Mission: To promote high-quality school readiness, voluntary pre-kindergarten and after school programs, thus increasing all children’s chances of achieving future educational success and becoming productive members of society. The Coalition seeks to further the physical, social, emotional and intellectual needs of Miami-Dade and Monroe County children with a priority toward the ages before birth through age 5.

Nominating Committee Meeting
March 1, 2023 9:30 A.M.
Meeting ID: 842 2670 8568
Passcode: 861638

I. Welcome & Introductions Marisol Diaz

II. Approval of Minutes Marisol Diaz
   A. Motion to approve minutes for October 20, 2022.

III. Status of Vacancies Evelio Torres
   • Monroe: College of the Florida Keys: Dr. Gueverra will let us know when he is ready to make the appointment.
   • Miami-Dade Board of County Commissioners
   • Monroe: Board of County Commissioners: Holly Merrill Raschein has been appointed. ELC will ask for Board of Directors to Ratify appointment at April 3, 2023 board meeting.
   • Monroe: Health Department: Bob Eadie has been unable to make an appointment
   • Gubernatorial Appointment pending appointment by Governor

IV. Head Start/Early Head Start Representative Evelio Torres

V. Board Composition Evelio Torres
   • Miami Dade Beacon Council Statistics
   • ELC Board Statistics
   • County Membership (Target: 27 Members)
     • Miami-Dade 19 filled +2 vacant= 21
     • Monroe 3 filled +2 vacant= 5
     • Miami-Dade or Monroe Gubernatorial Appointment=1

VI. Interview Process Kristine Gregory

VII. Review of Standardized Interview Questions Marisol Diaz
VIII. Interviews

A. Madelyn Rodriguez Llanes 9:45 A.M.
B. Ana Benedetti 10:00 A.M.
C. Maria Teresa (Maite) Riestra-Quintero 10:15 A.M.
D. Maurice Woods 10:30 A.M.

IX. Public Comments

Marisol Diaz

X. Adjourn

Marisol Diaz
MINUTES

Committee Attendees: Marisol Diaz, Sandi Bisceglia, Iris Strachan,
Committee Absentees: Aaron Slavens
Board Attendees: Dr. Armstrong, Rich Beasley
ELC Staff: Evelio Torres, Angelo Parrino, Pamela Hollingsworth, Sandra Gonzalez
Interviewee Attendance: Alfred Sanchez, Randy Grice, Dwight Hill, Coronado Sada

I. Welcome & Introductions
• M. Diaz called the meeting to order and welcomed everyone.
• K. Gregory called roll and quorum was established with three (3) voting members.

II. Approval of Minutes
• Motion to approve 2/25/2022 minutes by S. Bisceglia
• Motion seconded by I. Strachan
• Motion unanimously passed

III. New DEL requirements were presented by Evelio Torres. This includes two changes:

A. Elimination of At Large Member/Conversion to Private Sector
B. Addition of Local Licensing Administrator

Mission: To promote high-quality school readiness, voluntary pre-kindergarten and after school programs, thus increasing all children’s chances of achieving future educational success and becoming productive members of society. The Coalition seeks to further the physical, social, emotional and intellectual needs of Miami-Dade and Monroe County children with a priority toward the ages before birth through age 5.
IV. The status report of vacancies was presented by Evelio Torres:

- Monroe: College of the Florida Keys: Dr. Gueverra will let us know when he is ready to make the appointment
- Miami-Dade: Board of County Commissioners: Miami Dade County is working on the appointment
- Monroe: Health Department: Bob Eadie has been unable to make an appointment
- Miami-Dade: Private Sector Business pending Nominating Committee selection
- Gubernatorial Appointment pending appointment by Governor

V. Head Start/Early Head Start Representative upcoming vacancies and requirements were clarified by Evelio Torres

VI. Board Composition was reviewed by Evelio Torres:

- Miami Dade Beacon Council Statistics
- ELC Board Statistics
- County Membership (Target: 27 Members)
  - Miami-Dade 19 filled +2 vacant= 21
  - Monroe 3 filled +2 vacant= 5
  - Miami-Dade or Monroe Gubernatorial Appointment=1

VII. Interview Process was reviewed by Kristine Gregory.

VIII. Review of Standardized Interview Questions were given by Chair Marisol Diaz.

IX. Interviews took place in 15 minute intervals with each committee member asking a question. Time was provided for interviewee to speak and ask the committee any questions.

A. Alfred Sanchez 1:00 P.M.
B. Randy Grice 1:15 P.M.
C. Dwight Hill 1:30 P.M.
D. Coronado Sada 1:45 P.M.

The committee discussed at length, each candidate and a vote was taken. Marisol Diaz tallied the vote from the committee members. The vote was unanimous with Alfred Sanchez winning the bid.

X. Public Comments: there were no public comments at this time.

XI. Adjourn: Marisol Diaz adjourned the meeting and thanked everyone for the participation.
Early Learning Coalition of Miami-Dade and Monroe Board of Directors Ethnicity Distribution

As of 3/01/2023
BOARD OF DIRECTORS
MEMBERSHIP QUESTIONNAIRE
EARLY LEARNING COALITION OF MIAMI-DADE/MONROE, INC.

The Early Learning Coalition of Miami-Dade/Monroe, Inc. will use the information provided solely in connection with its review of your application for membership. Please note that Florida’s public records law requires that all information received in connection with state business be made available to anyone upon request, unless there is a specific statutory exemption.
**Section 1 – General Information**

<table>
<thead>
<tr>
<th>Applicant’s Name: (Include name commonly used, please print)</th>
<th>Madelyn R. Llanes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address</td>
<td><a href="mailto:madelyn.rodriguez@chsfla.com">madelyn.rodriguez@chsfla.com</a></td>
</tr>
<tr>
<td>Mobile Telephone Number</td>
<td>(305) 992-7713</td>
</tr>
<tr>
<td>Current Employer:</td>
<td>Centro Mater Child Care Center</td>
</tr>
<tr>
<td>Current Occupation:</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Florida County of Residence</td>
<td>Miami Dade</td>
</tr>
<tr>
<td>Is this the first time you have applied to this Board?</td>
<td>☐ Yes   ☐ No</td>
</tr>
<tr>
<td>*Sex:</td>
<td>☐ Male   ☐ Female</td>
</tr>
</tbody>
</table>
| *Race:                                                       | ☐ White  ☐ Native-American/Alaskan Native  
|                                                             | ☐ Hispanic-American  
|                                                             | ☐ Asian/Pacific Islander  
|                                                             | ☐ African-American |
| Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? | ☐ Yes   ☐ No     |

If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors:

- Lions Club
- NAEYC
- City of Miami Education

* This information will be used to provide demographic statistics on board membership.
Section 2 – Education and Background

The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate.

| Business Address: | 418 SW 4th Ave.  
Miami, FL 33130 |
|-------------------|------------------|
| Residence Address: | 1304 SW 36 Ave.  
Miami, FL 33145 |
| Specify the preferred mailing address: | □ Business  
□ Residence |
| Since what year have you been a continuous resident of Florida? | 1984 |

Education

| High School: | Miami Senior High School | Year Graduated: | 1989 |
|--------------|--------------------------|-----------------|

List all postsecondary educational institutions attended:

<table>
<thead>
<tr>
<th>NAME &amp; LOCATION</th>
<th>DATES ATTENDED</th>
<th>CERTIFICATES/DEGREES RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miami Dade College</td>
<td>89-91</td>
<td>AA Early Childhood</td>
</tr>
<tr>
<td>St. Thomas University</td>
<td>91-93</td>
<td>BS in Human Services</td>
</tr>
<tr>
<td>St. Thomas University</td>
<td>99-2001</td>
<td>MS in Management</td>
</tr>
</tbody>
</table>
Military Service

Are you or have you ever been a member of the armed forces of the United States?

