Washington State Department of
CHILDREN, YOUTH & FAMILIES

ECEAP Program Monitoring Community Partner Questionnaire

Name of Contractor's ECEAP program: **Select**

We are participating in a Continuous Quality Improvement visit of our ECEAP program with the Department of Children, Youth and Families (DCYF). During this process, DCYF collects data to measure our program's compliance with the ECEAP Contract and Performance Standards.

ECEAP Performance Standard PAO-32 Community Partnerships requires Contractors to develop community partnerships with schools, health and social service agencies and other related community organizations.

This questionnaire asks your opinion on partnering with our program. The information you provide will be incorporated into the final program monitoring summary.
Thank you for taking the time to complete this questionnaire. Please email your responses to DCYF ECEAP: dcyf.eceap@dcyf.wa.gov by _____.

Name and title of person completing questionnaire _____ Date _____

Name of your agency _____

How long has this partnership been in place _____

Briefly describe the services provided by your agency to children and families in your community.

Describe how you partner with the ECEAP program.

What are some of the positive effects of your partnership with ECEAP?

What are some ways the partnership could be more effective?

Please email to dcyf.eceap@dcyf.wa.gov with "Community Partner Questionnaire" in the subject line and cc. your CQI specialist. Thank you.