



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

A handwritten signature in black ink, appearing to read "Dr. Tracy Salem", is written over the "THRU:" line.

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 INFORMATION (this section must be completed in its entirety)							
Application Type (choose one):		<input type="checkbox"/> Initial License	<input checked="" type="checkbox"/> *Renewal Year: 2022-23	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Revision of Existing License		
Name of Facility as it is to appear on license: Washington Shores Early Learning Center Head Start				Telephone Number (including area code): (407)250-6260	Alternate Phone Number: (321)895-0270		
Street Address of Facility (physical address): 2500 Bruton Boulevard		City: Orlando		County: Orange	Zip Code: 32811		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Aturia.Hall@ocfl.net					FAX Number (including area code): (407)836-1926		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 100	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:30 <input type="checkbox"/> PM	7:30 <input type="checkbox"/> PM	7:30 <input type="checkbox"/> PM	7:30 <input type="checkbox"/> PM	7:30 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	5:30 <input checked="" type="checkbox"/> PM	5:30 <input checked="" type="checkbox"/> PM	5:30 <input checked="" type="checkbox"/> PM	5:30 <input checked="" type="checkbox"/> PM	5:30 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



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)

<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input checked="" type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):			

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):			

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): 201 South Rosalind Avenue	City: Orlando	State: FL	Zip Code: 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.

SECTION F: ON-SITE DIRECTOR INFORMATION – 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):

Aturia Hall

Date of Birth:

[REDACTED]

*Social Security number:

[REDACTED]

Home Address:

4813 Skeena Street

City:

Orlando

State:

FL

Zip Code:

32819

Cell Phone Number (including area code):

(407)990-4533

If applicable, name of Multi-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?

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Yes

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No

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?

Washington Shores Early Learning Center Head Start, Child Care License C09OR1205

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, Jerry L. Demings, Applicant of Washington Shores ELC Head Start, do hereby affirm that all child care personnel are in compliance with s. 39.201, F.S.

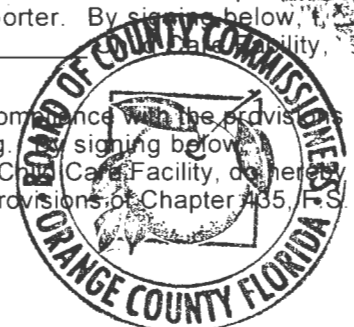
Pursuant to section 435.05(3), F.S., each employer must attest via signed attestation compliance with the provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, Jerry L. Demings, Applicant of Washington Shores ELC Head Start, Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter 435, F.S.

Brynn Burt

Signature of Applicant

10 Aug 22

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.

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 section.

Ryann B. Burt
Signature of Owner or Organization's Designated Representative

10 Aug 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 Address Cross-Reference (http://offender.fdle.state.fl.us):		Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No

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):		<input type="checkbox"/> Initial License	<input checked="" type="checkbox"/> *Renewal Year: 2022-23	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Revision of Existing License		
Name of Facility as it is to appear on license: Hungerford Elementary Head Start				Telephone Number (including area code): (407)623-1430	Alternate Phone Number: (321)331-1633		
Street Address of Facility (physical address): 230 South College Avenue			City: Eatonville	County: Orange	Zip Code: 32751		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Rosemine.Celestin@ocfl.net					FAX Number (including area code): (407)836-2984		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 38	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



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)

<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input checked="" type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Number:
Home Address:	City:	State:	Zip Code:

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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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):			

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):			

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

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Name (First, Middle and/or Maiden, Last):

Rosemine Celestin

Date of Birth:

[REDACTED]

*Social Security number:

[REDACTED]

Home Address:

1729 Sage Creek Court

City:

Orlando

State:

FL

Zip Code:

32824

Cell Phone Number (including area code):

(321)331-1633

If applicable, name of Multi-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

☒

No

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?

Hungerford Elementary Head Start, Child Care License C09OR1227

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.

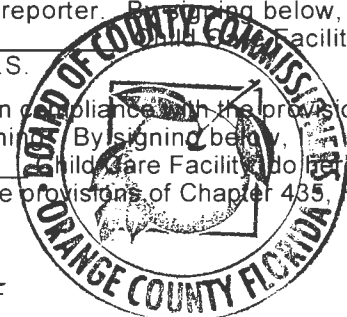
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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 Hungerford Elementary Head Start Child Care Facility, do hereby affirm that all 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 of compliance with the provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, I, Jerry L. Demings, Applicant of Hungerford Elementary Head Start Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter 435, F.S.