☐ Yes  ☐ No  If “Yes” list:

- Dates of service:__________________________________________________________
- Branch or component:_____________________________________________________
- Date & type of discharge:_________________________________________________

Background

Have you or members of your immediate family (spouse, child, parents(s), siblings(s), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

☐ Yes  ☐ No  If “Yes”, explain:

<table>
<thead>
<tr>
<th>NAME OF BUSINESS</th>
<th>FAMILY MEMBER’S RELATIONSHIP TO YOU</th>
<th>FAMILY MEMBER’S RELATIONSHIP TO BUSINESS</th>
<th>BUSINESS’ RELATIONSHIP TO AGENCY</th>
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</table>
Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.)

☐ Yes  ☐ No  If “Yes”, please provide details:

<table>
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<tr>
<th>DATE</th>
<th>PLACE</th>
<th>NATURE</th>
<th>DISPOSITION</th>
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</tr>
</tbody>
</table>

Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees?

☐ Yes  ☐ No  If “Yes”, give details:

<table>
<thead>
<tr>
<th>DATE</th>
<th>NATURE</th>
<th>DISPOSITION</th>
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</thead>
<tbody>
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</tbody>
</table>
Section 3 – Experience
State your experiences and interests or elements of your personal history that qualify you for this position.
I have been in the field for over 21 years. I’ve witnessed the growth and have been a strong advocate for change and implementation.
As a director I have participated in research projects, advocacy groups locally and nationally as well. Working from the trenches and being involved in many initiatives (college, government, accreditations, staker holders, funding sources) gives me the advantage of seeing this field from all sides. I view my job as privilege, a mission and a great responsibility.

List specially any degree(s), professional certification(s), or designation(s) related to the subject matter of this position:
I have been designated as grant reviewer by The Health Foundation, I completed the FIU center for Leadership Certification.
I received the Community Champion Award 2019 given by Miami 8 Newspaper.
Centro Mater received Program of the year 2019 given by the Children’s Trust.

List any awards or recognitions relating to the subject matter of this position:
United Way of Miami 2010-Early Childhood champion
Head Start/Early Head Start Center & Director of the year -2011
Peacock Foundation-Excellence Award-2011
United Way of Miami-2015-Certificate of Excellence
City of Miami-Certificate of Merit -Influential Women in our community

Identify all association memberships and association offices held by you that relate to this position:
National Latino Childrens Institute-San Antonio Texas Board member 2002-2010
Live Healthy Little Havana-Board Chairperson 2012-2017
American Museum of the Cuban Diaspora- Early Childhood Committee 2018 to present
City of Miami- Mayor’s Education Committee- Board Member 2010-2015
City of Miami- Miami Counts 2020 Census Committee- Board Member 2019 to present

Rev.2022
Have you ever been elected or appointed to any public office in this state?
☑ Yes ☐ No

If “Yes”, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<table>
<thead>
<tr>
<th>OFFICE TITLE</th>
<th>DATE OF ELECTION OR APPOINTMENT</th>
<th>TERM OF OFFICE</th>
<th>LEVEL OF GOVERNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member at large</td>
<td>2017</td>
<td>3 years</td>
<td>City Of Miami</td>
</tr>
<tr>
<td>Live Healthy Little Havana Advisory Board</td>
<td>2014</td>
<td>5</td>
<td>Chair</td>
</tr>
</tbody>
</table>

If your service was on an appointed board(s), committee(s), or council(s):

- How frequently were meetings scheduled: once a month
- If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

<table>
<thead>
<tr>
<th>MEETINGS ATTENDED</th>
<th>MEETINGS MISSED</th>
<th>REASON FOR ABSENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
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</tr>
</tbody>
</table>
Section 4 – Early Care and Education Partner Information

Are you a private child care partner or employee who receives funding from the Coalition in which you are applying for membership?

☐ Yes  ☐ No

If yes, are you:

☐ For Profit  ☐ Not for Profit  ☐ Faith Based  ☐ Other

Please list all services/programs for which you receive funding:

If you are a Voluntary Prekindergarten (VPK) partner or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year?

☐ Yes  ☐ No  ☐ Not Applicable

If yes, provide your latest Kindergarten Readiness Rate:

If you are a VPK or School Readiness partner, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C.?

☐ Yes  ☐ No  ☐ Not Applicable

If you are a School Readiness partner, did you submit accurate and timely monthly attendance rosters for the School Readiness program?

☐ Yes  ☐ No  ☐ Not Applicable
Are you accredited by a recognized agency?
☐ Yes  ☐ No  ☐ Not Applicable

If yes, please list accrediting body:

<table>
<thead>
<tr>
<th>ACCREDITING BODY</th>
<th>DATE OF ACCREDITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAEYC</td>
<td>12/1/2022</td>
</tr>
<tr>
<td>COA</td>
<td>10/31/2021</td>
</tr>
</tbody>
</table>

If you are a VPK partner, have you ever been determined to be a Provider on Probation (POP) by the Florida Department of Education (FDOE)?
☐ Yes  ☐ No  ☐ Not Applicable

A partner is not eligible for board membership if during the last 24 months, the partner:

- Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters 10 or more calendar days after the required submission date;
- Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student’s child’s attendance; or
- Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or
- Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider’s inaccurate reporting of a student’s child’s attendance; or
- Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student’s child’s attendance; or
- Failed to comply with the terms of the Coalition’s School Readiness Provider Agreement.
- Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider’s license status, as recorded in the department’s Child Care Information System, is “Revocation Action Pending,” “Suspension Action Pending/Suspended,” or “Closed.”
- A partner which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider’s accreditation status has expired or been rescinded.
Section 5 – References

List three persons who have known you well within the past five (5) years. Include a current, complete address, email address and telephone number. Exclude your relatives.

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>ZIP CODE</th>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matthew Bruno-Amerant</td>
<td></td>
<td></td>
<td>786-423-4725</td>
<td></td>
</tr>
<tr>
<td>Abilio Rodriguez</td>
<td></td>
<td></td>
<td>305-582-3523</td>
<td></td>
</tr>
<tr>
<td>Dr. Maite Riestra</td>
<td></td>
<td></td>
<td>786-516-5539</td>
<td></td>
</tr>
</tbody>
</table>

Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>OFFICE(S) HELD &amp; TERM</th>
<th>DATE(S) OF MEMBERSHIP</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed?

☐ Yes  ☑ No  If “Yes”, explain:

If required by law or administrative rule, will you file financial disclosure statements?

☑ Yes  ☐ No
CERTIFICATION

I, ____________________________ (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

___________________________
Signature

12/2/22
Date

Applicant must attach a resume or biography.
Appointments Questionnaire

The information from this questionnaire will be used by the Governor’s office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate. Please type or print in black ink.

12/5/2022
Date Completed

Name: Mrs. Ana P. Benedetti

<table>
<thead>
<tr>
<th>MR./MRS./MS./DR.</th>
<th>FIRST</th>
<th>LAST</th>
<th>MIDDLE/MAIDEN</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Section 1- General Information

List all your places of residence for the last ten (10) years.

