

**DIVISION OF EARLY CARE AND EDUCATION  
CHILD CARE PARENT ADVISORY COMMITTEE (PAC)  
ELECTION FORMS**

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# F-3

Classroom  PAC   
 Election Attendance Sheet

**Submit on Friday, October 5, 2018**



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 \_\_\_\_\_

State **the number of parents** who received a PAC ballot \_\_\_\_\_

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.**

<b>COMPLETE ONE FORM PER CLASSROOM</b> <b>COMPLETE FORM FOR VOTING PAC PARENTS</b>	<input type="checkbox"/> <input type="checkbox"/>
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Name (please print)	Signature	Classroom	Child's Name



# F-4

## Classroom Committee Representatives Form *Submit on Friday, October 5, 2018*



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 \_\_\_\_\_

**Secretary's Name** \_\_\_\_\_ **Child's Name** \_\_\_\_\_

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

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

**Treasurer's Name** \_\_\_\_\_ **Child's Name** \_\_\_\_\_

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

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

**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 26, 2018**



<b>Program Name:</b>		<b>FISCAL NO.</b>	<b>BOARD NAME:</b>	
Address:		Address:		
Borough:	Zip Code:	Borough:	ZIP Code:	
Director:		Board Chairperson:		
Phone No.:	Fax No.:	Phone No.:		
<b>PAC Orientation Date:</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	
Orientation Conducted by:		[ ]		
<b>PAC Election Date:</b>		[ ] 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	
<b>ELECTED OFFICERS: (TYPE OR PRINT NAME CLEARLY)</b>			<b>ADDRESS/BORO./ZIP CODE</b>		
<b>CHAIRPERSON:</b>	<b>EMAIL:</b>				
<b>CO-CHAIRPERSON:</b>	<b>EMAIL:</b>				
<b>CORRESPONDING SECRETARY:</b>	<b>EMAIL:</b>				
<b>TREASURER:</b>	<b>EMAIL:</b>				

**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 and submit to ACS **By October 26, 2018.**

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 12, 2018*



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 \_\_\_\_\_

	Conduct Parent Orientations by	09-7-2018
	Complete Classroom Elections by	09-21-2018
	Conduct PAC Election by	10-12-2018

### REQUIRED ELECTION DOCUMENTATION

	F3 Classroom Election Attendance Sheet	10-5-2018
	F4 Classroom Committee Representative Form	10-5-2018
	F13 Parent Advisory Committee Report Form	10-12-2018
	Certification Forms due to ACS by	10-26-2018

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.

# Division of Early Care and Education Early Learn NYC Parent Advisory Committee

