# 2026-2027 Durham PreK Staff Information Change Form

Please select the situation that best describes your Lead Teacher (LT), Instructional Assistant (IA) or Director change, enter the requested information and follow the respective instructions below. *If the situation does not fit those listed, please email us.* Please send completed forms to DurhamPreKProvider@earlyyearsnc.org.

**Name of Site** _____ **Site License Number** _____

| | ◯ **LT/IA/Director left program** | ◯ **LT/IA/Director on temporary leave** |
|---|---|---|
| **Exiting staff name:** | _____ | _____ |
| **Exit date:** | _____ | _____ |
| **Expected length of leave:** | | _____ ◯ days ◯ weeks ◯ months ◯ unknown |
| **Do you have a plan for qualified replacement?** | ◯ Yes ◯ No<br>If no, name of temporary staff person in classroom:<br>_____ | ◯ Yes ◯ No<br>If no, name of temporary staff person in classroom:<br>_____ |
| **Qualified replacement staff name:** | _____ | _____ |
| **Qualified replacement start date:** | _____ | _____ |
| **Information required:** | **For LTs and IAs**<br>If you have a plan for **qualified** replacement:<br>• For LTs complete pages 2, 5 and 6<br>• For IAs complete pages 3, 5 and 6<br>• Return this packet along with supporting education/license documentation<br>If you do **not** yet have a plan for qualified replacement:<br>• Complete and return this page<br>• Within 3 weeks of the previous LT/IA's exit date, you must submit a full Staff Information Change Form indicating your plan for qualified replacement<br>**For Directors**<br>• Complete pages 4 and 6<br>• Return this packet along with supporting education documentation | |

| ◯ **LT/IA/Director returned from temporary leave** | |
|---|---|
| **Returning staff name:** | _____ |
| **Return date:** | _____ |
| **For LTs and IAs only** | |
| **Pay rate same as prior:** | ◯ Yes ◯ No |
| **Information required:** | If pay rate will return to same as prior to their leave:<br>• Complete and return this page<br>If pay rate will be different from prior to their leave:<br>• Complete and return this page<br>• Submit an updated salary spreadsheet with their new pay information as soon as it is available |

# Durham PreK Lead Teacher Information

(Please submit for each lead teacher)

## Background

**Legal Name** _____ **Preferred Name** (if different) _____

**Home Address** _____

**City** _____ **State** _____ **Zip Code** _____

**E-mail Address** _____ **Classroom #** _____ **Start Date** _____

**Gender** _____ **Languages spoken fluently** _____

**Race/Ethnicity** (Please select at least one and as many that apply)

- ☐ American Indian
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Latino/a or Hispanic
- ☐ Middle Eastern or North African
- ☐ White or Caucasian
- ☐ Other (please specify) _____

## Education

**Highest Level of Education**

- ☐ PhD, major _____
- ☐ BA/BS, major _____
- ☐ High School Diploma/GED
- ☐ MA/MS, major _____
- ☐ AA/AS, major _____

## License

**Current teacher license/credential *(Must provide copies of license/credential/certificate)***

- ☐ NC BK Continuing License / NC Continuing BK Add-on License
- ☐ NC BK Initial License / NC Initial BK Add-on License
- ☐ NC Provisional BK Add-on License
- ☐ NC Residency BK License
- ☐ NC Emergency BK License
- ☐ License from another state (specify state and type: _____)
- ☐ Other Credential (specify: _____)
- ☐ No current teaching license ***(Must provide documentation of highest level of education completed)***

**Current years of experience on license/credential:** _____

**Is your current license expired?** ☐ Y ☐ N

**If yes, have you submitted for renewal?** ☐ Y ☐ N

**If yes, *please provide documentation of your submission for renewal.***

**Are you submitting paperwork during this school year to update the years of experience on your current license?** ☐ Y ☐ N

**If yes, please specify the number of years of experience you will submit for verification:** _____

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**Enrollment Submitted with EES?** ☐ Y ☐ N **Date Submitted:** _____

**If the proposed lead teacher does not fully meet license/credential requirements (consult NC Pre-K guidelines), please indicate candidate's plan, and *provide documentation of enrollment and expected date of completion:***

☐ Enrolled working towards B-K License Where? _____ Expected Graduation Date: _____

**Lead teachers/instructional assistants that are *not qualified* must be working toward the qualifications for their position. They must make progress by successfully completing a minimum of six documented semester hours per contract school year with a grade of "C" or better. For details, see Appendix A of this contract.**

# Durham PreK Instructional Assistant Information

(Please submit for each instructional assistant)

## Background

**Legal Name** _____ **Preferred Name** (if different) _____

**Home Mailing Address** _____

**City** _____ **State** _____ **Zip Code** _____

**E-mail Address** _____ **Classroom #** _____ **Start Date** _____

**Gender** _____ **Languages spoken fluently** _____

**Race/Ethnicity** (Please select at least one and as many that apply)

- ☐ American Indian
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Latino/a or Hispanic
- ☐ Middle Eastern or North African
- ☐ White or Caucasian
- ☐ Other (please specify) _____

