




Interoffice Memorandum

December 22, 2022

AGENDA ITEM

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

THRU: Dr. Tracy Salem, Deputy Director
Community and Family Services Department 

FROM: Sonya L. Hill, Manager
Head Start Division
Contact: Sandra Moore (407) 836-8913

SUBJECT: **Consent Agenda Item – January 24, 2023**
Florida Department of Children and Families
Applications for Licenses to Operate Child Care Facilities

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

Center Name	Expiration Date	Fee
1. Pine Hills Head Start	March 12, 2023	\$100
2. Hal P. Marston Head Start	March 16, 2023	\$100
3. Bithlo Head Start	March 23, 2023	\$60
4. East Orange Head Start	April 1, 2023	\$100
5. Southwood Head Start	April 30, 2023	\$100
6. John H. Bridges Head Start	May 7, 2023	\$100
7. Callahan Head Start	July 1, 2023	\$ 62
8. Washington Shores Early Learning Center	July 6, 2023	\$100

Consent Agenda Item – January 24, 2023

Florida Department of Children and Families Applications for Renewal 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 Florida Department of Children and Families Applications for a License to Operate a Child Care Facility at Pine Hills, Hal P. Marston, Bithlo, East Orange, Southwood, John H. Bridges, Callahan, and Washington Shores Early Learning Center Head Start sites.

SLH/smm:jamh



Clear

APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

Press space bar (or left mouse click) to check a box; press space bar (or left mouse click) to uncheck a box.

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: Pine Hills Head Start				Telephone Number (including area code): (407)249-6370	Alternate Phone Number: (407)254-9112		
Street Address of Facility (physical address): 6408 Jennings Road			City: Orlando	County: Orange	Zip Code: 32818		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Tiffany.Brown@ocfl.net					FAX Number (including area code): (407)836-8513		
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: 255	
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	Half Day	Drop-In	Night Care	Before School	After School	Weekend	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Infant Care (0-1)	Food Served	Transportation					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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): Tiffany Price-Brown			
Address of Entity (street address): 201 South Rosalind Avenue		City: Orlando	State: Zip Code: FL 32801
Telephone Number (including area code): (407)836-6590			

Background screening of owners, operators, and directors who by definition are child care personnel is required by s. 402 .305(2), F.S.

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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):

Tiffany Price-Brown

Date of Birth:

[REDACTED]

*Social Security number:

Home Address:

15351 Whitetail Loop

City:

Mascotte

State:

FL

Zip Code:

34753

Cell Phone Number (including area code):

(407)467-7666

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. T.B.
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?

Pine Hills Head Start, Certificate Number # C09OR0243

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.

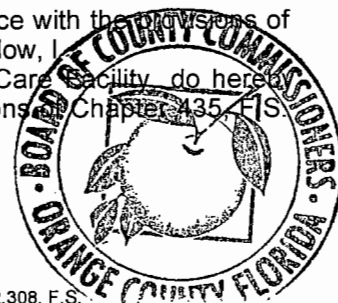
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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 Pine Hills 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 Pine Hills 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.

[Signature]
Signature of Applicant

24 Jan 23
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.

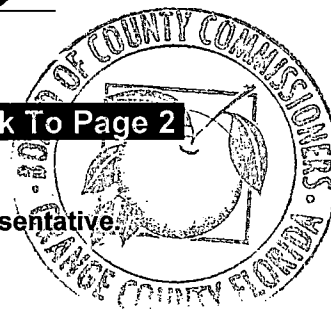
Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

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.

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

24 Jan 23
Date

Go Back To Page 2



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.

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APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

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

PART 1: PROGRAM INFORMATION (this section must be completed in its entirety)							
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: Hal P. Marston Head Start				Telephone Number (including area code): (954)410-8512	Alternate Phone Number: (407)836-8455		
Street Address of Facility (physical address): 3933 W.D. Judge Drive			City: Orlando	County: Orange	Zip Code: 32808		
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Jeneil.Parker@ocfl.net					FAX Number (including area code): (407)836-8440		
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: 130	
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
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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	Half Day	Drop-In	Night Care	Before School	After School	Weekend	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Infant Care (0-1)	Food Served	Transportation					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					



Background screening of owners, operators, and directors who by definition are childcare 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 childcare 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 childcare 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 childcare 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): Jeneil Parker			
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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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):

Jeneil Parker

Date of Birth:

[REDACTED]

*Social Security number:

Home Address:

14722 Kristenright Lane

City:

Orlando

State:

FL

Zip Code:

32826

Cell Phone Number (including area code):

(954)410-8512

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. J.P.

