

## AGENDA ITEM

August 11, 2017

TO:	Mayor Teresa Jacobs and
	Board of County Commissioners
THRU:	Lonnie C. Bell, Jr., Director DC for CB
	Family Services Department
FROM:	Sonya L. Hill, Manager
	Contact: Khadija Pirzadeh, (407) 836-8912
	Sonya Hill, (407) 836-7409
SUBJECT:	Florida Department of Children and Families

SUBJECT: Florida Department of Children and Families Application for a License to Operate a Child Care Facility BCC Meeting 8/29/17 Consent Agenda/District 6

The Head Start Division requests Board approval of a renewal license application between the Florida Department of Children and Families and Orange County. This license will allow the County to provide comprehensive early childhood development for preschool children and support to their families at South Orlando YMCA Head Start. The term of this license is from October 20, 2017 through October 20, 2018. The license fee of \$60 will be paid with Head Start funds. Childcare facility licensing is a requirement of state laws and Head Start performance standards.

This is a standard application for a license that is required by Florida Department of Children and Families for all licensed child care facilities. The County Attorney's Office and Risk Management Division have reviewed this application in the past for Head Start Centers currently in operation.

### ACTION REQUESTED: Approval and execution of Florida Department of Children and Families Application for a License to operate a Child Care Facility at South Orlando YMCA Head Start. This application is only executed by Orange County. (Head Start Division)

SH/kp

C: Randy Singh, Assistant County Administrator Wanzo Galloway, Assistant County Attorney, County Attorney's Office John Petrelli, Director, Risk Management and Professional Standards Yolanda S. Brown, Manager, Fiscal Division, Family Services Department Jamille Clemens, Grants Supervisor, Finance Division Patria Morales, Grants Coordinator, Office of Management & Budget APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS



# BCC Mtg. Date: Aug. 29, 2017 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 was not contested, or that was 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.

SECTION 1;	PROGRAMI	NFORMATIC	ON (THIS	SECTI	ON MUST B	E COMPLI	TIEDINIT	S ENT	IRETY)
Application Type (0	Choose One):	Initial 🕅 *Re	enewal Yea	ar <u>2017</u>	Change of	f Ownership	Revision c	f Existin	g License
Name of Facility as it is to appear on license:				Telephone	Number	(including area code):			
South Or:	lando YMCA	Head Star	t				(407) 2		
							Alternate T	elephone	e Number:
Street Address o	f Facility (physic	al address):			City:	·····	County:		Zip Code:
814 West	t Oakridge	Road			Orlando		Orange		32809
Mailing Address			ty and zip c	ode):					· · · · · · · · · · · · · · · · · · ·
2100 E.	Michigan S	Street			Orlando				32806
E-Mail Address:				E-Mail:	Do Not Hav	/e E-Mail	1	•	ling area code):
	11@ocfl.net				Do Not Wisl		(407)83	6-193	3
Is this facility locate		the home of the			nembers must be			Maximu	m Capacity:
owner/operator? -L	Yes 🕅 No		their names		Please attach a s of birth.	list of family me	empers with	60	
Days and Hour	s of Operation	– please che	eck AM or	PM as	applicable:				
	Monday	Tuesday	Wedne		Thursday	Friday	Satu	rdav	Sunday
24 hour care	AM	X AM		XAM	XAM				
Opening Time:		7:30 PM	7:30		7:30РМ	7:30 DP		ПРМ	PM
			[	AM	5 + 20 AM		M		Пам
Closing Time:	5:30 JPM	5:30 xPM	E . 20 3	x PM	5:30 APM	5:30	M		PM
-							······································		
Months of Ope			🗌 12 m	onths	Other				
Check all serv							Pro		perated as a:
Full Day	Half Day	Drop-In	NIÇ	ht Care	Before S	SCHOOL	KI ch	(Check Id Care	Only One) Facility
							OR		aonty
After School	Weekend	Infant Care (	0-1) Foo	d Served	I: Transpo	ortation		ool-Age	Child Care Program
				<b>∐</b> X					