<table>
<thead>
<tr>
<th>Address</th>
<th>City &amp; State</th>
<th>Dates: From / To</th>
</tr>
</thead>
<tbody>
<tr>
<td>1225 Milan Avenue</td>
<td>Coral Gables, Florida 33134</td>
<td>1986-present</td>
</tr>
</tbody>
</table>

List all your former and current residences outside of Florida that you have maintained at any time during adulthood

<table>
<thead>
<tr>
<th>Address</th>
<th>City &amp; State</th>
<th>Dates: From / To</th>
</tr>
</thead>
<tbody>
<tr>
<td>2950 SW 77 Court</td>
<td>Miami, Florida 33155</td>
<td>1981-1986</td>
</tr>
</tbody>
</table>

Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) Yes [ ] No [ ✔ ]

If “Yes” give details:

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Nature</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
Section 2- Education and Background

High School: Our Lady of Lourdes Academy
(Name) (Location) Year Graduated: 1981

List all postsecondary education institutions attended:

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates</th>
<th>Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miami Dade College</td>
<td>1985 AS</td>
<td></td>
</tr>
<tr>
<td>Nova Southeastern University</td>
<td>2018 BS Early Child Development</td>
<td></td>
</tr>
<tr>
<td>Barry University</td>
<td>2019 MS Educational Leadership</td>
<td></td>
</tr>
</tbody>
</table>

Are you or have you ever been a member of the armed forces of the United States?  Yes ☐ No ☑

If “Yes” List:

<table>
<thead>
<tr>
<th>Dates of service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch or component:</td>
</tr>
<tr>
<td>Date &amp; type of discharge:</td>
</tr>
</tbody>
</table>

Concerning your current employer and for all of your employment during the last ten years, list your employer’s name, business address, type of business, occupation or job title, and period(s) of employment.

<table>
<thead>
<tr>
<th>Employer’s Name &amp; Location</th>
<th>Type of Business</th>
<th>Occupation Title</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Havana Activities &amp; Nutrition Center of Dade County Inc. (LHANC)</td>
<td>Social Services for the elderly and young children</td>
<td>Program Director Rainbow Intergenerational Learning Center</td>
<td>2012-present</td>
</tr>
</tbody>
</table>

Have you ever been employed by any state, district, or local governmental agency in Florida?  Yes ☐ No ☑

If “Yes”, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<table>
<thead>
<tr>
<th>Position</th>
<th>Employing Agency</th>
<th>Period of Employment</th>
</tr>
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<tbody>
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</table>
Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?  Yes [ ]  No [✓]  
*If “Yes”, please list:*

Have you ever been elected or appointed to any public office in this state?  Yes [ ]  No [✓]  
*If “Yes”, state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):*

<table>
<thead>
<tr>
<th>Office Title</th>
<th>Dates in Office</th>
<th>Level of Government</th>
<th>Election or Appointment</th>
</tr>
</thead>
</table>

*If your service was on an appointed board(s), committee(s), or council(s):*

1. How frequently were meetings scheduled: [NONE]

2. If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

<table>
<thead>
<tr>
<th>Meetings Attended</th>
<th>Meetings Missed</th>
<th>Reason for Absence</th>
</tr>
</thead>
</table>

*Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.?  Yes [ ]  No [✓]  
*If “Yes” give details:*

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of Violation</th>
<th>Disposition</th>
</tr>
</thead>
</table>

Have you ever been suspended from any office by the Governor of the State of Florida?  Yes [ ]  No [✓]  
*If “Yes”, list:*

Title of Office: ___________________________  Reason for suspension: ___________________________

Date of suspension: _______________________  Result: Reinstated [ ]  Removed [ ]  Resigned [ ]
Have you previously been appointed to any office that required confirmation by the Florida Senate?  
Yes ☐  No ☑

*If “Yes”, list:*

(1) Title of Office: ________________________________

(2) Term of Appointment: __________________________

(3) Confirmation Result: ____________________________

Have you ever been refused a fidelity, surety, performance, or other bond?  Yes ☐ No ☑

*If “Yes”, explain:*

<table>
<thead>
<tr>
<th>License/Certificate</th>
<th>Title/Number</th>
<th>Date Issued</th>
<th>Issuing Authority</th>
<th>Disciplinary Action/Date</th>
</tr>
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</table>

**Section 3- Possible Conflicts of Interest**

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?  Yes ☐ No ☑

*If “Yes”, explain:*

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>Your Relationship to Business</th>
<th>Business Relationship to Agency</th>
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</table>

Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?  Yes ☐ No ☑

*If “Yes”, explain:*

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>Relationship to You</th>
<th>Relationship to Business</th>
<th>Business Relationship to Agency</th>
</tr>
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<tbody>
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</table>
Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ☐ No √

(1) Did you receive any compensation other than reimbursement for expenses? Yes ☐ No √

(2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied Principal Represented

Are there any possible conflicts of interest that could affect your ability to serve as a gubernatorial appointee?

No

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida’s public records and open meeting laws. √

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. √

Section 4- References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

Twenty three years experience in ensuring compliance with federal, state, and local laws in early learning. Developed policies and procedures for the early learning programs. Developed and implemented program improvements to improve student performance. Early Childhood Education Community Participant of Encore Gen2Gen. Provider Advisory Board Committee for ELC/Early Head Start, Early Head Start Expansion Partnership Conference Panelist representing partners with the ELC.

Please list specifically any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment:

BA Early Child Development, MS Educational Leadership, Certifications: Early Childhood Education Administrator, Early Childhood Education Preschool, BPIECE and Director Trauma Certified

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

LHANC/Rainbow Project as well as myself were recognized in a NY Times &Wall Street Journal articles. Book: How To Live Forever by Marc Freedman, recognized "LHANC" and our program for the impact we have had in the
Please identify all association memberships and offices (including any business, professional, occupational, civic, or fraternal organizations) you have held or hold relating in the last 10 years:

<table>
<thead>
<tr>
<th>Name of the Association</th>
<th>Role</th>
<th>Dates of Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAPPA DELTA PI-INTERNATIONAL HONORS SOCIETY IN EDUCATION MEMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DELTA EPSILON IOTA-ACADEMIC HONOR SOCIETY MEMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAEYC MEMBER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☑ No ☐

If “Yes”, explain:
If for some unforeseen circumstance I would be needed in the office.

List three persons who have known you well within the past five (5) years. Include a current telephone number. Exclude your relatives and members of the Florida Senate.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmen Sabater</td>
<td>Quirch Foods, CFO, &amp; Secretary for United Way</td>
<td>305-691-3535</td>
</tr>
<tr>
<td>Linda Albe</td>
<td>Florida Care Management Services Agency, Inc. President</td>
<td>786-637-7133</td>
</tr>
<tr>
<td>Ana Alvarez-Arimon</td>
<td>MDCPS, Sunset Elementary, Principal</td>
<td>305-467-7212</td>
</tr>
</tbody>
</table>

In the following space, please explain why you want to serve as a gubernatorial appointee and share anything else that you think may be helpful:
I am a passionate advocate for the children in our community. I believe every child no matter what their socioeconomic circumstance and culturally/ethnic background should have a chance to thrive and learn. Assisting the families achieve this goal is pivotal to their success. I believe that early intervention is an important component to this success. Partnering with the community is key in achieving this goal. Supporting and advocating for all the providers to deliver high quality care and education in a holistic approach will benefit everyone. The future of our society is contingent on ensuring children have a strong early head start.
Section 5- Certification and Signature

☑️ I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief.

☑️ By checking this box and typing my name below I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/ Ana P. Benedetti MSEL
First Name Middle Initial Last Name Suffix

Please save this document to upload with your board application.