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?

Hal P. Marston Head Start, Child Care License C09OR0089

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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 childcare 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,

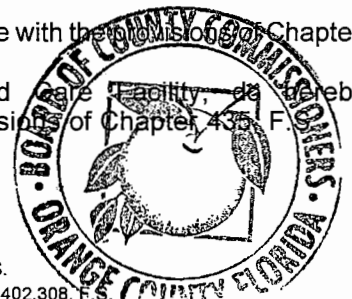
Jerry L. Demings, Applicant of Hal P. Marston Head Start Child Care Facility, do hereby affirm that all child care personnel are in compliance with s. 39.201, F.S.

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 Hal P. Marston 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 B. Burks
Signature of Applicant

24 Jan 23
Date



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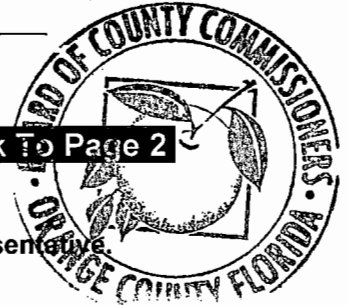
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Brynn J. Brooks
Signature of Owner or Organization's Designated Representative

24 Jan 23
Date

Go Back To Page 2



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

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

PART 1: PROGRAM INFORMATION (this section must be completed in its entirety)							
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: Bithlo Head Start				Telephone Number (Including area code): (407)383-5962	Alternate Phone Number: (407)254-1928		
Street Address of Facility (physical address): 18501 Washington Avenue		City: Orlando		County: Orange		Zip Code: 32820	
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Teri.Watts@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:	7:00 <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	Half Day	Drop-In	Night Care	Before School	After School	Weekend	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Infant Care (0-1)	Food Served	Transportation					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 childcare 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 childcare 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 childcare 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 childcare 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 childcare 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): Teri Watts			
Address of Entity (street address): 201 South Rosalind Avenue		City: Orlando	State: Zip Code: FL 32801
Telephone Number (including area code): (407)836-6590			

Background screening of owners, operators, and directors who by definition are childcare 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):

Teri Watts

Date of Birth:

[REDACTED]

*Social Security number:

Home Address:

4170 Hemlock Lane

City:

Titusville

State:

FL

Zip Code:

32780

Cell Phone Number (including area code):

(407)383-5962

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 childcare 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. T.W.
Initial

Have you or anyone identified as a party to ownership ever held a license (childcare, 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?

Bithlo Head Start Certificate Number: C09OR0200

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 childcare 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,

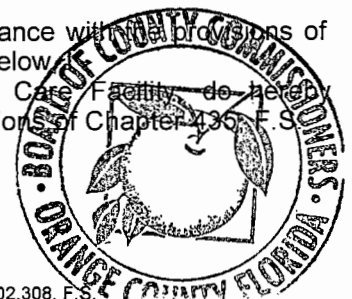
Jerry L. Demings, Applicant of Bithlo Head Start Child Care Facility, do hereby affirm that all child care personnel are in compliance with s. 39.201, F.S.

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 Bithlo 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.

Byron W. Burks
Signature of Applicant

24 Jan 23
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.

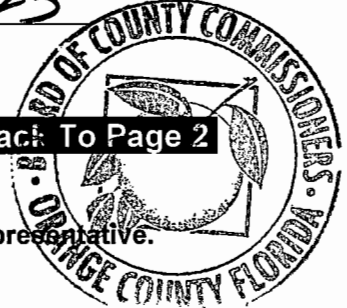
Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

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.

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

24 Jan 23
Date

Go Back To Page 2



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 childcare 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.



APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

Press space bar (or left mouse click) to check a box; press space bar (or left mouse click) to uncheck a box.

