

2025-2026 NC Pre-K Site Allocation Change Request Form

SITE INFORMATION

Name of Site: _____ Current Slot Allocation: _____
 Type of Program: ☐ Private ☐ CCS ☐ HS Current Number of NC Pre-K Classroom: _____
 NC Pre-K Site Administrator's Name: _____ Request to: ☐ Maintain ☐ Increase ☐ Decrease
 Contact Number: _____ Request Effective Date: _____
 Date of Request: _____

If maintaining slots, skip to the signature section

Date of Last ECER-R rating: _____ ECER-R Rating Score: _____
 Has the site had a substantiated Child Maltreatment Report in the last 18 months? ☐ Yes ☐ No
 Has the site had a substantiated Facility Licensing Complaint Report in the last 18 months? ☐ Yes ☐ No
 Has the site had an Administrative Action in the last 18 months? ☐ Yes ☐ No
 Does site offer transportation for NC Pre-K children? ☐ Yes ☐ No

ALLOCATION INCREASE REQUEST

Request increase of _____ slots Classroom #1: From _____ slots to _____ slots
Number Classroom #2: From _____ slots to _____ slots ☐ New Classroom
 Classroom #3: From _____ slots to _____ slots ☐ New Classroom

1. Will adding more slots require the creation of a new classroom? ☐ Yes ☐ No
 2. Will adding more slots require a new Teacher Assistant? ☐ Yes ☐ No
 Name of Lead Teacher: _____ Degree: _____ License: _____
 Name of Teacher Assistant: _____ Degree/CDA: _____

**Please attach Add/Change Teacher Request form and proof of staff's education, if applicable.*

ALLOCATION DECREASE REQUEST

Request decrease of _____ slots Classroom #1: From _____ slots to _____ slots
Number Classroom #2: From _____ slots to _____ slots ☐ Close Classroom
 Classroom #3: From _____ slots to _____ slots ☐ Close Classroom

Reason for Decrease: _____

SIGNATURE REQUIRED

Site Administrator or Designee's Signature: _____ Date: _____

PFC STAFF ONLY

1. LT Education Submitted: ☐ Yes ☐ NA 5. Site's Current Allocation: _____
 2. TA Education Submitted: ☐ Yes ☐ NA 6. Site's Requested: Maintain _____ Increase _____ Decrease _____
 3. Allocation Rubric Score: _____ 7. Site's Total Allocation if the request is approved: _____
 4. Site Information Verified: ☐ Completed 8. Effective Date: _____

Program Specialist Reviewed: _____ Date: _____

RECOMMENDATION

☐ Approved ☐ Denied NC Pre-K Manager Signature _____ Date: _____
☐ Approved ☐ Denied PFC Grant Manager Signature _____ Date: _____
☐ Approved ☐ Denied PFC President Signature _____ Date: _____
 PFC Contract Coordinator Signature _____ Date: _____
 Execution Date: _____