, App do hereby affirm that all child care pe	, regarding the req plicant of <u>Aloma Ele</u>	uirements o ementary He	f a mandated repo ad Start	orter. By	
Pursuant to section 435.05(3), F.S., ea of Chapter 435, F.S., regarding the s Jerry L. Demings, Appl attest under penalty of perjury that all	tatutory requireme licant of <u>Aloma Eler</u>	nts for back mentary Hea	ground screeni <mark>ng</mark> I <u>d Start</u> C	By stor	Facure do pereba
Bumb Bri Signature of Applicant	vol	Date	aug 22	OR BAN	

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 40,000 \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402 305 COUNTY, S.

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility. Your signature on this application indicates your understanding and compliance with this law.

Signature of Owner or Organization's Designated Representative

Lug 22 0

## Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

## Do Not Write Below this Line - Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date F	ee Forwarded to Fiscal Office:
Sexual Offender Add (http://offender.fdle.s	ress Cross-Reference tate.fl.us):	Date of Search:	Conducted by Signature/Init	ials:	Exact Address Match:

Background screening of owners, operators, and directors who by definition are child care personnel is required by s 402.305(2), F S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

BCC Mtg. Date: August 9, 2021



# APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

#### PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

**Instructions:** All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the licensing agency if there are any questions relating to this application

**FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that were not contested, or that were affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

PART 1: PROGRAM INFORMATION (this section must be completed in its entirety)						
Application Type	Renewal	Change of	Re	vision of		
(choose one): License Y	ear: 2022-23	Ownership Existing Licens				
Name of Facility as it is to appear on license:		Telephone No		ate Phone Number:		
Taft Head Start		(407)254		7)254-9270		
Street Address of Facility (physical address):	City:	Cour	,	Zip Code:		
9504 South Orange Avenue	Orlando		Orange	32824		
Mailing Address of Facility, if different (include city and zip code):						
2100 East Michigan Street, Orlando, FL 3	2806					
E-Mail Address:				luding area code):		
Jacqueline.Lopez@ocfl.net	- 15 <u>18</u> - 6 -1		(407)836			
Is this facility located in or adjacent to the home of the Yes Vo	If yes, all household me background screening c					
owner/operator?	of family members with t			400		
Days and Hours of Operation – please check AN				• · · · · · · · · · · · · · · · · · · ·		
24 Hour Care						
Monday Tuesday Wednesd	day Thursday	Friday	Saturday	Sunday		
	AM 🖌 AM	AM	MA 🗌	<b>M</b> A		
Time: 7:00 PM 7:00 PM 7:00	РМ <u>7:00</u> РМ <u>7:0</u>	)0 _ PM _	PM	PM		
	ам Пам	MAM	MAM	MAM		
Closing Time: 6:00 7 PM 6:00 7 PM 6:00 7						
Months of Operation: School Year Only	hs Other:					
Program Designations:						
🗌 🗌 Faith Based 📝 Head Start 🗌 Urban Zor	ne Public/Non-Publi	ic School		chool Readiness		
Check all service options that apply:						
Full Day Half Day Drop-In	Night Care Before	School Afte	r School W	leekend		
			$\checkmark$			
Infant Care (0-1) Food Served	Transportation					



Background screening of owners, operators, and directors who by definition are child care personnel is required by s 402.305(2). F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss 402.305 and 402.308, F.S.

PART 2: OWNERSHIP TYPE (check one)						
Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F				
Corporation	Corporation Documentation required	Complete Sections B and F				
Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F				
Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F				
Other Entity – Not Incorporated	e.g., School Board, Local Government, Before & After School Programs, Parks and Recreation, Faith Based	Complete Sections E and F				

SECTION A: INDIVIDUAL OWNERSHIP NOT INCORPORATED (Special Instructions: One owner)					
Name (First, Middle and/or Maiden, Last):					
Date of Birth:	*Social Security numb	per:			
Home Address:	City:	State:	Zip Code:		
Telephone Number (including area code):					

SECTION B: CORPORATION (Special Instructions: Upon initial application for child care licensure, attach Articles of Incorporation, which must include the names, the title/office, address, and telephone number for each member of the Board of Directors. Also attach the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or registered agent in Florida is grounds for revocation of this license. For RENEWAL applications for child care licensure, attach a current copy of Certificate of Status/Certificate of Authorization from the Department of State (available through SunBiz.org).						
Name of Corporation: Corporate and FEIN #:						
Address of Corporation:			Incorporated in which State? If out-of-state, is the corporation registered in the State of Florida? If no, please register prior to submitting an application.			
City:	State:	Zip Code:	Telephone Number (including area code):			
Designated Corporate Representative:			Date of Birth: *Social Security N			al Security Number:
Home Address:			City:		State:	Zip Code:

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

SECTION C: LIMITED LIA licensure, attach Articles of number for each member of registered agent. Failure to for revocation of this license. Certificate of Status/Certificate Name of Company:	Organizat the Compa continuous For RENE	ion, which must i ny. Also attach t ly maintain a regi WAL application	nclude he narr stered s for ch epartme	the names, the title/offic le and telephone numbe office and/or registered ild care licensure, attach	e, address r of the con agent in Fl a current o	s, and telephone rporation's orida is grounds copy of
Address of Company:			Organi	zed in which State?		
			Y	es No submittin	ase register   g an applicat	prior to
City:	State:	Zip Code:	Teleph	one Number (including area	code):	
Designated Company Representat	ive:		1	Date of Birth:	*Socia	al Security Number:
Home Address:			City:		State:	Zip Code:
SECTION D: PARTNERS				Special Instructions: A		
Partner #1 (First, Middle (Maiden),			<u></u>		<u>partiolo</u>	·/
Date of Birth:			*Social Security number:			
Home Address (street address):			City:		State:	Zip Code:
Telephone Number (including area	a code):		1		·	1
Partner #2 (First, Middle (Maiden)	, Last):	······		······		**************************************
Date of Birth:			*Socia	I Security number:		
Home Address (street address):		i	City:		State:	Zip Code:
Telephone Number (including area	a code):		1		I	1
SECTION E: OTHER ENT operated by School Boards of and other non-incorporated of	or city/cour					
Name of Entity:				T		
Orange County, Florida						
Entity's Designated Representative	e (First. Midd	lle and/or Maiden, La	ast)∶			
Address of Entity (street address)			City:		State:	Zip Code:
201 South Rosalind Ave	enue		Orla	ando	FL	32801
Telephone Number (including area (407)836-6590	a code):		- <b>4</b>			

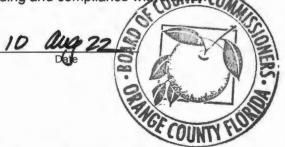
Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2). F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

SECTION F: ON-SITE DIRECTOR INFORM An On-site Director holds a Director Credential, is to be on-site for the majority of operating hours. A multiple before-school and after-school programs number of children enrolled; or, (b) More than three Name (First. Middle and/or Maiden. Last): Jacqueline Lopez	responsible for the day-to-day of A Multi-Site Director holds a Director for a single organization as follow see sites if the combined number of	peration of the facil stor Credential and vs: (a) Three sites of children does not	ity and is required supervises regardless of the			
Date of Birth:	*Social Security number:					
Home Address:	City:	State:	Zip Code:			
2240 Pine Park Trail Apt. #2518	Orlando	FL	32817			
Cell Phone Number (including area code): If applicable. (407)733-5619	name of Multi-Site Programs and en	rollment:				
PART 3: ATTESTATION (To be completed	l by all applicants)					
Has the owner, applicant, or director ever had a license denied, revoked, or suspended in any state or jurisdiction, been the subject of a disciplinary action, or been fined while employed in a child care facility? Yes Vo If yes, please explain (attach additional sheet(s) if necessary):						
I hereby attest that the information contained in th Have you or anyone identified as a party to owner			Initial			
with any state agency in any capacity other than a	a driver's license? e of license, license number, and					
Pursuant to section 402.3054, F.S., child enrich upon screening, using level 2 standards in Cha provider, it is the responsibility of the director to accordingly, and parents/guardians provide wri conducted by the child enrichment service prov	pter 435, F.S. If this facility up o ensure that the child enrichm tten consent before a child ma	ilizes a child enri nent service provi	chment service der is screened			
The Health Insurance Portability and Accountal information must be protected from disclosure a the public and to otherwise assure the privacy that you agree to comply with the requirements children's health records in your possession.	and maintained in a manner to of such information. Your sign	prevent inadverte ature on this app	ent disclosure to lication indicates			
In accordance with s. 402.319(3), F.S., each ch with the provisions of s. 39.201, F.S., regarding Jerry L. Demings, Applicant of do hereby affirm that all child care personnel a	g the requirements of a manda Taft Head Start	ted reporter. By Ch				
Pursuant to section 435.05(3), F.S., each employ of Chapter 435, F.S., regarding the statutory re Jerry L. Demings, Applicant of Ta attest under penalty of perjury that all child care	equirements for background sc aft Head Start	reening.	Eacility deret			
Burne of Applicant	10 Aug Z. Date	Z ORHIGI	COUNTY FLUID			

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), 4.5. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility. Your signature on this application indicates your understanding and compliance with the second secon

Signature of Owner or Organization's Designated Representative



Person completing application if other than Owner or Organization's Designated Representative.

Name (please print):

Title/Position/Relationship to the Owner:

Telephone Number, including area code:

## Do Not Write Below this Line - Official Use Only

Date Fee Received:	Amount:	Check Number:	Received by Signature/Initials:	Date Fee Forwarded to Fiscal Office:	
Sexual Offender Address Cross-Reference (http://offender.fdle.state.fl.us):		ence Date of Search:	Conducted by Signature/Ini		dress Match: Yes No

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S. \*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.