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 ☐ Initial ☒ *Renewal ☐ Change of ☐ Revision of
(choose one): License Year: 2022-23 Ownership Existing License

Name of Facility as it is to appear on license: East Orange Head Start Telephone Number (including area code): (407)489-4261 Alternate Phone Number: (407)254-9713

Street Address of Facility (physical address): 12050 East Colonial Drive City: Orlando County: Orange Zip Code: 32826

Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, FL 32806

E-Mail Address: Yira.Rodriguez@ocfl.net FAX Number (including area code): (407)836-2987

Is this facility located in or adjacent to the home of the owner/operator? ☐ Yes ☒ 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: 174

Days and Hours of Operation – please check AM or PM as applicable:

☐ 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: ☐ School Year Only ☒ 12 Months ☐ Other: _____

Program Designations:

☐ Faith Based ☒ Head Start ☐ Urban Zone ☐ Public/Non-Public School ☐ VPK ☐ School Readiness

Check all service options that apply:

Full Day	Half Day	Drop-In	Night Care	Before School	After School	Weekend
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infant Care (0-1)	Food Served	Transportation				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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): Yira Rodriguez			
Address of Entity (street address): 201 South Rosalind Avenue		City: Orlando	State: Zip Code: FL 32801
Telephone Number (including area code): (407)836-6590			

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

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): Yira Rodriguez			
Date of Birth: [REDACTED]		*Social Security number:	
Home Address: 1225 Roma Court		City: Orlando	State: FL
		Zip Code: 32825	
Cell Phone Number (including area code): (407)489-4261	If applicable, name of Multi-Site Programs and enrollment:		

PART 3: ATTESTATION (To be completed by all applicants)	
<p>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?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain (attach additional sheet(s) if necessary):</p>	
<p>I hereby attest that the information contained in this section is truthful and correct under penalty of perjury. <u>Y. R.</u> Initial</p>	
<p>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?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, what type of license, license number, and under what name?</p> <p>East Orange Head Start Certificate Number: C09OR0207</p>	

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.

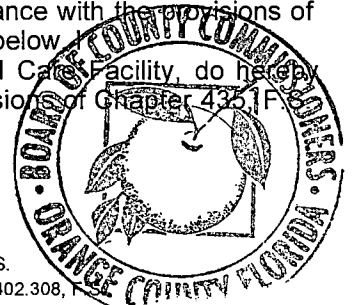
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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 East Orange 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 East Orange 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. Burtles
Signature of Applicant

24 Jan 23
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.

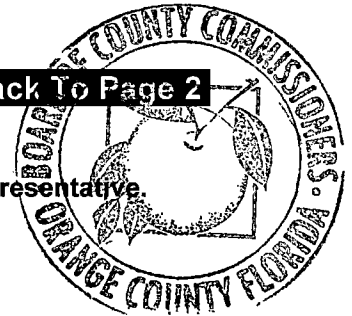
Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

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.

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

24 Jan 23
Date

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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.



Clear

BCC Mtg. Date: January 24, 2023

APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

Press space bar (or left mouse click) to check a box; press space bar (or left mouse click) to uncheck a box.

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 ☐ Initial ☒ *Renewal ☐ Change of ☐ Revision of
(choose one): License Year: 2022-23 Ownership Existing License

Name of Facility as it is to appear on license: Southwood Head Start Telephone Number (including area code): (407)923-7750 Alternate Phone Number: (407)254-6768

Street Address of Facility (physical address): 6225 Brookgreen Avenue 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: Vivian.Jones-Burton@ocfl.net FAX Number (including area code): (407)836-1934

Is this facility located in or adjacent to the home of the owner/operator? ☐ Yes ☒ 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: 127

Days and Hours of Operation – please check AM or PM as applicable:

☐ 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	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<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	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Months of Operation: ☐ School Year Only ☒ 12 Months ☐ Other: _____

Program Designations:

☐ Faith Based ☒ Head Start ☐ Urban Zone ☐ Public/Non-Public School ☐ VPK ☐ School Readiness

Check all service options that apply:

Full Day	Half Day	Drop-In	Night Care	Before School	After School	Weekend
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infant Care (0-1)	Food Served	Transportation				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				