If you have any questions, please call (850) 717-9243 or email Appointments@eog.myflorida.com
The information from this form will be used by the Governor’s office and, where applicable, The Florida Senate in considering action on your confirmation. The form MUST BE COMPLETED IN FULL. Answer “none” where appropriate. Please print in black ink.

Board of Interest: Early Learning Coalition Miami Dade and Manroe County
Seat of Interest: Early Head Start Director Board Member

Full Name: Benedetti Ana P.

Have you ever been known by any other legal name? If “yes” please explain: Maiden Name

Home Address: 1225 Milan Avenue, Coral Gables, Florida 33134

Business Address: 700 SW 8th Street, Miami, Florida 33130

Mail to: Home Business Other Address: (Street/P.O. Box)

E-mail Address: annie.benedetti@lhanc.org

Sex: Male Female

Race: Asian Black or African American Native American or Alaska Native White

Cell Phone: 305-753-1627 Home Phone: NONE Other:

Business Phone: 786-470-3006 Extension:

Florida Driver’s License (or other State of Florida Issued ID): B533-015-63-802-0

Place of Birth: Miami, Fla Date of Birth: 08 22 1963 Social Security Number: 261-99-7193

Are you a United States citizen? Yes No If you are a naturalized citizen, date of naturalization: 
Since what year have you been a continuous resident of Florida? Always Are you a registered Florida voter? Yes No

County: Miami Dade Current party Affiliation: Republican

As a general matter, applications for appointment are public records, which may be requested by anyone; however, Florida law does provide some exemptions from the public records law for identifying information of certain covered individuals including their spouses and children.*** If you believe that an exemption from the public records law applies to your submission, please check the box below. By checking the box you are submitting a written request for the EOG to maintain the exemption of your identifying information as provided by law (see section 119.071(4)3., Florida Statutes).

☐ Yes, I assert that my identifying information provided in this application is exempt from Florida’s public records law.

If you need additional guidance as to the applicability of any public records law exemption to your situation, please contact the Office of the Attorney General:

The Office of the Attorney General
PL-01, The Capitol
Tallahassee, Florida 32399
(850) 245-0158

**This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

***Covered individuals include but are not limited to: current or former law enforcement officers, correctional and correctional probation officers, firefighters, service members serving after September 11, 2001, judges, assistant state attorneys, assistant and statewide prosecutors, assistant public defenders, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families (see section 119.071, Florida Statutes).
The Early Learning Coalition of Miami-Dade/Monroe, Inc. will use the information provided solely in connection with its review of your application for membership. Please note that Florida’s public records law requires that all information received in connection with state business be made available to anyone upon request, unless there is a specific statutory exemption.
### Section 1 – General Information

<table>
<thead>
<tr>
<th><strong>Applicant’s Name:</strong>  (Include name commonly used, please print)</th>
<th>Maria Teresa (Maite) Riestra-Quintero</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Email Address</strong></td>
<td><a href="mailto:maria.riestra@miamidade.gov">maria.riestra@miamidade.gov</a></td>
</tr>
<tr>
<td><strong>Mobile Telephone Number</strong></td>
<td>786-516-5539</td>
</tr>
<tr>
<td><strong>Current Employer:</strong></td>
<td>Miami-Dade County</td>
</tr>
<tr>
<td><strong>Current Occupation:</strong></td>
<td>Assistant Director, Community Action and Human Services Department</td>
</tr>
<tr>
<td><strong>Florida County of Residence</strong></td>
<td>Miami-Dade</td>
</tr>
</tbody>
</table>

| **Is this the first time you have applied to this Board?** | Yes □ No □  |
|**Sex:** | □ Male □ Female |
| **Race:** | □ White □ Native-American/Alaskan Native □ Hispanic-American □ Asian/Pacific Islander □ African-American |

Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender?

□ Yes □ No

If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors.

* This information will be used to provide demographic statistics on board membership.
Section 2 – Education and Background

The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate.

<table>
<thead>
<tr>
<th>Business Address:</th>
<th>Overtown Transit Village North 701 NW 1 Court – 9th Floor Miami, Florida 33136</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Address:</td>
<td>13021 SW 80 Street Miami, Florida 33183</td>
</tr>
<tr>
<td>Specify the preferred mailing address:</td>
<td>□ Business   □ Residence</td>
</tr>
<tr>
<td>Since what year have you been a continuous resident of Florida?</td>
<td>1983</td>
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</tbody>
</table>

Education

<table>
<thead>
<tr>
<th>High School:</th>
<th>Miami Sunset Sr. High School</th>
<th>Year Graduated:</th>
<th>1988</th>
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</thead>
</table>

List all postsecondary educational institutions attended:

<table>
<thead>
<tr>
<th>NAME &amp; LOCATION</th>
<th>DATES ATTENDED</th>
<th>CERTIFICATES/DEGREES RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Miami-Dade College</td>
<td>1988-1990</td>
<td>Associate in Arts</td>
</tr>
<tr>
<td>2. Florida International University</td>
<td>1990-1992</td>
<td>Bachelor's Degree Elementary Education</td>
</tr>
</tbody>
</table>
Military Service

Are you or have you ever been a member of the armed forces of the United States?

- Yes □ No ☒ If “Yes” list:
  - Dates of service: ______________________________________________________
  - Branch or component: ________________________________________________
  - Date & type of discharge: _____________________________________________

Background

Have you or members of your immediate family (spouse, child, parents(s), siblings(s), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

- Yes □ No ☒ If “Yes”, explain:

<table>
<thead>
<tr>
<th>NAME OF BUSINESS</th>
<th>FAMILY MEMBER’S RELATIONSHIP TO YOU</th>
<th>FAMILY MEMBER’S RELATIONSHIP TO BUSINESS</th>
<th>BUSINESS’ RELATIONSHIP TO AGENCY</th>
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</table>
Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.)

☐ Yes  ☐ No  If “Yes”, please provide details:

<table>
<thead>
<tr>
<th>DATE</th>
<th>PLACE</th>
<th>NATURE</th>
<th>DISPOSITION</th>
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Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees?

☐ Yes  ☐ No  If “Yes”, give details:

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<th>DATE</th>
<th>NATURE</th>
<th>DISPOSITION</th>
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</table>
Section 3 – Experience
State your experiences and interests or elements of your personal history that qualify you for this position.

Currently, I am one of the three Assistant Directors at Miami-Dade County’s Community Action and Human Services Department (CAHSD) where I lead all administrative and programmatic activities for the largest Head Start/Early Head Start (HS/EHS) grantee/recipient in the southeastern United States (Region IV) and fourth largest HS/EHS program in the nation, serving over 7,500 children/families. Prior to becoming an Assistant Director at CAHSD, I dedicated 27 years to the ECE field at MDCPS as the Delegate HS/EHS executive director, District Supervisor, Curriculum Support Specialist, Mathematics and Science Lead Teacher, Montessori Early Childhood Teacher and Title I paraprofessional.