SECTION 2: OWNERSHIP TYPE (C	HECK ONE)	
Individual Ownership - Not incorporated	Individual Owner	Complete Sections A and E
Corporation	Corporation Documentation required	Complete Sections B and E
Partnership - Not Incorporated	Partnership Documentation required	Complete Sections C and E
Other Entity – Not Incorporated	e.g. School Board, Local Government Before & After	Complete Sections D and E
Local Government	School programs, Parks and Recreation, Faith Based	

SECTION A: INDIVIDUAL OWNERSHIP - NOT INCOR	PORATED (Special Instru	ctions: 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): ( )			

Background screening of owners, operators, and directors who by definition are child care personnel is required by 402.305(2). Social security numbers are also used for identification purposes when performing the background screening required by 402.305, and 402.308, F.S. CF-FSP 5017, Application For A License to Operate a Child Care Facility, July 2012, 65C-22.001(1), and 65C-22.008(2)(d), F.A.C. Page 1 of 4

iso attach the name and telephone number of the sgistered agent in Florida is grounds for revocation f Certificate of Status/Certificate of Authorization fr	corporation's re-	gistered agent For RENEWA	Failure to continu L applications for	ch membe lously mai child care	e licensure attach a current copy
lame of Corporation:		Corporat	e And FEIN #:		
Address of Corporation:		Incorporated in which State?			
					ered in the State of Florida? submitting an application.
ity: State:	Zip Code:	Telephone Number (Including area code):			
esignated Corporate Representative:	-		Date of Birth:		Social Security Number*:
lome Address:	,	City:		State:	Zip Code:

Partner #1 (First Middle (Maiden) Last):						
Date of Birth:	Social Security No	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 No	Social Security Number*:				
Home Address (street address):	City:	State:	Zip Code:			

SECTION D: OTHER ENTITY - NOT INCORF Boards, before and after school programs, faith based pro			rams operated by School
Name of Entity:			
Orange County, Florida			
Entity's Designated Representative (First Middle and o	or Maiden Last):		
Address of Entity (Street Address):	City:	State:	Zip Code:
2100 E. Michigan Street	Orlando	FL	32806
Telephone Number (including area code): (407) 836-6590			

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SECTION E: ON-SITE DIRECTOR INFORMATION - To be completed by all applicants (Special Instructions: An Onsite Director holds a Director Credential and is responsible to for the day to day operation of the facility and is required to be an site the majority of operating hours: A Multi-site Director holds a Director Credential and supervises multiple before school and after school programs to 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 Malden Last)

Date of Birth:	Social Security N	lumbér*:		
Home Address:	City:	State:	Zip Code:	
Telephone Number (including area code): ( )	If Applicable, Na	If Applicable, Name of Multi-Site Programs and enrollment:		

#### SECTION 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 XNo 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.

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? FL Child Care Facility Certificate of License No. C090R0345, South Orlando YMCA Head Start

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.

Pursuant to section 435.05(3), F.S., each employer must attest via signed affidavit compliance the provisions of Chapter 435.04, F.S. By signing below, I Teresa Jacobs, Applicant of South Orlando YMCA Head Start Child Care Facility, do hereby affirm that all child care personnel meet the statutory requirements for background screening.

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.

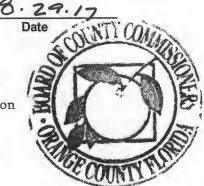
Signature of Owner or Organization's Designated Representative Teresa Jacobs, Orange County Mayor

Person completing application if other than Owner or Organization's Designated Representative. Name: (Please Print)

Khadija Pirzadeh, Contract Administrator, Head Start Division

Telephone number including area code:

(407) 836-8912

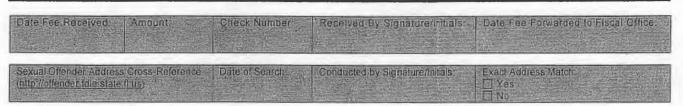


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Sworn to and subscribed before me this <u>29</u> day of <u>August</u>	<u>+</u> , 20 <u>17</u> .	
SIGNATURE OF NOTARY PUPLIC, STATE OF FLORIDA		
Craig A. Stopyra	* MY COMMISSION # FF 199641	
(Print, Type, or Stamp Commissioned Name of Notary Public)	Bonded Thru Budget Notary Services	
(Check one) Affiant personally known to notary		
OR	ſ	
Affiant produced identification		

Type of identification produced:

Do Not Write Below this Line - Official Use Only



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