Bryan W. Burke
Signature of Applicant

10 Aug 22
Date



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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.

Brynn B. Burke
Signature of Owner or Organization's Designated Representative

10 Aug 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 Address Cross-Reference (http://offender.fdle.state.fl.us):		Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No

BCC Mtg. Date: August 9, 2021



APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

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Name of Facility as it is to appear on license: Washington Shores Elementary Head Start				Telephone Number (including area code): (407)296-6540	Alternate Phone Number: (321)388-7165		
Street Address of Facility (physical address): 944 West Lake Mann Drive			City: Orlando	County: Orange	Zip Code: 32805		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Nicole.Davis@ocfl.net					FAX Number (including area code): (407)836-1932		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 64	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



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)		
<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input checked="" type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Number:
Home Address:		City:	State: Zip Code:

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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):			

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):			

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): 201 South Rosalind Avenue		City: Orlando	State: FL Zip Code: 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.

SECTION F: ON-SITE DIRECTOR INFORMATION – 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):

Nicole Davis Turner

Date of Birth:

[REDACTED]

*Social Security number:

[REDACTED]

Home Address:

1016 Vanessa Drive

City:

Oveido

State:

FL

Zip Code:

32765

Cell Phone Number (including area code):

(321)388-7165

If applicable, name of Multi-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

☒

No

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?

Washington Shores Elementary Head Start, Child Care License C09OR1203

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.

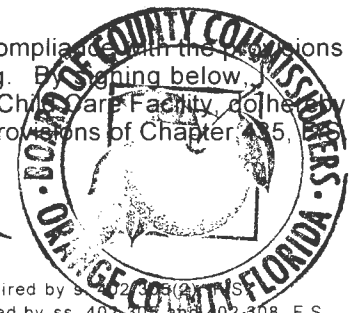
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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 Washington Shores Elem. Head Start Child Care Facility, do hereby affirm that all 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 provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, Jerry L. Demings, Applicant of Washington Shores Elem. Head Start Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter 435,

Bryan W. Burkes
Signature of Applicant

10 August 2022
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.

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.

Byunk. Brooks
Signature of Owner or Organization's Designated Representative

10 Aug 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 Address Cross-Reference (http://offender.fdle.state.fl.us):		Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No

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):		<input type="checkbox"/> Initial License	<input checked="" type="checkbox"/> *Renewal Year: 2022-23	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Revision of Existing License		
Name of Facility as it is to appear on license: Engelwood Head Start				Telephone Number (including area code): (407)249-6340	Alternate Phone Number: (321)278-9602		
Street Address of Facility (physical address): 5985 La Costa Drive			City: Orlando	County: Orange	Zip Code: 32807		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Solimar.Szul@ocfl.net					FAX Number (including area code): (407)836-1927		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 62	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



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)

<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input checked="" type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):			

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):			

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): 201 South Rosalind Avenue		City: Orlando	State: FL Zip Code: 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.

SECTION F: ON-SITE DIRECTOR INFORMATION – 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):

Solimar Szul

Date of Birth:

[REDACTED]

*Social Security number:

[REDACTED]

Home Address:

537 Birmingham Place

City:

Lake Mary

State:

FL

Zip Code:

32746

Cell Phone Number (including area code):

(321)278-9602

If applicable, name of Multi-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 ☒ No 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?

Engelwood Head Start, Child Care License C09OR1226

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 Engelwood Head Start Child Care Facility, do hereby affirm that all child care personnel are in compliance with s. 39.201, F.S.

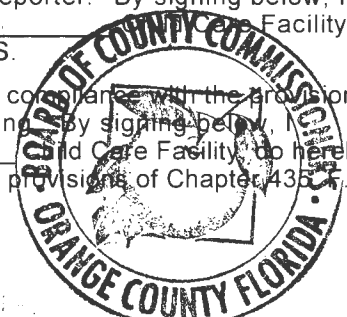
Pursuant to section 435.05(3), F.S., each employer must attest via signed attestation compliance with the provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, I, Jerry L. Demings, Applicant of Engelwood Head Start Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter 435, F.S.

Jerry L. Demings

Signature of Applicant

10 Aug 22

Date



Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S.

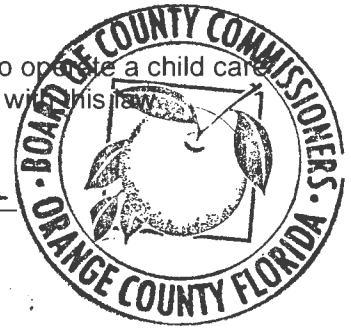
*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

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.

Byronne Brooks
Signature of Owner or Organization's Designated Representative

10 Aug 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 Address Cross-Reference (http://offender.fdle.state.fl.us):		Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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):		<input type="checkbox"/> Initial License	<input checked="" type="checkbox"/> *Renewal Year: 2022-23	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Revision of Existing License		
Name of Facility as it is to appear on license: Dover Shores Head Start				Telephone Number (including area code): (407)249-6330	Alternate Phone Number: (321)442-7029		
Street Address of Facility (physical address): 1200 Gaston Foster Road			City: Orlando	County: Orange	Zip Code: 32812		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Aileen.Morales@ocfl.net					FAX Number (including area code): (407)836-7472		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 50	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



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)

<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Number:
Home Address:	City:	State:	Zip Code:

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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):			

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):			

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): 201 South Rosalind Avenue		City: Orlando	State: FL Zip Code: 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.

SECTION F: ON-SITE DIRECTOR INFORMATION – 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):

Aileen Morales Cotto

Date of Birth:

[REDACTED]

*Social Security number:

[REDACTED]

Home Address:

2101 Oak Wind Court

City:

Saint Cloud

State:

FL

Zip Code:

34772

Cell Phone Number (including area code):

(321)442-7029

If applicable, name of Multi-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

☒ No

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?

Engelwood Head Start, Child Care License C09OR1205

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 Dover Shores Head Start Child Care Facility, do hereby affirm that all child care personnel are in compliance with s. 39.201, F.S.

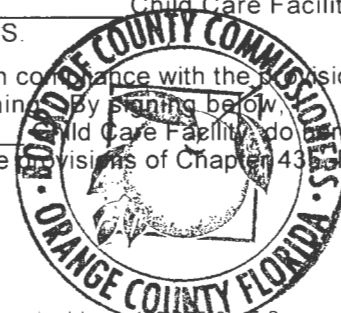
Pursuant to section 435.05(3), F.S., each employer must attest via signed attestation compliance with the provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, Jerry L. Demings, Applicant of Dover Shores Head Start Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter 435, F.S.

Bryan W. Brooks

Signature of Applicant

10 Aug 22

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.

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 facility. Your signature on this application indicates your understanding and compliance with this law.

Dyann Brooks
Signature of Owner or Organization's Designated Representative

10 Aug 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 Address Cross-Reference (http://offender.fdle.state.fl.us):		Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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):		<input type="checkbox"/> Initial License	<input checked="" type="checkbox"/> *Renewal Year: 2022-23	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Revision of Existing License		
Name of Facility as it is to appear on license: South Orlando YMCA Head Start				Telephone Number (including area code): (407)254-1110	Alternate Phone Number: (407)625-6050		
Street Address of Facility (physical address): 810 West Oak Ridge Road			City: Orlando	County: Orange	Zip Code: 32809		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Milagros.Hoyos@ocfl.net					FAX Number (including area code): (407)836-1933		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 60	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



PART 2: OWNERSHIP TYPE (check one)

<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input checked="" type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):			

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):			

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): 201 South Rosalind Avenue		City: Orlando	State: FL Zip Code: 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.

SECTION F: ON-SITE DIRECTOR INFORMATION – 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): Milagros Hoyos			
Date of Birth: [REDACTED]		*Social Security number: [REDACTED]	
Home Address: 118-C Springwood Circle		City: Seminole	State: FL
Cell Phone Number (including area code): (407)625-6050		If applicable, name of Multi-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 ☒ No 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?

South Orlando YMCA Head Start, Child Care License C09OR0345

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.

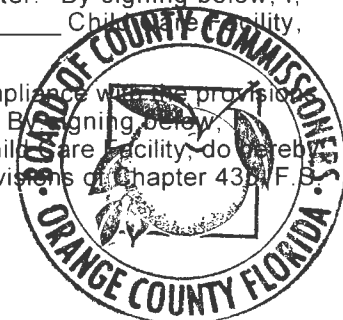
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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 South Orlando YMCA Head Start Child Care Facility, do hereby affirm that all 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 provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, Jerry L. Demings, Applicant of South Orlando YMCA Head Start Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter 435, F.S.

Jerry L. Demings
Signature of Applicant

10 Aug 22
Date



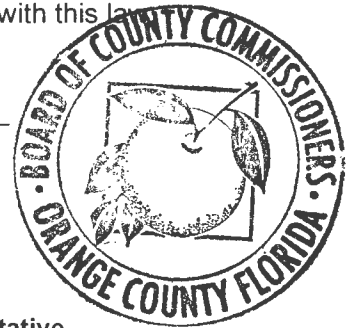
Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S.
*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

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.

