



Interoffice Memorandum

April 6, 2021

AGENDA ITEM

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

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

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

SUBJECT: **Consent Agenda Item – April 27, 2021**
Florida Department of Children and Families
Application for a License to Operate a Child Care Facility

The Head Start Division requests Board approval of a renewal license between Florida Department of Children and Families and Orange County. This license will allow the Head Start Program to provide comprehensive early childhood development for preschool children and support to their families at Callahan Head Start. The effective date of this license is from July 6, 2021 through July 6, 2022. The license fee of \$62 will be paid with Head Start funds.

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

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

SH/sm

c: Carla Bell Johnson, Assistant County Administrator
Avis McWhite, Senior Program Manager, Head Start Division

BCC Mtg. Date: April 27, 2021



APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY
USING BLUE OR BLACK INK

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

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

PART 1: PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)							
Application Type (Choose <input type="checkbox"/> Initial <input checked="" type="checkbox"/> *Renewal Year <u>2021</u> <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Revision of Existing License)							
Name of Facility as it is to appear on license: Callahan Head Start						Telephone Number (including area code): (407) 836-6735	
						Alternate Telephone Number: ()	
Street Address of Facility (physical address): 101 North Parramore				City: Orlando		County: Orange	Zip Code: 32805
Mailing Address of Facility, if different (include city and zip code): 2100 East Michigan Street, Orlando, Florida 32806							
E-Mail Address: Toinette.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:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 24 hour care	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Opening Time:	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	7:00 <input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing Time:	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	7:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input checked="" type="checkbox"/> 12 months <input type="checkbox"/> Other							
Program Designations:							
Faith Based <input type="checkbox"/> Head Start <input checked="" type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness <input type="checkbox"/>							
Check all service options that apply:							
Full Day <input checked="" type="checkbox"/>	Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input type="checkbox"/>	After School <input type="checkbox"/>	Weekend <input type="checkbox"/>	
Infant Care (0-1) <input type="checkbox"/>		Food Served <input checked="" type="checkbox"/>		Transportation <input type="checkbox"/>			

PART 2: OWNERSHIP TYPE (CHECK ONE)		
<input type="checkbox"/> Individual Ownership - Not incorporated	Individual Owner	Complete Sections A and F
<input type="checkbox"/> Corporation	Corporation Documentation required	Complete Sections B and F
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Documentation required	Complete Sections C and F
<input type="checkbox"/> Partnership – Not Incorporated	Partnership Documentation required	Complete Sections D and F
<input checked="" type="checkbox"/> Other Entity – Not Incorporated	e.g. School Board, Local Government Before & After School programs, Parks and Recreation, Faith Based	Complete Sections E and F

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

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

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

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

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

Partner #1 (First Middle (Maiden) Last):					
Date of Birth:			Social Security Number*:		
Home Address (street address):			City:	State:	Zip Code:
Telephone Number (including area code): ()					
Partner #2 (First Middle (Maiden) Last):					
Date of Birth:			Social Security Number*:		
Home Address (street address):			City:	State:	Zip Code:
Telephone Number (including area code): ()					

SECTION E: OTHER ENTITY – NOT INCORPORATED (Special Instructions: These are programs operated by School Boards or city/county municipalities, before and after school programs, faith-based programs and other non-incorporated entities.)

Name of Entity: Orange County, Florida			
Entity's Designated Representative (First Middle and or Maiden Last):			
Address of Entity (Street Address): 201 South Rosalind Avenue		City: Orlando	State: FL Zip Code: 32801
Telephone Number (including area code): (407) 836-6590			

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) Toinette Stenson			
Date of Birth: 02/22/1971		Social Security Number*: 592-12-9012	
Home Address: 2633 Breezewind Drive		City: Orlando	State: FI Zip Code: 32839
Cell Phone Number (including area code): (321)388-7169		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain: (attach additional sheet(s) if necessary)	
I hereby attest that the information contained in this section is truthful and correct under penalty of perjury. <u>AMc</u> Initial	
Have you or anyone identified as a party to ownership ever held a license (child care, foster care, cosmetology, etc.) with any state agency in any capacity other than a driver's license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, what type of license, license number, and under what name?	
Callahan Head Start, Certificate No. 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 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 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.

Jerry L. Demings
for Signature of Applicant
Jerry L. Demings, Orange County Mayor

APR 27 2021

Date



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

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

Ryan W. Brown

Signature of Owner or Organization's Designated Representative

APR 27 2021

Date



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

Name: (Please Print)

Avis McWhite

Title/Position/Relationship to the Owner:

Senior Program Manager ECE, Head Start Division

Telephone number including area code:

(407) 836-6590

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.fds.state.fl.us)	Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No	