



## **Provider Approval Criteria**

Name of Provider: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

- Provider is located within the eligible geographical boundaries
- Provider has a valid ODJFS or ODE license
- ALL required documentation has been submitted:
  - Copy of current ODJFS or ODE license
  - Copy of current SUTQ rating certificate
  - Copy of Preschool Promise classroom teacher's credentials
  - Proof of General Liability Insurance with Preschool Promise, Inc. named as additional insured (\$1,000,000 per occurrence and \$2,000,000 annual aggregate)
  - Sexual abuse and molestation coverage on Liability Insurance
  - Proof of Worker's Compensation Insurance or waiver
  - Proof of Automobile Insurance or waiver
  - Complete and signed Provider Application
  - Signed Handbook Signature Page
  - Signed Provider Commitments Signature Page
- Provider has attended an information session

Application Reviewed By: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Notes and Correspondence: