

**ATTACHMENT D Section 2 Provider's Approved Durham PreK Plan  
Program/Provider and Classroom Information**

Name of Site \_\_\_\_\_ Type of Facility/Program \_\_\_\_\_

Current Star Rating \_\_\_\_\_ Child Care License Number \_\_\_\_\_

**Classroom Information**

Maximum classrooms approved \_\_\_\_\_ Maximum students approved \_\_\_\_\_

Pre-K Classroom Hours \_\_\_\_\_ to \_\_\_\_\_

What time can students be dropped off without paying for before care: \_\_\_\_\_

What time can students be picked up without paying for after care or late fees: \_\_\_\_\_

Before Care Available? \_\_\_\_Y \_\_\_\_N Hours: \_\_\_\_\_ After Care Available? \_\_\_\_Y \_\_\_\_N Hours: \_\_\_\_\_

Before Care Fee: \_\_\_\_\_ After Care Fee: \_\_\_\_\_ Combined Care/Wrap Care Fee: \_\_\_\_\_

Curriculum Selected: \_\_\_\_\_ Ongoing Assessment Tool: \_\_\_\_\_

Developmental Screening Tool \_\_\_\_\_

**Director's 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 or Alaskan Native
- Asian or Asian American
- Black or African American
- Latino or Hispanic
- Native Hawaiian or Other Pacific Islander
- White or European
- Other (Please specify) \_\_\_\_\_

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

\_\_\_\_\_ Major \_\_\_\_\_

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

Working on a Degree? \_\_\_\_\_ Y \_\_\_\_\_ N If yes, please specify \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

**Lead Teacher Information (Please submit for each lead teacher)**

Lead Teacher's Name (Legal Name) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Classroom # \_\_\_\_\_ Start Date \_\_\_\_\_

Gender \_\_\_\_\_ Languages spoken fluently \_\_\_\_\_

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

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Latino or Hispanic
- Native Hawaiian or Other Pacific Islander
- White or European
- Other (Please specify) \_\_\_\_\_

Highest Education level (PhD, MA/MS, BA/BS, AA, High School Diploma, specify) \_\_\_\_\_

Major \_\_\_\_\_

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

- \_\_\_\_\_ NC BK Continuing License/ NC Continuing BK Add-on License (Standard Professional II)
- \_\_\_\_\_ NC BK Initial License/ NC Initial BK Add-on License (Standard Professional I)
- \_\_\_\_\_ NC Provisional BK Add-on License
- \_\_\_\_\_ NC Lateral Entry BK License/ NC Residency BK License/ NC Emergency BK License (please circle)
- \_\_\_\_\_ License from another state (specify state and type: \_\_\_\_\_)
- \_\_\_\_\_ Other Credential (specify: \_\_\_\_\_)
- \_\_\_\_\_ No current teaching license

Current years of experience on license/credential: \_\_\_\_\_

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: \_\_\_\_\_

Enrollment Submitted with EES? \_\_\_\_\_ Y \_\_\_\_\_ N Date Submitted: \_\_\_\_\_

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If the proposed lead teacher does not fully meet license/credential requirements (consult NCPK 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/teacher 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 year with a grade of "C" or better. For details see NC Pre-K education requirements outlined by DCDEE in rule 10A NCAC 09.3013 and Durham PreK education requirements in Appendix A of this contract.

**Teacher Assistant Information** (Please submit for each teacher assistant)

Teacher Assistant (Legal Name) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Classroom # \_\_\_\_\_ Start Date \_\_\_\_\_

Gender \_\_\_\_\_ Languages spoken fluently \_\_\_\_\_

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

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Latino or Hispanic
- Native Hawaiian or Other Pacific Islander
- White or European
- Other (Please specify) \_\_\_\_\_

**Teaching Assistant Level of Education High School Graduation Date:** (MM/DD/YY) \_\_\_\_\_

Please indicate your highest level of education:

\_\_\_\_\_ Child Development Associate (CDA) Date of Expiration \_\_\_\_\_

\_\_\_\_\_ AA/AS Major: \_\_\_\_\_

\_\_\_\_\_ BS/BA Major: \_\_\_\_\_

\_\_\_\_\_ B-K licensed teacher

Enrollment Submitted with EES? \_\_\_\_\_ Y \_\_\_\_\_ N Date Submitted: \_\_\_\_\_

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If the proposed teaching assistant does not fully meet education requirements (AA/AS in early childhood education) or if the proposed teaching assistant is enrolled in a program, please indicate candidate's plan, 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/teacher 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 year with a grade of "C" or better. For details see NC Pre-K education requirements outlined by DCDEE in rule 10A NCAC 09.3013 and Durham PreK education requirements in Appendix A of this contract.

## Lead Teacher Compensation Plan

Staff Name: \_\_\_\_\_ Position: \_\_\_\_\_

Site Name: \_\_\_\_\_ Does this site use a payroll service? \_\_\_\_\_

**Note: Please review this document carefully.** This document is used to monitor compliance with Durham PreK Contract and salary requirements. Salary listed should include income earned solely for services provided to children and families enrolled in the Durham PreK program. Income earned for work during summer months should not be included in the reported amount. Form is considered complete only when signed, dated and documentation is attached.

Salary for _____ MONTHS of service in a Durham PreK Classroom <b>Note:</b> Durham PreK is a ten-month program – Compensation documentation will be monitored throughout the school year.	
Salary schedule - Only select 12-month if a teacher’s salary is being spread out over 12 months for work completed during this 10-month program. If a teacher is working for you over the summer in a different position, you should select 10-month and pay for any additional summer income separately.	<input type="checkbox"/> 10-month <input type="checkbox"/> 12-month
Hourly Rate for Salary	
What is the pay cycle for this position? Monthly, twice monthly, every two weeks, weekly?	
Years of Experience (as listed on license):	
Value of Health Insurance (amount paid by employer)	
Retirement (amount paid by employer)	
Total Compensation Package	
Paid Teacher Work Days (number of days)	
Paid Holidays (number of days)	
Paid Annual Leave (number of days – 1 day = 8 hours)	
Paid Sick Leave (number of days – 1 day = 8 hours)	

**Education and Compensation Certification** – I have reviewed this information and certify that all information (education/GPA, etc.) provided herein has been verified and is reported correctly. Reported compensation includes only compensation for Durham PreK services. If I do not fully meet Durham PreK position requirements, I understand that I must successfully complete with a grade of “C” or better, 6 semester hours per fiscal year (July 1 – June 30) in order to maintain my position. If I am a new teacher, I understand TSG requirement and responsibility for CLASS®.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b>
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## Teacher Assistant Compensation Plan

Staff Name: \_\_\_\_\_ Position: \_\_\_\_\_

Site Name: \_\_\_\_\_ Does this site use a payroll service? \_\_\_\_\_

**Note: Please review this document carefully.** This document is used to monitor compliance with Durham PreK Contract and Salary Requirements. Salary listed should include income earned solely for services provided to children and families enrolled in the Durham PreK program. Income earned for work during summer months should not be included in the reported amount. Form is considered complete only when signed, dated and documentation is attached.

Salary for _____ MONTHS of service in a Durham PreK Classroom <b>Note:</b> Durham PreK is a ten-month program – Compensation documentation will be monitored throughout the school year.	
Salary schedule - Only select 12-month if a teacher’s salary is being spread out over 12 months for work completed during this 10-month program. If a teacher is working for you over the summer in a different position, you should select 10-month and pay for any additional summer income separately.	<input type="checkbox"/> 10-month <input type="checkbox"/> 12-month
Hourly Rate:	
Years of Experience (as listed on license):	
Value of Health Insurance (amount paid by employer)	
Retirement (amount paid by employer)	
Total Compensation Package	
Paid Teacher Work Days (number of days)	
Paid Holidays (number of days)	
Paid Annual Leave (number of days – 1 day = 8 hours)	
Paid Sick Leave (number of days – 1 day = 8 hours)	

