**DCYF is Accepting Applications for the Parent Advisory Group (PAG)**

The Department of Children, Youth, and Families (DCYF) is recruiting interested and qualified individuals to serve on the agency’s Parent Advisory Group. At the department, we believe parents are their children’s first and most important teachers. We are recruiting for parents or guardians of a child or children between the ages of 0-17 who have experience with one or more services provided by DCYF or other state agencies, to include but not limited to; Early Childhood Education and Assistance Program (ECEAP), Head Start, Child Care, Foster Care, Child Welfare, TANF, etc.

**About Parent Advisory Group**

The DCYF Parent Advisory Group (PAG) was established in 2007 as a sounding board to bring parent voices into the early learning work of DCYF; it has now expanded its scope to include child welfare.

The purpose of this group is to share and discuss new ideas, provide advice and guidance, “parent-test” policies and programs, and to help shape the future of DCYF services. Parental involvement is the key to having policies and programs that support families’ strengths and needs.

Members are reflective of Washington's regional, racial, and cultural diversity, are committed to racial equity, and consider cultural and linguistic responsiveness as key aspects of their work.

**Membership**

Members serve a minimum of a two-year term that expires on June 30 of the second year. PAG meets at least six times per year (4 daytime meetings and 2-3 evening phone calls – ***due to COVID-19 the schedule has been slightly altered***). PAG members are expected to attend the majority of meetings and be prepared to actively participate.

Members are eligible for mileage reimbursements (when meetings resume to in-person) to help support participation. Reimbursable expenses include, but are not limited to; mileage, rental car, flights, lodging, meals, tolls, etc. Mileage will be reimbursed at current state travel reimbursement rates and in accordance with the State of Washington Office of Financial Management Travel Regulations. Current rates for travel can be accessed at: <http://www.ofm.wa.gov/policy/10.90.htm#10.90.10>. We are also able to provide child care reimbursement for in-person meetings; we do ask that members secure their own child care.

**Process and Timeline**

**May 28, 2021**: Applications Due

**June 16, 2021**: Applications Reviewed

**June 22, 2021**: Applicants Notified

**July 1, 2021**: Member Terms Begin

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|  | **Parental Advisory Group (PAG)**  **Application** |

We welcome you to answer the questions in a way that helps you best express yourself. This may include written answers, video (YouTube), electronic submission, or phone conversations. If you would like to schedule a phone call to address the questions, please contact us at [dcyf.communityengagement@dcyf.wa.gov](mailto:dcyf.communityengagement@dcyf.wa.gov) **by May 20, 2021**. Otherwise, please fill out the questions and submit in one of the following ways **by May 28, 2021**:

|  |  |  |
| --- | --- | --- |
| **Email**:  [dcyf.communityengagement@dcyf.wa.gov](mailto:dcyf.communityengagement@dcyf.wa.gov) | **Electronically:**  [SurveyMonkey](https://www.surveymonkey.com/r/2QP9XF6) | **Mail**:  Community Engagement PO Box 40975  Olympia, WA 98501 |

Feel free to contact us ([dcyf.communityengagement@dcyf.wa.gov](mailto:dcyf.communityengagement@dcyf.wa.gov)) with any questions.

*All information shared below will only be used for this recruitment process.*

*Thank you for completing.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | City: |  |
| Phone Number(s): |  | Emil Address: |  |
| What is the best way to reach you? |  | Race and Ethnicity (optional): |  |

1. Why are you interested in serving on the Parent Advisory Group?

1. What are the age(s) of your child(ren)? - Please list the age(s) of your child(ren).

1. As a parent/guardian what have you found to be rewarding and what are you most passionate about?

1. Are you currently or have you previously participated in a parent group or volunteer role with children? If so, please provide an overview of your roles and experiences.

1. Are you able to make the necessary time commitments to the Parent Advisory Group - four (half or full day) meetings and two - three evening conference calls each year?  YES  NO

*If no, please explain:*

1. Which services are you interested in or have you had experience?

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| --- | --- | --- | --- |
|  | Indian Child Welfare |  | Child Welfare |
|  | Licensed Child Care |  | Homeless Program (McKinney Vento) |
|  | Early Support for Infants and Toddlers (ESIT) |  | Seasonal Child Care |
|  | Early Childhood Intervention and Prevention Services (ECLIPSE/MTCC) |  | Home Visiting  Community Cafes |
|  | Working Connections Child Care |  | Kaleidoscope Play and Learn Groups |
|  | Temporary Assistance for Needy Families (TANF)  Head Start/Early Head Start |  | Washington Kindergarten Inventory of Developing Skills (WaKIDS) |
|  | Tribal ECEAP  Early Childhood Education and Assistance Program (ECEAP) |  | Support for Families Experiencing Incarceration of a Family Member |
|  | Fathers’ Groups |  | Child Care Resource and Referral Services |
|  | Early Learning Regional Coalitions |  | Foster Care |
|  | Behavior Rehabilitation Services |  | Head Start/Early Achievers |
|  | Other: |  | Other: |

1. Based on the above list, please share a story that was impactful to you or a challenge you experienced (optional).

1. What impact do you hope to see this group have in Washington State, and how would you like to contribute to that effort?

1. How did you hear about this opportunity?

1. Please share anything else you would like us to know about you, your family and your experiences.