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| **Early Learning Coalition of Escambia County**  **3300 N Pace Blvd Suite 210, Pensacola, FL 32505**  **STARS OVER ESCAMBIA PASSPORT FORM** | |
| **BUSINESS CONTACT INFORMATION** | |
| Owner Name: | Date Business Established: |
| Business Name: | * Child Care Center * Family Child Care Home * Large Family Child Care Home |
| Phone: |
| E-mail: | |
| Registered Business Address Location: | |
| **BUSINESS INFORMATION** | |
| Site Name: | Other Business Name (if applicable): |
| How long at current address: | Primary Business Address (city, state, zip): |
| DCF License/Exemption #:  Expiration Date: | Gold Seal Designation:  Yes  No  In Process |
| **VERIFICATION OF MINIMUM CRITERIA** | |
| School Readiness Provider contracted for current year and based in Escambia County:  Yes  No  In Process If No, explain: MMCI Completer:  Yes  No  In Process | |
| In Good Standing with Statewide School Readiness Provider Contract:  Yes  No  In Process  If No or In Process, explain: | |
| In Good Standing with Department of Children and Families:  Yes  No  If No, explain: | |
| Have you received a Coalition Corrective Action Notification in the last 12 months:  Yes  No  If Yes, explain: | |
| Class I Violations:  Yes  No If Yes, explain: | |
| Class II Violations:  Yes  No If Yes, explain: | |
| Accreditation:  Yes  No  In Process | If Yes, Which Accrediting Agency: |
| If In Process, with which accrediting body: | If No, with which accrediting body do you plan to seek accreditation: |
| **AGREEMENT TO BECOME STARS OVER ESCAMBIA PROVIDER** | |
| 1. By signing and submitting this passport, I am aware of the benefits and commitments of participating in Stars Over Escambia. (See Expectations in the Provider Manual) 2. By submitting this passport, you authorize The Early Learning Coalition of Escambia County to make inquiries into the correctness of any statements provided above. | |
| **SIGNATURES** | |
| Owner Signature: | Director Signature: |
| Name and Title: | Name and Title: |
| Date: | Date: |