Background screening of owners, operators, and directors who by definition are childcare 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 childcare 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 childcare 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 childcare 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): Vivian Jones-Burton			
Address of Entity (street address): 201 South Rosalind Avenue		City: Orlando	State: Zip Code: FL 32801
Telephone Number (including area code): (407)836-6590			

Background screening of owners, operators, and directors who by definition are childcare 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):

Vivian Jones-Burton

Date of Birth:

[REDACTED]

*Social Security number:

Home Address:

147420 Eaton Street

City:

Eatonville

State:

FL

Zip Code:

32751

Cell Phone Number (including area code):

(407)923-7750

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. V.B.
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?

Southwood Head Start, Child Care License C09OR0251

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 childcare 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 Southwood 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 Southwood 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.

Burton Jones
Signature of Applicant

24 Jan 23
Date



Background screening of owners, operators, and directors who by definition are childcare 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.

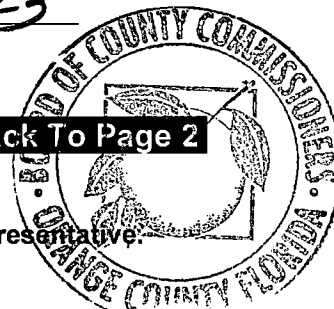
Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

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.

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

24 Jan 23
Date

Go Back To Page 2



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 childcare 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.



Clear

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: January 24, 2023

APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

Press space bar (or left mouse click) to check a box; press space bar (or left mouse click) to uncheck a box.

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: John H. Bridges Head Start				Telephone Number (including area code): (407)923-4033	Alternate Phone Number: (407)254-9421		
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 East Michigan Street, Orlando, FL 32806							
E-Mail Address: Wilna.Francois@ocfl.net					FAX Number (including area code): (407)836-1929		
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: 166	
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:	<u>7:00</u> <input type="checkbox"/> PM	<u>7:00</u> <input type="checkbox"/> PM	<u>7:00</u> <input type="checkbox"/> PM	<u>7:00</u> <input type="checkbox"/> PM	<u>7:00</u> <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:	<u>6:00</u> <input checked="" type="checkbox"/> PM	<u>6:00</u> <input checked="" type="checkbox"/> PM	<u>6:00</u> <input checked="" type="checkbox"/> PM	<u>6:00</u> <input checked="" type="checkbox"/> PM	<u>6:00</u> <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	Half Day	Drop-In	Night Care	Before School	After School	Weekend	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Infant Care (0-1)	Food Served	Transportation					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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.

*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: Zip Code: FL 32801
Telephone Number (including area code): (407)836-6590			

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

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):

Wilna Francois

Date of Birth:

[REDACTED]

*Social Security number:

Home Address:

586 Home Grove Drive

City:

Winter Garden

State:

FL

Zip Code:

34787

Cell Phone Number (including area code):

(407)923-4033

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.

W.F.

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?

John H. Bridges Head Start, Certificate Number # C09OR0297

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.

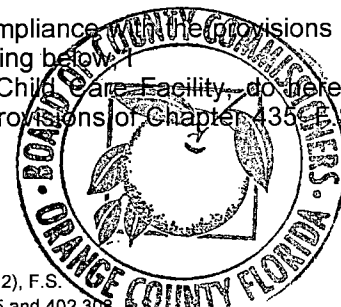
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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 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, Jerry L. Demings, Applicant of John H. Bridges 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. Burks
Signature of Applicant

24 Jan 23
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 402.306.

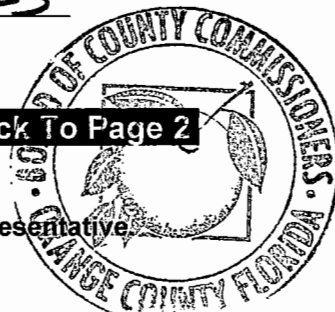
Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

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.

Brynn Brooks
Signature of Owner or Organization's Designated Representative

24 Jan 23
Date

Go Back To Page 2



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



Clear

APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

Press space bar (or left mouse click) to check a box; press space bar (or left mouse click) to uncheck a box.