List specially any degree(s), professional certification(s), or designations(s) related to the subject matter of this position:

I hold a Bachelor’s degree in Elementary Education from Florida International University, a Master's Degree in Montessori Teacher Education from Barry University, and a Doctoral Degree in Educational Leadership and Administration from Nova Southeastern University. Certificates include: Early Education Leadership from Harvard University, Chapmanville Leadership Development from Florida International University - College of Business, Florida Department of Education Teacher Certification in: Educational Leadership - Elementary Education (Grades 1-6) - English to Speakers of Other Languages (ESOL Endorsement), and Prekindergarten/Primary Education (Age 3-Grade 3). Lean Sigma Green Belt

List any awards or recognitions relating to the subject matter of this position:
2017 Proclamation – The School Board of Miami-Dade County Florida
2008 Spotsuccess Perpetual Award Recipient
2005 Great Educator and Mentor (GEM)
2000 Region IV Teacher of the Year Finalist
2000 Shenandoah Elementary Teacher of the Year
Featured on the “Successful Alumni” Campaign for Miami-Dade Community College
2000 National Board-Certified Teacher
1999 Nominated Teacher of the Year

Identify all association memberships and association offices held by you that relate to this position:

Offices Held:
President – Florida Head Start Association
Board Member – Region IV Head Start Association
Board Member - United Way Center for Excellence
Board Member – Miami-Dade College Early Childhood Education Advisory Committee

Professional Memberships:
National Head Start Association
National Association for the Education of Young Children (NAEYC)
Florida Association for the Education of Young Children (FLAEYC)
Have you ever been elected or appointed to any public office in this state? □ Yes  □ No

If “Yes”, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<table>
<thead>
<tr>
<th>OFFICE TITLE</th>
<th>DATE OF ELECTION OR APPOINTMENT</th>
<th>TERM OF OFFICE</th>
<th>LEVEL OF GOVERNMENT</th>
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If your service was on an appointed board(s), committee(s), or council(s):

- How frequently were meetings scheduled: ________________________________
- If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

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<thead>
<tr>
<th>MEETINGS ATTENDED</th>
<th>MEETINGS MISSED</th>
<th>REASON FOR ABSENCE</th>
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</tbody>
</table>
Section 4 – Early Care and Education Partner Information

Are you a private child care partner or employee who receives funding from the Coalition in which you are applying for membership?

☐ Yes  ☒ No

If yes, are you:

☐ For Profit  ☐ Not for Profit  ☐ Faith Based  ☐ Other

Please list all services/programs for which you receive funding:

Not applicable

If you are a Voluntary Prekindergarten (VPK) partner or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year?

☐ Yes  ☐ No  ☒ Not Applicable

If yes, provide your latest Kindergarten Readiness Rate:

If you are a VPK or School Readiness partner, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C?

☐ Yes  ☐ No  ☒ Not Applicable

If you are a School Readiness partner, did you submit accurate and timely monthly attendance rosters for the School Readiness program?

☐ Yes  ☐ No  ☒ Not Applicable
Are you accredited by a recognized agency?
☐ Yes ☐ No ☐ Not Applicable

If yes, please list accrediting body:

<table>
<thead>
<tr>
<th>ACCREDITING BODY</th>
<th>DATE OF ACCREDITATION</th>
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If you are a VPK partner, have you ever been determined to be a Provider on Probation (POP) by the Florida Department of Education (FDOE)?
☐ Yes ☐ No ☐ Not Applicable

A partner is not eligible for board membership if during the last 24 months, the partner:

- Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters 10 or more calendar days after the required submission date;
- Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student’s child’s attendance; or
- Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or
- Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider’s inaccurate reporting of a student’s child’s attendance; or
- Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student’s child’s attendance; or
- Failed to comply with the terms of the Coalition’s School Readiness Provider Agreement.
- Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider’s license status, as recorded in the department’s Child Care Information System, is “Revocation Action Pending,” “Suspension Action Pending/Suspended,” or “Closed.”
- A partner which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider’s accreditation status has expired or been rescinded.
### Section 5 – References

List three persons who have known you well within the past five (5) years. Include a current, complete address, email address and telephone number. Exclude your relatives.

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>ZIP CODE</th>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ivon Mesa</td>
<td>701 NW 1st Court - 10th Floor</td>
<td>33136</td>
<td>786-469-4871</td>
<td><a href="mailto:mesai@miamidade.gov">mesai@miamidade.gov</a></td>
</tr>
<tr>
<td>Sabrina Tassy-Lewis</td>
<td>701 NW 1st Court - 9th Floor</td>
<td>33136</td>
<td>305-213-4927</td>
<td><a href="mailto:sabrina.tassylewis@miamidade.gov">sabrina.tassylewis@miamidade.gov</a></td>
</tr>
<tr>
<td>Marisel Elias-Miranda</td>
<td>13921 SW 25 Street</td>
<td>33175</td>
<td>305-554-7287</td>
<td><a href="mailto:melias@childreadiness.org">melias@childreadiness.org</a></td>
</tr>
</tbody>
</table>

Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>OFFICE(S) HELD &amp; TERM</th>
<th>DATE(S) OF MEMBERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Head Start Association</td>
<td>111 N. Gadsden Street Tallahassee, FL 32301</td>
<td>President - 2022</td>
<td>2017-2022</td>
</tr>
</tbody>
</table>

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed?

☐ Yes  ☐ No  If “Yes”, explain:

Not applicable

If required by law or administrative rule, will you file financial disclosure statements?

☐ Yes  ☐ No
CERTIFICATION

Maria T. Riestra-Quintero (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

___________________________________________ Signature

11.15.2022 Date

Applicant must attach a resume or biography.
Education

Harvard University, Cambridge, Massachusetts
Graduate School of Education
Certificate in Early Childhood Education Leadership
2020

Florida International University, Miami, Florida
School of Business
Chapmanville Leadership Development Program
2019

Nova Southeastern University, Fort Lauderdale, Florida
Doctor of Education-Educational Leadership
2008

Barry University, Miami Shores, Florida
Master of Science in Montessori Education
1994

Florida International University, Miami, Florida
Bachelor of Science in Elementary Education
1992

Miami-Dade Community College, Miami, Florida
Associate in Arts Degree
1990

Professional Experience

Miami-Dade County, Miami, Florida
2017 to present
Assistant Director
Community Action and Human Services Department
Early Childhood Programs, Head Start/Early Head Start Division and Psychological Services
- Plan and direct all administrative and programmatic activities for the Head Start/Early Head Start program along with the Early Head Start Expansion and Child Care Partnership Program.
- Ensure compliance with the Head Start Program Performance Standards, federal, state, and local regulations.
- Evaluate progress toward established program goals and objectives.
- Establish and maintain collaborations and partnerships with local, state, and federal agencies, non-profits, the business community, and other organizations engaged in early childhood intervention services, particularly those targeting underserved and disadvantaged communities.
- Oversee the American Psychological Association (APA) accredited internship program under the Psychological Services Division.
- Ensure interns provide services inclusive of individual therapy sessions for children/adults, Group/family therapy sessions, assessments, intakes, evaluations, and parent/staff trainings across the Community Action and Human Services Department - Head Start/Early Head Start Division, Rehabilitative Services Division, Older Adults and Disabilities Services Division, and Violence Prevention and Intervention Services Division -.
Nova Southeastern University, Fort Lauderdale, Florida  
2008 to 2017  
**Adjunct Professor**  
International Teacher Education Program – Main Campus  
- Instruct master level foundation courses within the International Teacher Education Program (ITEP).  
- Course: CUR 526 – Educational Research for Practitioners  
  - Introduce students to the concepts and skills needed by educational practitioners in accessing, critically reviewing, and designing research.  
- Course: EDU 503 – Classroom Management and Organization  
  - Assist students in integrating teaching methods, principles of curriculum development and evaluation, and methods for dealing with student behavior in a cohesive, well-managed educational program.  
- Course: EDU 508 – Instructional and Assessment Strategies  
  - Teach comprehensive and practical applications of effective teaching and assessment strategies in the classroom.

Nova Southeastern University, Fort Lauderdale, Florida  
2008 to 2017  
**Adjunct Professor**  
Latin American Institute for Educational Leadership (ILALE)  
- Instruct master level foundation courses within the International Teacher Education Program (ITEP).  
- Course: EDU 501 – School and Society  
  - Introduce students to current issues and practices in today’s schools within the context of the historical and philosophical trends that have shaped American education.