Dyann Brooks
Signature of Owner or Organization's Designated Representative

10 Aug 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 Address Cross-Reference (http://offender.fdle.state.fl.us):		Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No

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):		<input type="checkbox"/> Initial License	<input checked="" type="checkbox"/> *Renewal Year: 2022-23	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Revision of Existing License		
Name of Facility as it is to appear on license: Ventura Elementary Head Start				Telephone Number (including area code): (321)388-7184	Alternate Phone Number: (407)494-7129		
Street Address of Facility (physical address): 4400 Woodgate Boulevard			City: Orlando	County: Orange	Zip Code: 32822		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Liana.Baker@ocfl.net					FAX Number (including area code): (407)836-7486		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 43	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



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)

<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input checked="" type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):			

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):			

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): 201 South Rosalind Avenue		City: Orlando	State: FL Zip Code: 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.

SECTION F: ON-SITE DIRECTOR INFORMATION – 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: [REDACTED]		*Social Security number: [REDACTED]	
Home Address: 3203 Mahalia Place		City: Orlando	State: FL
Cell Phone Number (including area code): (407)761-8271		If applicable, name of Multi-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 ☒ No 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.

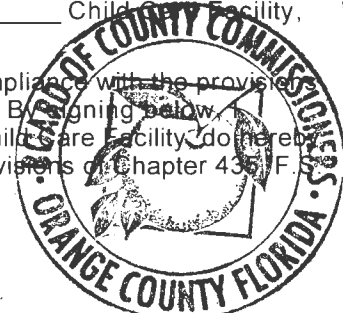
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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 Facility, do hereby affirm that all 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 provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, Jerry L. Demings, Applicant of Ventura Elementary Head Start Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter 435, F.S.

Jerry L. Demings
Signature of Applicant

10 Aug 22
Date



Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305(2), F.S.

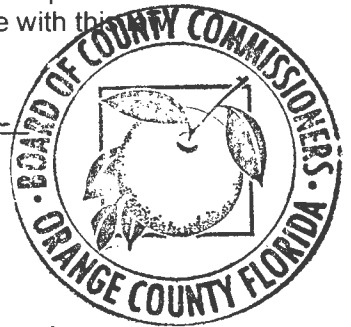
*Social security numbers are used for identification purposes when performing the background screening required by ss. 402.305 and 402.308, F.S.

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

Byronne Brooks
Signature of Owner or Organization's Designated Representative

10 Aug 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:				
<table border="1"> <tr> <td>Sexual Offender Address Cross-Reference (http://offender.fdle.state.fl.us):</td> <td>Date of Search:</td> <td>Conducted by Signature/Initials:</td> <td>Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>					Sexual Offender Address Cross-Reference (http://offender.fdle.state.fl.us):	Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Offender Address Cross-Reference (http://offender.fdle.state.fl.us):	Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No					

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):		<input type="checkbox"/> Initial License	<input checked="" type="checkbox"/> *Renewal Year: 2022-23	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Revision of Existing License		
Name of Facility as it is to appear on license: Lila Mitchell Head Start				Telephone Number (including area code): (321)388-7184	Alternate Phone Number: (407)494-7129		
Street Address of Facility (physical address): 5151 Raleigh Street Suite B			City: Orlando	County: Orange	Zip Code: 32811		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Tonya. JohnsonHale@ocfl.net					FAX Number (including area code): (407)836-1930		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 135	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



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)

<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input checked="" type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):			

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):			

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): 201 South Rosalind Avenue		City: Orlando	State: FL Zip Code: 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.

SECTION F: ON-SITE DIRECTOR INFORMATION – 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): Tonya Johnson Hale			
Date of Birth: [REDACTED]		*Social Security number: [REDACTED]	
Home Address: 939 18th Street		City: Orlando	State: FL
Cell Phone Number (including area code): (407)494-7129		If applicable, name of Multi-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 ☒ No 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?

Lila Mitchell Head Start, Child Care License C09OR1235

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.

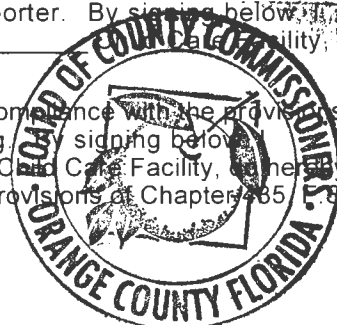
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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, Jerry L. Demings, Applicant of Lila Mitchell Head Start do hereby affirm that all 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 provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, Jerry L. Demings, Applicant of Lila Mitchell Head Start Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter 435, F.S.

