

New York City Administration for Children's Services  
Division of Early Care and Education

**Delegate Agency Site Parent Committee  
Election Report Form**



Delegate Agency \_\_\_\_\_ Date \_\_\_\_\_

Site Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Site Director \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent Election Coordinator \_\_\_\_\_ Tel \_\_\_\_\_

E-Mail \_\_\_\_\_

Results:     Conducted                       Not Conducted                      If not, why?

**Check Item(s) Reviewed:**

By-Laws                       Election Minutes                       Class Minutes                       Center

Orientation

Number of Sites \_\_\_\_\_ Number of Representatives per Classroom \_\_\_\_\_ Number of Voting  
Members \_\_\_\_\_

Total number of representatives to the Delegate Agency Policy Committee/Council \_\_\_\_\_

Was there a Quorum?                       Yes                       No

Number of voting members present \_\_\_\_\_ Were all motions seconded?  Yes  No

**Officers:**

Chairperson \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address

Vice Chairperson \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Secretary Name \_\_\_\_\_

Treasurer Name \_\_\_\_\_

Personnel Practices Chairperson Name \_\_\_\_\_

Grievance Chairperson Name \_\_\_\_\_

By-Laws Chairperson Name \_\_\_\_\_

Parent Election Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_