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: Callahan Head Start			Telephone Number (including area code): (321)442-5181	Alternate Phone Number: (407)254-1928			
Street Address of Facility (physical address): 101 North Parramore Street		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: Toinett.Stenson@ocfl.net				FAX Number (including area code): (407)836-2877			
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	Half Day	Drop-In	Night Care	Before School	After School	Weekend	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Infant Care (0-1)	Food Served	Transportation					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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:

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

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

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

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):

Toinett Stenson

Date of Birth:

[REDACTED]

*Social Security number:

Home Address:

2633 Breezwind Drive

City:

Orlando

State:

FL

Zip Code:

32839

Cell Phone Number (including area code):

(321)442-5181

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 childcare 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.

T. S.

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?

Callahan Head Start Certificate Number: C09OR0089

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 childcare 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 Callahan 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 Callahan 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. Burkes
Signature of Applicant

24 Jan 23
Date



Background screening of owners, operators, and directors who by definition are childcare 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.

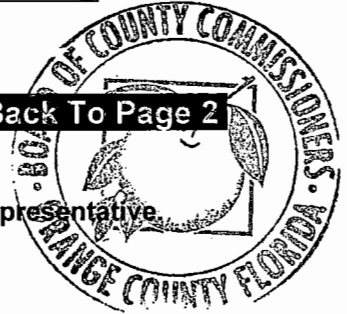
Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

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

Brynn Brooks
Signature of Owner or Organization's Designated Representative

24 JAN 23
Date

Go Back To Page 2



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



Clear

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: January 24,
2023

APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

Press space bar (or left mouse click) to check a box; press space bar (or left mouse click) to uncheck a box.

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): (321)895-0270	Alternate Phone Number: (407)250-6260																																										
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 <table border="0"> <thead> <tr> <th></th> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> <th>Saturday</th> <th>Sunday</th> </tr> </thead> <tbody> <tr> <td>Opening</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>Time: 7:00</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> </tr> <tr> <td>Closing</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> </tr> <tr> <td>Time: 6:00</td> <td><input checked="" type="checkbox"/> PM</td> <td><input checked="" type="checkbox"/> PM</td> <td><input checked="" type="checkbox"/> PM</td> <td><input checked="" type="checkbox"/> PM</td> <td><input checked="" type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> </tr> </tbody> </table>									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	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<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	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
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Check all service options that apply:																																															
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Infant Care (0-1)	Food Served	Transportation																																													
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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): Aturia D. Hall			
Address of Entity (street address): 201 South Rosalind Avenue		City: Orlando	State: Zip Code: FL 32801
Telephone Number (including area code): (407)836-6590			

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

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 D. Hall

Date of Birth:

[REDACTED]

*Social Security number:

Home Address:

4813 Skeena Street

City:

Orlando

State:

FL

Zip Code:

32819

Cell Phone Number (including area code):

(321)895-0270

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.H.

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 Certificate Number: 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.

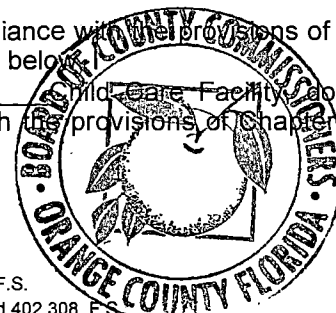
The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature 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 Washington Shores Early Learning Center 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 Washington Shores Early Learning Center Child Care Facility, do hereby attest under penalty of perjury that all child care personnel are in compliance with the provisions of Chapter

B. J. Demings
Signature of Applicant

24 Jan 23
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.

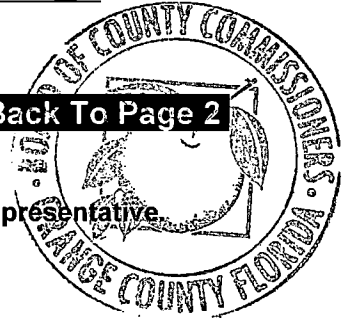
Pursuant to s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act." Your signature on this application indicates acknowledgement of receipt of such information.

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.

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

24 Jan 23
Date

Go Back To Page 2



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:
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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
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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.