

DIVISION OF EARLY CARE AND EDUCATION

CHILD CARE PARENT ADVISORY COMMITTEE (PAC)

ELECTION FORMS

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##### **F-3**

##### **Classroom Election Attendance Sheet**

##### ***Submit on Friday, October 6, 2017***

##### Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Program Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Election Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

State ***the number of children*** enrolled in this class at the time of classroom election \_\_\_\_\_\_\_\_

Type of Election:

[ ] Open Vote Meeting [ ] Closed Ballot Meeting [ ] All Day Voting (Ballot Box)

**Note: A quorum is based on 50% +1 of your classroom enrollment at the time of the election.**

**\*Please maintain a copy of your meeting notice (i.e. flyer, letter or poster) with a copy of the agenda on file.**

**COMPLETE ONE FORM PER CLASSROOM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (please print)** | **Signature** | **Classroom** | **Child’s Name** |
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##### **F-4**

##### **Classroom Committee Representatives Form**

##### ***Submit on Friday, October 6, 2017***

##### Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Agency Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Classrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Election Coordinator Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**COMPLETE ONE FORM PER CLASS**

##### **Name of Class**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Enrolled**: **\_\_\_\_\_\_\_\_ Teacher**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### 

##### **Chairperson’s** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_\_\_\_\_\_\_

##### Borough \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### 

##### **Vice-Chairperson’s** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_\_\_\_\_\_

##### Borough \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### **Secretary’s** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_\_\_\_\_\_

##### Borough \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### **Treasurer’s** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_\_\_\_\_\_

##### Borough \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### **Alternate** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_\_\_\_\_\_\_

##### Borough \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use more pages as needed.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PARENT ADVISORY COMMITTEE (PAC)**  **ELECTION CERTIFICATION FORM**  ***DUE BY OCTOBER 13, 2017*** | | | | | |  | |
| **Program Name:** | | | **FISCAL NO.** | | | **BOARD NAME:** | | |
| Address: | | | | Address: | | | | |
| Borough: Zip Code: | | | | Borough: ZIP Code: | | | | |
| Director: | | | | Board Chairperson: | | | | |
| Phone No.: Fax No.: | | | | Phone No.: | | | | |
| **PAC Orientation Date:** | | **Month** | | | **Day** | | | **Year** |
| Orientation Conducted by: | | | | [ ] | | | | |
| **PAC Election Date:** | | | | [ ] Balloting (A.M. & P.M.) | | | | |
|  | | | | [ ] Meeting (Evening/PM) | | | | |
| Monitor: (1) | | | | Monitor: (2) | | | | |
| SIGNATURE: ( I HEREBY CERTIFY) | | | | SIGNATURE: ( I HEREBY CERTIFY) | | | | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certifies that the election reported herein was properly**

**(Name of Agency)**

**conducted based on and adequate orientation to the ACS/DCC parent involvement guidelines, and provision for all parents to have open access to the election process.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. Of Parents Enrolled  [ ] | | No. Of Parents Voting  [ ] | | Quorum [ ] YES [ ] NO |
| **ELECTED OFFICERS: (TYPE OR PRINT NAME CLEARLY)** | | | **ADDRESS/BORO./ZIP CODE** | |
| **CHAIRPERSON:** | **EMAIL:** | |  | |
| **CO-CHAIRPERSON:** | **EMAIL:** | |  | |
| **CORRESPONDING SECRETARY:** | **EMAIL:** | |  | |
| **TREASURER:** | **EMAIL:** | |  | |

**NOTES**:

Balloting can be done during hours of operation (8 AM to 6 PM) or at a PAC meeting if held the same day as balloting. A quorum of parents must be at the meeting when the election is held. A quorum is 50% Plus One of all parents enrolled in the program. Conduct the PAC Elections **By October 13, 2017**.

Submit **all** parent election forms to:

Email Address: [HSDAPC@ACS.NYC.GOV](mailto:HSDAPC@ACS.NYC.GOV)

##### **F-13**

##### **Parent Advisory Committee Report Form *DUE by October 13, 2017***

##### Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Agency Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Classrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Election Coordinator Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

##### Results: Conducted Not Conducted

#### **Check Item(s) Reviewed:**

##### Mode of Election by Paper Ballot Special Meeting

##### Election Minutes Class Minutes PAC Orientation

##### F-3 Classroom Election Attendance Sheet

##### F-4 Classroom Committee Representative Form

Total number of representatives to the PAC Committee: \_\_\_\_

##### Was There A Quorum? Yes No If Not, Why?

##### Were All Motions Seconded? Yes No

##### Election Monitors ACS Staff Name/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Self-Monitored Name/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Care Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### **Appendix D**

##### **Parent Advisory Committee Timetable for Elections**

1. **Conduct Parent Orientations by 09-8-2017**
2. **Complete Classroom Elections by 09-22-2017**
3. **Conduct PAC Election by 10-13-2017**

**REQUIRED ELECTION DOCUMENTATION**

1. **F3 Classroom Election Attendance Sheet 10-6-2017**
2. **F4 Classroom Committee Representative Form 10-6-2017**
3. **F13 Parent Advisory Committee Report Form 10-13-2017**
4. **Certification Forms due to ACS by 10-27-2017**

Please email or fax completed Parent Election documents to:

[HSDAPC@ACS.NYC.GOV](mailto:HSDAPC@ACS.NYC.GOV)

**PLEASE NOTE:**

**Timelines is Important! Your program’s submission is used in determining you annual VENDEX score.**

**Chairperson (President) PAC Committees may elect to Vice-Chairperson add sub-committee groups. Secretary**

**Treasurer**

Division of Early Care and Education

Early Learn NYC Parent Advisory Committee

**Parent**

**Advisory**

**Committee**

**(PAC)**

**Members**

Classroom C

**Parent**

**Classroom**

**Committee**

Classroom B

**Parent**

**Classroom**

**Committee**

Classroom A

**Parent**

**Classroom**

**Committee**