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**Delegate Agency Parent Committee/Policy Committee Tracking Form**

**DUE TO DFSS Annually on November 30th**

Please provide DFSS with the following information as it relates to the orientation and establishment of your parent and policy committees.

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| **Delegate Agency Name** |  |
| **Name/Title of Person Completing Form** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **How often does your center Parent Committee(s) meet?** | |
| **How often does your Delegate Agency Policy Committee meet?** | |
| **For multiple site reporting, indicate: Page \_\_\_\_\_of \_\_\_\_\_\_\_** | |

(For multiple sites, please indicate site and date of parent orientation)

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| **Name of**  **Delegate Agency Site** | **Date of Parent Committee Orientation** | **Date of 1st Parent Committee Meeting** |
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**Policy Committee Established**

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| **Date of First Policy Committee Meeting** |
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