## Education (Must provide documentation of highest level of education completed)

**Highest Level of Education**

- ☐ B-K licensed teacher
- ☐ BA/BS, major _____
- ☐ AA/AS, major _____
- ☐ Child Development Associate (CDA), date of expiration _____
- ☐ High School Diploma/GED

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**If the proposed instructional assistant does not fully meet education requirements (AA/AS in early childhood education or a related field recognized/accepted by NC Pre-K) or if the proposed instructional assistant is enrolled in a program, please indicate candidate's plan, and *provide documentation of enrollment and expected date of completion:***

- ☐ Enrolled working towards AA/AS in ECE Where? _____ Expected Graduation Date: _____
- ☐ Enrolled working towards BA/BS in ECE Where? _____ Expected Graduation Date: _____
- ☐ Enrolled working towards B-K License Where? _____ Expected Graduation Date: _____

**Lead teachers/instructional assistants that are *not qualified* must be working toward the qualifications for their position. They must make progress by successfully completing a minimum of six documented semester hours per contract school year with a grade of "C" or better. For details, see Appendix A of this contract.**

# Durham PreK Director Information

**Director's Name (Legal Name)** _____

**Director's Preferred Name (if different from legal name):** _____

**E-mail Address** _____ **Phone Number** _____

**Gender** _____ **Languages spoken fluently** _____

**Race/Ethnicity** (Please select at least one and as many that apply)

- ☐ American Indian
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Latino/a or Hispanic
- ☐ Middle Eastern or North African
- ☐ White or Caucasian
- ☐ Other (please specify) _____

**Highest Education level** (PhD, MA/MS, BA/BS, AA, HS Diploma, specify) **Please submit documentation.**

_____ Major _____

Administrative Credential Level (please specify level) ☐ I ☐ II ☐ III ☐ NA

Working on a Degree? ☐ Y ☐ N If yes, please specify _____

Expected Graduation Date _____

Early Years
A Comprehensive Approach to Enhancing Early Care and Education

DURHAM PRE K

# ATTACHMENT G
# Durham PreK Staff Schedule Form

**Please complete this form for each Durham PreK lead teacher and instructional assistant under contract.**

**Name of Site** _____ **License #** _____

**Teacher's Name (Legal Name)** _____

**Classroom Name or Number** _____ **Start date** _____

**Position** (please check one): ☐ Lead Teacher ☐ Instructional Assistant

**Please indicate the teacher's schedule and hours working directly with children and for planning and professional development for their Durham PreK classroom in the table below.**

| Day of the Week | Durham PreK Classroom Schedule | Number of hours in the Durham PreK classroom working directly with children | Durham PreK Planning and Professional Development Schedule | Number of Hours for Durham PreK Planning and Professional Development |
|---|---|---|---|---|
| *Example:* | *9:00am-3:30pm* | *6.5* | *8:00am-9:00am & 3:30pm-4:00pm* | *1.5* |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |

| | |
|---|---|
| Total number of hours in Durham PreK classroom working directly with children per week (should total 32.5 hours) | |
| Total number of hours Durham PreK planning and professional development completed per week (should total 7.5 hours) | |
| **Total Hours per week** | |

**I have reviewed the information above and confirm that it is correct.**

**Teacher Signature:** _____ **Date:** _____

**Owner or Administrator Signature:** _____ **Date:** _____

## ATTACHMENT H
## Photographic & Video Release Form

I give my consent to Durham Pre-K Partners (Durham's Partnership for Children, Early Years, Durham Public Schools, Durham Head Start/Families & Communities Rising, Inc., Durham County Government) to take photographs and/or videos of me to publicly promote Durham PreK (inclusive of Durham Public Schools, Durham Head Start, NC Pre-K, Durham PreK). By signing below, I agree that I understand the images and/or videos may be used in print publications, online publications, presentations, websites and social media, either entirely, partially or in connection with other photographs, videos and reproductions. No royalty, fee or other compensation shall become payable to me by reason of such use.

*Social media use may include, but is not limited to: Facebook, Instagram, YouTube, X, etc.*

*Video use may include, but it is not limited to: remote learning (real time/live or pre-recorded videos) and advertisement. *

**Site:** _____

**Staff Name:** _____

**Classroom:** _____

Please select your position and indicate your preference below:

I am a: ☐ Director/Owner/Administrator

☐ Teacher

☐ Instructional Assistant

☐ Other School Staff

☐ **I DO** give my consent to Durham Universal Pre-K Partners to use my photographs and/or videos publicly to promote Durham Universal Pre-K.

☐ **I DO NOT** give my consent to Durham Universal Pre-K Partners to use my photographs and/or videos publicly to promote Durham Universal Pre-K.

Staff Signature: _____ Date: _____