# 2026-2027 NC Pre-K Site Allocation Request Form

Please submit all document to the NC Pre-K Unit at ncprek@ccpfc.org

## SITE INFORMATION

Name of Site: _____

Type of Program: ☐ Private ☐ CCS ☐ HS

NC Pre-K Site Administrator's Name: _____

Contact Number: _____

Current Slot Allocation: _____

Current Number of NC Pre-K Classrooms: _____

Request to: ☐ Maintain ☐ Increase ☐ Decrease

Date of Request: _____

**If maintaining slots, skip to the signature section**

Date of Last ECERS-R Rating: _____ ECERS-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 (Number)

Classroom #1: From _____ slots to _____ slots

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 (Number)

Classroom #1: From _____ slots to _____ slots

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

Contract Execution Date: _____