Miami-Dade County Public Schools, Miami, Florida  
2012 to 2017  
**Executive Director**  
Department of Early Childhood Programs  
Head Start/Early Head Start Programs  
- Assured the quality of the Head Start program through planned and systematic supervision of all service areas and program components.  
- Assured implementation of Head Start Program Performance Standards, local, state and federal regulations.  
- Provided guidance and leadership to achieve high standards of quality, internally and through public and private sector partnerships.  
- Reviewed and analyzed monthly financial and statistical reports.  
- Supervised and monitored agreements for the purchasing of goods and services.  
- Supervise staff in the performance of job duties.

Miami-Dade County Public Schools, Miami, Florida  
2011 to 2012  
**District Supervisor**  
Department of Early Childhood Programs  
Investing in Innovation (i3) Project Supervisor  
- Assisted administrative director with the day-to-day operations of the project.  
- Provided leadership in the implementation of the project.  
- Assisted with professional development efforts.  
- Served as a liaison with the teachers and schools.  
- Supported the evaluation of the project.  
- Completed quarterly and annual Federal reports.

Miami-Dade County Public Schools, Miami, Florida
2009 to 2011

**Curriculum Support Specialist**
Department of Early Childhood Programs and M-DCPS – Primary Learning Center
- Assisted the administrative director in the planning, organizing, and supervising of administrative functions at Miami-Dade County Public Schools - Primary Learning Center.
- Monitored the implementation of the objectives set forth in the School Improvement Plan.
- Coordinated and managed Student Support Team/Problem Solving Team.
- Ensured fidelity of interventions and progress monitoring of student activities.
- Organized, monitored and supervised testing programs at the school level in accordance with the procedures outlined for each program.
- Trained test administrators and proctors.
- Developed the school master schedule.
- Managed the school-wide Electronic Grade Book.
- Monitored the distribution of Interim Reports and Report Cards.

Miami-Dade County Public Schools, Miami, Florida
2006 to 2009

**Mathematics and Science Lead Teacher**
E.W.F. Stirrup Elementary School
- Assisted principal with the operation of the school.
- Coordinated the implementation of the district’s Comprehensive Mathematics Plan, Sunshine State Standards, District Pacing Guides, and the Competency-Based Curriculum.
- Assisted in the implementation of the School Improvement Plan.
- Provided and coordinated in-service trainings in the areas of Mathematics and Science
- Demonstrated mathematics and science lessons.
- Coordinated District Mandated Assessments
- Collected and disaggregated student data
- Trained teachers in the use and implementation of the Electronic Grade Book

Miami-Dade County Public Schools, Miami, Florida
2005 to 2006

**Fourth Grade Teacher**
E.W.F. Stirrup Elementary School
- Taught students scoring in the lowest 25 percentile in the area reading in an inclusion setting.
- Assessed and monitored student progress in all academic areas.
- Implemented student accommodations as set forth in each student’s Individual Education Plan
- Participated in Student Support Teams

Miami-Dade County Public Schools, Miami, Florida
2003 to 2005

**Curriculum Support Specialist**
Division of Early Childhood Programs
- Conducted professional development for Pre-kindergarten teachers in the area of assessment and instruction.
- Provided technical assistance to Pre-kindergarten teachers in Region II.
- Provided on-site support and information related to the curriculum and instruction of pre-kindergarten students.

National Board for Professional Teaching Standards
2001 to 2003

**Candidate Assessor**
Mathematics Entry
Miami-Dade County Public Schools, Miami, Florida
1999 to 2003
**Fifth Grade Teacher**
Shenandoah Elementary School

Miami-Dade County Public Schools, Miami, Florida
1993 to 1999
**Montessori Early Childhood Teacher**
Shenandoah Elementary School

Miami-Dade County Public Schools, Miami, Florida
1991 to 1992
**Title I Paraprofessional**
Shenandoah Elementary School

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**Professional Activities**

- President – Florida Head Start Association
- Board Member – Region IV Head Start Association
- Board Member - United Way Center for Excellence
- Board Member – Miami-Dade College Early Childhood Education Advisory Committee
- Board Member - University of Florida Lastinger Advisory Board (2018-2020)
- Board Member - University of Miami Early Childhood and Special Education Graduate Program (2017-2020)
- Member of the Transition to Kindergarten Workgroup – Office of Early Learning, Florida Department of Education (2017-2018)
- Pre-K Curriculum Reviewer – Office of Early Learning, Florida Department of Education (2017)

**Awards and Recognitions**

- 2017 Proclamation – The School Board of Miami-Dade County Florida
- 2008 Spotsuccess Perpetual Award Recipient
- 2005 Great Educator and Mentor (GEM)
- 2000 Region IV Teacher of the Year Finalist
- 2000 Shenandoah Elementary Teacher of the Year
- Featured on the “Successful Alumni” Campaign for Miami-Dade Community College
- 2000 National Board-Certified Teacher
- 1999 Nominated Teacher of the Year

**Professional Certificates**

- Educational Leadership
- Elementary Education (Grades 1-6)
- English to Speakers of Other Languages (ESOL Endorsement)
- Prekindergarten/Primary Education (Age 3-Grade 3)
- Lean Sig Sigma Green Belt
The Early Learning Coalition of Miami-Dade/Monroe, Inc. will use the information provided solely in connection with its review of your application for membership. Please note that Florida's public records law requires that all information received in connection with state business be made available to anyone upon request, unless there is a specific statutory exemption.
**Section 1 – General Information**

<table>
<thead>
<tr>
<th><strong>Applicant’s Name:</strong></th>
<th>Maurice Woods</th>
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</thead>
<tbody>
<tr>
<td>(Include name commonly used, please print)</td>
<td></td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
<td><a href="mailto:mwoods@sfl.easterseals.com">mwoods@sfl.easterseals.com</a></td>
</tr>
<tr>
<td><strong>Mobile Telephone Number</strong></td>
<td>954-801-7987</td>
</tr>
<tr>
<td><strong>Current Employer:</strong></td>
<td>Easterseals South Florida</td>
</tr>
<tr>
<td><strong>Current Occupation:</strong></td>
<td>President &amp; CEO</td>
</tr>
<tr>
<td><strong>Florida County of Residence</strong></td>
<td>Broward County</td>
</tr>
<tr>
<td><strong>Is this the first time you have applied to this Board?</strong></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td><em><strong>Sex:</strong></em></td>
<td>Male □ Female □</td>
</tr>
<tr>
<td><em><strong>Race:</strong></em></td>
<td>White □ Native-American/Alaskan Native □ Hispanic-American □ Asian/Pacific Islander □ African-American □</td>
</tr>
</tbody>
</table>

Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender?

□ Yes □ No

If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed to the Board of Directors

* This information will be used to provide demographic statistics on board membership.
Section 2 – Education and Background

The questionnaire MUST BE COMPLETED IN FULL. Answer “none” or “not applicable” where appropriate.

| Business Address:          | 1475 NW 14th Ave  
                             | Miami, FL 33125       |
|----------------------------|---------------------|
| Residence Address:         | 2553 Jardin Mnr     
                             | Weston, FL 33327      |
| Specify the preferred mailing address: | ☐Business ☐Residence |
| Since what year have you been a continuous resident of Florida? | 2012 |

Education

| High School: | Theodore Rossevelt High School | Year Graduated: | 1982 |

List all postsecondary educational institutions attended:

<table>
<thead>
<tr>
<th>NAME &amp; LOCATION</th>
<th>DATES ATTENDED</th>
<th>CERTIFICATES/DEGREES RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kellogg Graduate School of Management-Northwestern University</td>
<td>2012</td>
<td>Executive Scholar-Nonprofit Management</td>
</tr>
<tr>
<td>Kellogg Graduate School of Management-Northwestern University</td>
<td>1999</td>
<td>MBA</td>
</tr>
<tr>
<td>California State University-Sacramento</td>
<td>1991</td>
<td>BS</td>
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</table>
Military Service

Are you or have you ever been a member of the armed forces of the United States?

