

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
CONTRACT NO. QC002
AMENDMENT 0002**

This Amendment shall be effective July 1, 2024, or the last party signature date, whichever is later. The above referenced Contract is hereby amended as follows:

1. CF Standard Contract 2019 (UA) Part 1 of 2 is replaced by the attached Standard Contract Part 1 v24.2.
2. Notwithstanding Item 1, the original Effective Date and the original signatures remain in effect.
3. In **1.1**, the amount of "\$1,692,731.52" is replaced by "\$1,949,558.76".
4. In **A-1**, "Section 1.4.1" is replaced by "Section 1.6.1.3"
5. Section **A-4** is modified to add.

In reference to "Section **4.7**" of the Standard Contract v24.2, the Provider, a state agency or subdivision, is self-insured through the State Risk Management Trust Fund, established pursuant to § 284.30, Florida Statutes, and administered by the State of Florida, Department of Financial Services. The Provider will certify that it maintains and agrees to continue to maintain during the term this agreement, general and professional liability protection coverage through the State Risk Management Trust Fund, and that this protection extends to the Department of Health, its officers, employees, and agents, and covers statutory liability exposure to the limitations described in §768.28, Florida Statutes.

6. In **A-9**, "Section 9.5." is replaced by "7.12".
7. In **B-3.3**, "Section 1.2.3." is replaced by "1.3.3."
8. Section **C-1.3** is amended to read:
The Provider will inspect all licensed child care facilities a minimum of three times per year, and family day care homes two times per year to ensure compliance with standards.
9. In **C-2.5**, "Section 1.2.4." is replaced by "1.3.4" and wherever referenced in the contract.
10. Section **D-2.1** is amended to read:
The Provider must average completion of 300 licensing activities per month on a state fiscal year basis.
11. Section **D-3.1** is amended to read:

For acceptance of deliverables, the Provider must attain at least 95% of D.2.1. each SFY."

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12. Section **D-3.4**, the table is replaced by the following:

Deliverables	Support Documentation to Verify Achievement of Minimum Performance	Each Fiscal Year	Qualitative Criteria Acceptance of Deliverables	Financial Consequences when Performance is Below the Minimum Service Level Required
An average completion of 300 licensing activities will be provided each month. (D-2.1)	Child Care Licensing Monthly Activities and Performance Measure Report (Attachment 4)	July through June	95% of D-2.1 will be provided (average 285 licensing activities)	1% of the total invoice amount will be deducted from the invoice total when the number of licensing activities does not meet the Criteria for Acceptance of Deliverable.

13. The highlighted portion of the below section amends **F-2**. The non-highlighted parts of the below section are for illustrative purposes only, and the original contract remains the official text of the non-highlighted parts.

The Provider shall be compensated in the manner set forth herein. The Department will pay for the service units at the unit price and limit, as listed below, subject to the availability of funds:

State Fiscal Year	Service Unit	Unit Price Per Month	# of units	Amount per SFY
2024-2025	One month of child care licensing services (July 2024-2025)	30,644.25	12	\$367,731
2025-2026	One month of child care licensing services (July 2025-2026)	30,644.25	12	\$367,731
2026-2027	One month of child care licensing services (July 2026-2027)	30,644.25	12	\$367,731

5. All provisions in the contract and any attachments thereto in conflict with this amendment are changed to conform with this amendment. All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract. This Amendment and all its attachments are made a part of the contract.

IN WITNESS THEREOF, the parties cause this amendment to be executed by their duly authorized officials.

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**PROVIDER: Pinellas County License Board in care of DEPARTMENT OF CHILDREN AND FAMILIES
Florida Department of Health, Pinellas County Health
Department**

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____