Brynn W. Brooks
Signature of Applicant

10 Aug 22
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.

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

Byron W. Brooks
Signature of Owner or Organization's Designated Representative

10 Aug 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 Address Cross-Reference (http://offender.fdle.state.fl.us):		Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No

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):		<input type="checkbox"/> Initial License	<input checked="" type="checkbox"/> *Renewal Year: 2022-23	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Revision of Existing License		
Name of Facility as it is to appear on license: Aloma Elementary Head Start				Telephone Number (including area code): (407)672-3100	Alternate Phone Number: (321)990-4533		
Street Address of Facility (physical address): 2949 Scarlett Road			City: Orlando	County: Orange	Zip Code: 32824		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Saul.Cruz@ocfl.net					FAX Number (including area code): (407)836-2981		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 43	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



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)

<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input checked="" type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):				

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):				

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): 201 South Rosalind Avenue		City: Orlando	State: FL	Zip Code: 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.

SECTION F: ON-SITE DIRECTOR INFORMATION – 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):

Saul F. Cruz Mendez

Date of Birth:

[REDACTED]

*Social Security number:

[REDACTED]

Home Address:

1119 Fountain Coin Loop

City:

Orlando

State:

FL

Zip Code:

32828

Cell Phone Number (including area code):

(407)990-4533

If applicable, name of Multi-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

☒

No

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?

Aloma Elementary Head Start, Child Care License C09OR1228

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.

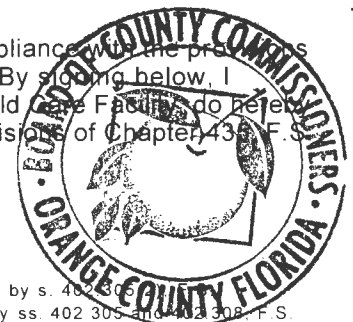
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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 Aloma Elementary Head Start Child Care Facility, do hereby affirm that all 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 provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, I, Jerry L. Demings, Applicant of Aloma Elementary Head Start Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter 435, F.S.

Bryan B. Brooks
Signature of Applicant

10 Aug 22
Date



Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402.305, 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.

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

10 Aug 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 Address Cross-Reference (http://offender.fdle.state.fl.us):		Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No

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):		<input type="checkbox"/> Initial License	<input checked="" type="checkbox"/> *Renewal Year: 2022-23	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Revision of Existing License		
Name of Facility as it is to appear on license: Taft Head Start				Telephone Number (including area code): (407)254-9274	Alternate Phone Number: (407)254-9270		
Street Address of Facility (physical address): 9504 South Orange Avenue			City: Orlando	County: Orange	Zip Code: 32824		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Jacqueline.Lopez@ocfl.net					FAX Number (including area code): (407)836-1940		
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 100	
Days and Hours of Operation – please check AM or PM as applicable:							
<input type="checkbox"/> 24 Hour Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____							
Program Designations:							
<input type="checkbox"/> Faith Based <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>		Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input checked="" type="checkbox"/>	After School <input checked="" type="checkbox"/>	Weekend <input type="checkbox"/>
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>	Transportation <input type="checkbox"/>				



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)

<input type="checkbox"/> Individual Ownership – Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input type="checkbox"/> 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):			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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.

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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:			Company and FEIN #:		
Address of Company:			Organized in which State?		
			If out-of-state, is the company registered in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code):		
Designated Company Representative:			Date of Birth:		*Social 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.)

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):			

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):			

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

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SECTION F: ON-SITE DIRECTOR INFORMATION – 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):

Jacqueline Lopez

Date of Birth:

[REDACTED]

*Social Security number:

[REDACTED]

Home Address:

2240 Pine Park Trail Apt. #2518

City:

Orlando

State:

FL

Zip Code:

32817

Cell Phone Number (including area code):

(407)733-5619

If applicable, name of Multi-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 ☒ No 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?

Taft Head Start, Child Care License C09OR0547

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.

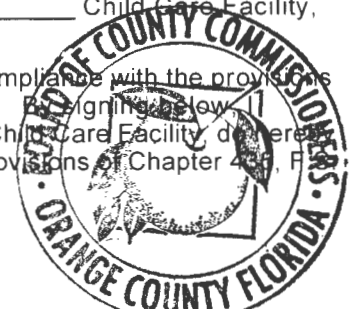
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Brynn B. Brooks
Signature of Applicant

10 Aug 22
Date



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Bryan W. Brooks
Signature of Owner or Organization's Designated Representative

10 Aug 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:

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