

SNOHOMISH COUNTY ECEAP

Policy Title: Community and Parent Complaint Policy and Procedures

Policy

Any participant or community member may express an appeal, complaint or concern about Snohomish County Early Childhood Education and Assistance Program (ECEAP) programming. In response, ECEAP will strive to address concerns and resolve complaints in a fair and equitable manner. There will be no retaliation against a complainant or their child for using the complaint procedure. The *Community and Parent Complaint Policy and Procedures* can be obtained from Snohomish County ECEAP.

The complaint procedure may be used when the complainant feels that ECEAP policies have been violated. Appropriate cases might include alleged:

1. Unfair or arbitrary application of enrollment policy.
2. Violation of Snohomish County ECEAP policies and procedures.
3. Inappropriate practices with children.
4. Suspected abuse.
5. Breach of confidentiality.
6. Unethical conduct.
7. Discriminatory actions.

Performance Standard A-10 (Administration: Community and Parent Complaints)

Requirements

Requirements per the Washington State Department of Early Learning *ECEAP Performance Standards* establish and maintain procedures for working with the contractor to resolve community and parent complaints about the program.

Procedures

The process to file a complaint is as follows:

1. Any parent or community member with a complaint, concern, or wishing to appeal an agency decision is strongly encouraged to first talk to the staff member most directly involved.
2. If the problem cannot be resolved in this manner, the complainant may contact Snohomish County ECEAP to receive a *Community and Parent Complaint Report Form*. The complainant can mail or bring the form to Snohomish County ECEAP, 3000 Rockefeller Ave., M/S 305, Everett, WA 98201.
3. The Early Learning Division Manager (ELD) will contact the complainant within five (5) working days to ensure clarity regarding the complaint.
4. Within ten (10) working days of submission of the complaint, the complainant will receive a written response answering the complaint from the ELD. The ELD will cite any policies and/or standards relevant to the issue if denying the complaint. The ELD will send a copy of the written response to the Policy Council Chairperson.
5. If the complainant is not satisfied with the ELD's solution/decision, the complainant has ten (10) working days from receipt of the response to appeal to move the issue to the Human Services Department Director. Within fifteen (15) working days of receipt of the appeal, the Human Services Department Director will notify the complainant in writing of a decision citing any policies and/or standards upon which the decision was based. The decision of the

Human Services Department Director will be final. The ELD will send a copy of the response to the Policy Council Chairperson.

6. The person appealing may withdraw an appeal/complaint at any point of the process.
7. The ELD will report on any appeals/complaints and their outcomes to the Policy Council on a quarterly basis.

Attachments:

Community and Parent Complaint Report Form

Community and Parent Complaint Report Follow-Up

Date approved by the Policy Council:

Date approved by the Advisory Committee:

Revisions approved by the Policy Council: (if applicable)



Snohomish County Human Services

**Snohomish County ECEAP
Community and Parent Complaint Report Form**

Person Making Complaint: _____ Child's Name: _____
Site: _____ Date: _____
Address: _____ Phone(s): _____

Description of Complaint (include names of persons involved, dates, locations, statements made, and other facts and observations reported by the person making the complaint):

Further Action Requested:

Signature of Person Making Complaint: _____ Date: _____

Staff will attach a copy of their written response to complainant.

Please mail this form to:

Early Learning Division Manager
3000 Rockefeller Ave., M/S 305
Everett, WA 98201



Name of Person Conducting Follow-Up: _____ Date: _____

Follow-Up Made by: ☐ Telephone ☐ Visit ☐ Letter

Person Contacted: _____ Phone: _____

Address: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Person Conducting Follow-Up: _____ Date: _____