



**Interoffice Memorandum**

January 21, 2021

**AGENDA ITEM**

**TO:** Mayor Jerry L. Demings  
-AND-  
County Commissioners

**THRU:** Lonnie C. Bell, Jr., Director  
Community and Family Services Department

**FROM:** Sonya L. Hill, Manager  
Head Start Division  
**Contact: Khadija Pirzadeh, (407) 836-8912**  
**Sonya Hill, (407) 836-7409**

**SUBJECT:** **Consent Agenda Item – February 9, 2021**  
Florida Department of Children and Families  
Application for a License to Operate a Child Care Facility

*Y Brown for Lonnie*

The Head Start Division requests Board approval of a renewal license between Florida Department of Children and Families and Orange County. This license will allow the Head Start Program to provide comprehensive early childhood development for preschool children and support to their families at John H. Bridges Head Start. The effective date of this license is from May 7, 2021 through May 7, 2022. The license fee of \$100 will be paid with Head Start funds.

This is a standard application for a license that is required by the Florida Department of Children and Families for all licensed child care facilities.

**ACTION REQUESTED:** **Approval and execution of Florida Department of Children and Families Application for a License to Operate a Child Care Facility at John H. Bridges Head Start. This application is only executed by Orange County.**

SH/kp:jamh

Attachment

- c: Carla Bell Johnson, Assistant County Administrator
- Cristina Berrios, Assistant County Attorney, County Attorney's Office
- John Petrelli, Director, Risk Management and Professional Standards
- Yolanda Brown, Manager, Fiscal Division, Community and Family Services
- Jamille Clemens, Grants Supervisor, Finance Division
- Nanette Melo, Assistant Manager, Office of Management and Budget
- Auria Oliver, Management and Budget Advisor, Office of Management and Budget

BCC Mtg. Date: February 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 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.

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 <u>2021</u> <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Revision of Existing License																																							
Name of Facility as it is to appear on license:  John H. Bridges Head Start				Telephone Number (including area code): (407 ) 254-9421 Alternate Telephone Number: ( )																																			
Street Address of Facility (physical address): 445 West 13th Street			City: Apopka		County: Orange	Zip Code: 32703																																	
Mailing Address of Facility, if different (include city and zip code): 2100 E. Michigan Street				Orlando 32806																																			
E-Mail Address: Sunltha.Koorathota@ocfl.net				Fax Number (including area code): ( )																																			
Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If <b>yes</b> , all household members must be identified, and background screening completed. Please attach a list of family members with their names and dates of birth.			Maximum Capacity: 166																																	
<b>Days and Hours of Operation -- please check AM or PM as applicable:</b>																																							
<table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Monday</td> <td style="text-align: center;">Tuesday</td> <td style="text-align: center;">Wednesday</td> <td style="text-align: center;">Thursday</td> <td style="text-align: center;">Friday</td> <td style="text-align: center;">Saturday</td> <td style="text-align: center;">Sunday</td> </tr> <tr> <td><input type="checkbox"/> 24 hour care</td> <td><input checked="" type="checkbox"/> AM</td> <td><input checked="" type="checkbox"/> AM</td> <td><input checked="" type="checkbox"/> AM</td> <td><input checked="" type="checkbox"/> AM</td> <td><input checked="" type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> </tr> <tr> <td>Opening Time:</td> <td>7:00 <input type="checkbox"/> PM</td> <td>7:00 <input type="checkbox"/> PM</td> <td>7:00 <input type="checkbox"/> PM</td> <td>7:00 <input type="checkbox"/> PM</td> <td>7:00 <input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> </tr> <tr> <td>Closing Time:</td> <td>6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</td> <td>6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</td> <td>6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</td> <td>6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</td> <td>6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> </table>									Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	<input type="checkbox"/> 24 hour care	<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	Opening 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 Time:	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 months <input type="checkbox"/> Other _____																																							
<b>Program Designations:</b> Faith Based <input type="checkbox"/> Head Start <input checked="" type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness <input type="checkbox"/>																																							
<b>Check all service options that apply:</b>																																							
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 <b>A and F</b>
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections <b>B and F</b>
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections <b>C and F</b>
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections <b>D and F</b>
<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 <b>E and F</b>

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 <b>Articles of Incorporation</b> , which must include the names, the title/office, address, and telephone number for each member of the Board of Directors. Also attach the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or registered agent in Florida is grounds for revocation of this license. For <b>RENEWAL applications</b> for child care licensure attach a current copy of Certificate of Status/Certificate of Authorization from the Department of State available through SunBiz.org.)			
Name of Corporation:		Corporate and FEIN #:	
Address of Corporation:		Incorporated in which State?	
		If out of state, is the corporation registered in the State of Florida? Yes <input type="checkbox"/> No <input type="checkbox"/> 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:			Corporate and FEIN #:		
Address of Company:			Organized in which State?		
			If out of state, is the corporation registered in the State of Florida? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 S. Rosalind Avenue		City: Orlando	State: FL	Zip Code: 32801
Telephone Number (including area code): ( 407 ) 836-6590				

<b>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.)</b>			
Name: (First, Middle and/or Maiden, Last)			
Date of Birth:		Social Security Number*:	
Home Address:		City:	State: Zip Code:
Cell Phone Number (including area code): ( )		If applicable, name of Multi-Site Programs and enrollment:	

<b>PART 3: ATTESTATION (To be completed by all applicants)</b>	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. _____ 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, what type of license, license number, and under what name? FL DCF Child Care Facility Certificate of License, No. C09OR0297, John H, Bridges 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.

In accordance with 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 John H. Bridges 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 John H. Bridges Head Start, Applicant of Jerry L. Demings 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  
for Jerry L. Demings, Orange County Mayor

FEB 09 2021  
Date



Pursuant to s.39.804, 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.

*Raymond B. Bwoko*

FEB 09 2021

Signature of Owner or Organization's Designated Representative

Date

for Jerry L. Demings, Orange County Mayor



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

Name: (Please Print) <b>Khadija Pirzadeh</b>
Title/Position/Relationship to the Owner: <b>Contract Administrator, Orange County Head Start Division</b>
Telephone number including area code: <b>( 407 ) 836-8912</b>

**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 ( <a href="http://offender.fdc.state.fl.us">http://offender.fdc.state.fl.us</a> )	Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No	