☐ Yes  ☐ No  If “Yes” list:

- Dates of service: __________________________
- Branch or component: ______________________
- Date & type of discharge: ____________________

Background

Have you or members of your immediate family (spouse, child, parents(s), siblings(s), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

☐ Yes  ☐ No  If “Yes”, explain:

<table>
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<tr>
<th>NAME OF BUSINESS</th>
<th>FAMILY MEMBER’S RELATIONSHIP TO YOU</th>
<th>FAMILY MEMBER’S RELATIONSHIP TO BUSINESS</th>
<th>BUSINESS’ RELATIONSHIP TO AGENCY</th>
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</table>
Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.)

☐ Yes  ☒ No  If “Yes”, please provide details:

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<th>DATE</th>
<th>PLACE</th>
<th>NATURE</th>
<th>DISPOSITION</th>
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Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees?

☐ Yes  ☒ No  If “Yes”, give details:

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<th>DATE</th>
<th>NATURE</th>
<th>DISPOSITION</th>
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</table>
Section 3 – Experience

State your experiences and interests or elements of your personal history that qualify you for this position.

My earliest experiences revolve around growing up in low-income project housing in Central California, in a single-parent family with five siblings. As a latchkey kid (for millennials, that's a child who is often left at home with no supervision). With idle time and no parent around, I often found myself spending late evenings on street corners with the older guys in the neighborhood. Despite being recognized for my abilities and being transferred to a "gifted" elementary school, money and material things became more important to me than education. As I look back over my life, all of the dots (both positive and negative) connect through education. My personal and professional experiences around the role of education in my life have shaped me into someone eager to contribute his energy, skills, and efforts to promote... 

List specially any degree(s), professional certification(s), or designation(s) related to the subject matter of this position:

Northwestern University - Kellogg School of Management

- Executive Scholar; Non-profit Management

- Masters of Business Administration (MBA).

List any awards or recognitions relating to the subject matter of this position:
Easterseals Affiliate Award for Collaboration. Issued by Easterseals National Office · Nov 2022.

Top 100 Visionaries in Education. Issued by Global Forum for Education & Learning (GFEL USA) · Jul 2020

Excellence in Leadership Award. Issued by National Alliance of Black School Educators · Mar 2019

Identify all association memberships and association offices held by you that relate to this position:
Currently a member of Board of Directors:
- Holy Cross Hospital, a private Catholic, non-profit community hospital, was founded in 1955 to serve the sick and injured without regard to race, religion, or nationality.
- Trustbridge the largest non-profit hospice in South Florida

Greater Miami Chamber of Commerce committees:
- Nonprofit Business
- Education and Workforce Development
Have you ever been elected or appointed to any public office in this state?
☐ Yes ☐ No

If “Yes”, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<table>
<thead>
<tr>
<th>OFFICE TITLE</th>
<th>DATE OF ELECTION OR APPOINTMENT</th>
<th>TERM OF OFFICE</th>
<th>LEVEL OF GOVERNMENT</th>
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</table>

If your service was on an appointed board(s), committee(s), or council(s):

- How frequently were meetings scheduled: ____________________________

- If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

<table>
<thead>
<tr>
<th>MEETINGS ATTENDED</th>
<th>MEETINGS MISSED</th>
<th>REASON FOR ABSENCE</th>
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</table>
Section 4 – Early Care and Education Partner Information

Are you a private child care partner or employee who receives funding from the Coalition in which you are applying for membership?

☐ Yes  ☐ No

If yes, are you:

☐ For Profit  ☑ Not for Profit  ☐ Faith Based  ☐ Other

Please list all services/programs for which you receive funding:
Easterseals South Florida currently receives funding for the following programs:

- School Readiness
- Voluntary Pre-K

If you are a Voluntary Prekindergarten (VPK) partner or employee and you or your center receive funding for VPK: Did the most recent kindergarten rate for each program type (school year and/or summer) exceed the minimum kindergarten readiness rate established pursuant to s. 1002.69, F.S., for that program year?

☐ Yes  ☐ No  ☐ Not Applicable

If yes, provide your latest Kindergarten Readiness Rate:

If you are a VPK or School Readiness partner, did you submit accurate and timely monthly attendance roster for the VPK program in accordance with subsection 60BB-8.305(3), F.A.C?

☑ Yes  ☐ No  ☐ Not Applicable

If you are a School Readiness partner, did you submit accurate and timely monthly attendance rosters for the School Readiness program?

☐ Yes  ☐ No  ☐ Not Applicable
Are you accredited by a recognized agency?
☑ Yes ☐ No ☐ Not Applicable

If yes, please list accrediting body:

<table>
<thead>
<tr>
<th>ACCREDITING BODY</th>
<th>DATE OF ACCREDITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The National Association for the Education of Young Children - NAEYC</td>
<td>8/23/2022</td>
</tr>
</tbody>
</table>

If you are a VPK partner, have you ever been determined to be a Provider on Probation (POP) by the Florida Department of Education (FDOE)?
☑ Yes ☐ No ☐ Not Applicable

A partner is not eligible for board membership if during the last 24 months, the partner:

- Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters 10 or more calendar days after the required submission date;
- Submitted two or more consecutive, or a combined total of four or more, monthly attendance rosters containing inaccurate reporting of a student’s child’s attendance; or
- Failed to repay an overpayment by the required repayment date after the Coalition discovered the overpayment and requested repayment; or
- Submitted a monthly attendance roster resulting in an overpayment that exceeded 20 percent of the payment for a calendar month due to the provider’s inaccurate reporting of a student’s child’s attendance; or
- Submitted a monthly attendance roster containing fraudulent reporting or other intentional misreporting of a student’s child’s attendance; or
- Failed to comply with the terms of the Coalition’s School Readiness Provider Agreement.
- Licensed by the Department of Children and Family Services or a local licensing agency is not eligible to if the provider’s license status, as recorded in the department’s Child Care Information System, is “Revocation Action Pending,” “Suspension Action Pending/Suspended,” or “Closed.”
- A partner which is not licensed by the Department of Children and Family Services or a local licensing agency but which is accredited as described in s.1002.55(3)b., F.S., is not eligible if the provider’s accreditation status has expired or been rescinded.
Section 5 – References

List three persons who have known you well within the past five (5) years. Include a current, complete address, email address and telephone number. Exclude your relatives.

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
<th>Zip Code</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antoine Hickman</td>
<td>901 E. Kennedy Blvd. Tampa, FL</td>
<td>33602</td>
<td>757-729-0145</td>
<td><a href="mailto:antoine.hickman@hcsps.net">antoine.hickman@hcsps.net</a></td>
</tr>
<tr>
<td>Loreen Chant</td>
<td>2 S. Biscayne Blvd. Ste 1710, Miami, FL</td>
<td>33131</td>
<td>305-216-2755</td>
<td><a href="mailto:lchant@hfsf.org">lchant@hfsf.org</a></td>
</tr>
<tr>
<td>Rick Beasley</td>
<td>1550 NW 3rd Ave. Miami, FL</td>
<td>33136</td>
<td>305-594-7615</td>
<td><a href="mailto:rick.beasley@careersourcefl.com">rick.beasley@careersourcefl.com</a></td>
</tr>
</tbody>
</table>

Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
<th>Office(s) Held &amp; Term</th>
<th>Date(s) of Membership</th>
</tr>
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<tbody>
<tr>
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</table>

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed?