**Education and Compensation Certification** – I have reviewed this information and certify that all information (education/GPA, etc.) provided herein has been verified and is reported correctly. Reported compensation includes only compensation for Durham PreK services. If I do not fully meet Durham PreK position requirements, I understand that I must successfully complete with a grade of “C” or better, 6 semester hours per fiscal year (July 1 – June 30) in order to maintain my position. If I am a new teacher, I understand TSG requirement and responsibility for CLASS®.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b>
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- Documentation related to teacher qualifications (education, licensure status, and years of experience) must be submitted to CCSA Durham PreK management team for review and verification.
- Durham PreK Lead Teachers with a BK license must be paid according to Durham Public Schools' (DPS) certified salary schedule. Durham PreK Lead Teachers working towards a BK license or that have a NC Lateral Entry BK license, NC Residency BK license or NC Emergency BK license must be paid at 0 years experience according to North Carolina's Department of Public Instruction (NC DPI) certified salary schedule. Benefits cannot be included in minimum salary requirements for Durham PreK Lead Teachers. Benefits should be paid in addition to Durham PreK salary requirements.
- Salary documentation in the form of pay stubs with all identifying information with the exception of the teacher's name blacked out for all Durham PreK teachers must be submitted the first month as part of Durham PreK teacher compensation monitoring. It will be monitored throughout the school year.
- Durham PreK Lead Teachers and Teacher Assistants are expected to work 40-hours each week. The workday for **lead teachers** and **teacher assistants** working in Durham PreK will consist of 8 hours. A typical day will include 6.5 hours in the classroom and 1.5 hours for planning. Teacher workdays are also expected to consist of 8 hours for the purpose of planning, training, family contacts and/or other related activities. Teachers are expected to follow Durham Public Schools Student/Staff Calendar. Additional hours and days worked in other classrooms cannot be used in this calculation and are subject to all Wage and Hour regulations.
  - All Durham PreK Lead and Assistant Teachers must submit Durham PreK Staff Schedule Forms.
- Lead teachers who are fully qualified will receive compensation as required by Durham PreK Program Requirements and Guidance and this Durham PreK contract. Upon receipt of any updated license for lead teachers, program should:
  - Immediately send a copy of the new license to CCSA Durham PreK Manager along with a Durham PreK Staff Information change form. CCSA management team will:
    - Enter educational information into provider's Durham PreK contract, budget and plan
    - Update classroom reimbursement
  - Additional per-child reimbursement will be effective for the month of attendance in which the update was received by CCSA management team. Please review Appendix A of the contract for specifications.
  - A new compensation rate for lead teachers who receive Professional Educator's Initial or Continuing licenses during the school year should begin with the program's next complete payroll cycle. Compensation will be based upon years of experience as noted on the license. A new compensation rate for lead teachers who receive an updated license before December 31 of the current school year should begin with the program's next complete payroll cycle. New compensation rates for updated licenses received after December 31 are not required to be implemented in the current program year.
- Teacher assistants who are fully qualified will receive compensation as required by Durham PreK Program Requirements and Guidance and this Durham PreK contract. Upon receipt of any updated degree or credential, program should immediately send copy of new license, diploma and/or credential to CCSA's Durham PreK Manager.



## ATTACHMENT E

### The Provider's Approved Durham PreK Budget

Center Name: \_\_\_\_\_

#### Direct Services Budget

The Provider's Approved Durham PreK Plan authorizes the Provider to provide services to no more than 18 children per classroom (based on a classroom construct of 18 children unless the licensed capacity is for less children).

The Provider will be reimbursed at a fixed rate per child served, based on Provider type, the qualifications of the lead teacher or the substitute lead teacher (if applicable), the child's attendance, and any parent fee assigned to the child.

#### Definitions

**Long Term Substitute Rate:** Durham PreK rate determined by the Lead Agency per teacher not meeting Durham PreK requirements. This is applicable to private agencies only.

**Maximum Rate:** The Durham PreK rate set by the Durham PreK Governance Committee. Note that in private childcare centers, the contract amount may be budgeted at the maximum rate of \$1250 to allow for a Lead teacher with BK certification throughout the year; however, payment will be based on the Lead or Substitute Lead teacher qualifications and the payment rate received from Durham County Government.

Rate	Condition and Provider Type for Durham PreK funds
\$1250	Maximum rate per child per month for Head Start
\$1250	Maximum rate per child per month for Public School

Rate	Applicable to Private Child Center
\$1250	Maximum rate per child per month for Private Child Care Center with a BK Licensed Lead teacher or Long Term Substitute BK Licensed Lead Teacher
\$1200	Maximum rate per child per month for Private Child Care Center with a BA degree Lead Teacher or Long Term Substitute Lead working towards a BK License

Rates may be reduced from the above maximums based on other public funds supporting DPK children (e.g., NC Pre-K, Head Start, etc.) and any parent fees assigned to DPK children.

Allocation per Child by Funding Source	Children	Months	Max. Rate	Amount
Durham PreK Only				
Durham PreK Enhanced				
NC Pre-K Funds				
Durham Public Schools				
Head Start				
Other Funds				
Total Amount				

Supplemental Allocation	Teacher	Months	Rate	Amount

**Total Maximum Contract Amount**

<b>Total Maximum Contract Amount</b>	
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