☐ Yes  ☐ No  If “Yes”, explain:
Easterseals South Florida currently receives funding for the following programs:

- School Readiness
- Voluntary Pre-K

If required by law or administrative rule, will you file financial disclosure statements?

☐ Yes  ☐ No
CERTIFICATION

Maurice Woods (print name), have carefully and personally prepared or read the answers to the foregoing questions. The information contained in said answers is complete and true.

[Signature]

[Date]

Applicant must attach a resume or biography.
MAURICE L. WOODS, MBA, PMP
E-mail: mwoods0707@gmail.com. Mobile: 773-841-4018
LinkedIn: https://www.linkedin.com/in/mauricelwoods/

PROFILE
Versatile and Innovative Senior Leader with proven success in leveraging transferable and adaptable skills across multiple sectors. Optimizes a broad background of leadership and business acumen, with a passion for equity and cross-sector impact. Resilient in times of transition and political complexity. Highly skilled in strategic and operational alignment, organizational design, and process improvement. Influences boards, public-private partnerships -- team and coalition builder. Received MBA from The Kellogg School of Management at Northwestern University.

HIGHLIGHTED STRENGTHS AND ACCOMPLISHMENTS
A mission-driven leader known for acting quickly and boldly to link strategy, operations, and people processes to drive performance-based results.

- Cross-Functional Leadership
- Performance Management
- Continuous Improvement
- Board/Public Relations
- Change Management
- Financial Analysis
- Strategic Planning
- Market Segmentation

PROFESSIONAL EXPERIENCE

EASTERSEALS SOUTH FLORIDA, Miami, FL 2021 – Present
A health and human services non-profit that provides services that address equity and inclusion disparities for individuals with disabilities by enhancing education, advancing health, expanding employment, elevating community.

President & CEO
Responsible for setting the vision, leading the organization's programs/operations, and establishing a secure funding model.
- Leveraged an integrated team of subject-matter experts led by an ad-hoc committee and McKinsey Partners; engaged in a deliberate planning effort utilizing internal and external input to develop a strategic roadmap.
- Increased Fund Balance and completed competitive Request for Proposal process for investment firm; selected new provider with more transparent fee structure, improved reporting, and performance benchmarking.
- Ensure that the organization's mission, strategy, programs/services, and partnerships are in alignment and continue to expand the organization's impact.

BROWARD COUNTY PUBLIC SCHOOLS, Ft. Lauderdale, FL 2012 – 2021
The sixth largest school District in the United States. $4.5 billion budget, 232 schools, 26,000 employees serving over 270,000 students.

Chief Strategy and Operations Officer
Responsible for strategic planning, cross-functional leadership, operational efficiencies, and continuous improvement.
- Co-facilitated 2020-21 executive leadership crisis management and budget alignment workshops identifying $17.5 million in District-level cost reductions; enabling distance/virtual learning and balanced budget contingency plans.
- Streamlined the Property & Plant Operations department to redirect $22 million to prioritized safety initiatives including expanding school custodians, personal protective equipment, and indoor air quality improvements.
- Directed the expansion of Strategy Management capabilities leading to academic and operational improvements. Spearheaded the creation of the 2019-24 strategic plan.
- Co-led, with Chief Finance Officer, the 2019-20 budget realignment of $25 million for academic and safety priorities; reduced non-school discretionary spending by 10%, reduced department salary budget $2 million.
- Launched an Office of Economic Equity and Diversity Compliance; implemented a new Board policy leading to a $14 million increase (versus baseline) and 27% of construction spending going to small/minority enterprises.
Participated in townhalls/events to support the school board in securing two bond referendums: Next Generation Referendum on August 2018 ballot - $105.4 million, General Obligation Bond on Nov 2014 ballot - $800 million.

- Lead key improvements in administrative and support service areas including technology, transportation, business support center, food services, purchasing & warehousing, property & plant operations, and related operational areas. 80% of key performance indicators tracking in a positive direction.
- Co-developed the 2012-15 district strategic plan: Updated the strategic plan for 2016-19. Launched an innovative Strategy Management function responsible for overseeing the implementation of the strategic plan; enabled a 5% average increase in year-1 student outcomes.

**NETWORK FOR TEACHING ENTREPRENEURSHIP (NFTE-Chicago), Chicago, IL** 2010 – 2012

*A national, education nonprofit organization providing entrepreneurship training and education programs to young people from low-income urban communities.*

**Program Director**

- Created a sustainable growth model and school recruitment process, yielding consecutive year increases totaling 60%.
- Improved budget forecast model and implemented an actionable monthly tracking/reporting process. Increased FY’11 budget transparency, identifying 3% program expense savings for relocation to strategic priorities.

**MANAGEMENT ADVISORY SERVICES, Chicago, IL** 2008 – 2012

*An independent management consultant that specialized in serving entrepreneurial and nonprofit organizations.*

**Founder and Professional Business Advisor**

- Engaged cross-sections of managers, staff, and volunteers in the development of goals and plans; presented recommendations to senior leadership.
- Conducted comprehensive market research and assessed the business viability of creating a new venture for a regional, shared-services and school support organization.
- Conducted complex capacity analysis across operational elements (strategic planning, management, accounting/finance, facilities, and technology); identified performance issues and prioritized solutions.

**CHICAGO PUBLIC SCHOOLS, Chicago, IL** 2004 – 2008

*The third-largest school district in the United States with a $5.8 billion budget serving approximately 400,000 students: Information Technology Services (ITS) division.*

**Deputy-Chief Information Officer (CIO)**

- Contributed to initiatives totaling approximately 20% recurring operational cost savings/ reallocations annually, while increasing services and expanding infrastructure.
- Supported District-wide, organizational de-layering (downsizing) initiative by managing ITS divisional process resulting in 8% staff reduction and $4 million in cost savings.
- Implemented a new budgeting process; improved transparency (tracking and reporting), reducing the annual rollover/ underutilized funding from 8-10% per year to less than 2% per year.

**OTHER PROFESSIONAL EXPERIENCE**

**HARVEST – RESOURCE OPTIMIZATION ADVISORS (ROA), LLC, Chicago, IL**

*A start-up Management Education firm focused on improving management skills/behavior for small to mid-size organizations.*

**President & CEO**
PwC - MANAGEMENT CONSULTING SERVICES, Chicago, IL
PricewaterhouseCoopers is a multinational professional services network that provides multiple services to Fortune 500 companies: Corporate and Operations strategy practice.

Principal Consultant, Consultant

PEPSICO (THE QUAKER OATS COMPANY), California, Washington, Illinois
An international manufacturer and marketer of food and beverage products. Corporate finance and national sales organization.

Senior Financial Analyst, Financial Analyst
Account Executive, Customer Manager, Sales Representative, Retail Representative

EDUCATION

KELLOGG SCHOOL OF MANAGEMENT AT NORTHWESTERN UNIVERSITY, Evanston, IL
Master of Business Administration (MBA). Majors in Management & Strategy and Finance. Executive Scholar; Non-profit Management

CALIFORNIA STATE UNIVERSITY – SACRAMENTO, Sacramento, CA
Bachelor of Science in Business Administration. Concentrations in Finance and Economics.