

Public reporting burden for this collection of information is estimated to be 5 minutes per response to complete this questionnaire. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0970-0401. The control number expires on XX/XX/XXXX.

**Customer Survey**

**(Questions for Professionals)**

How are we doing? Please take 5 minutes to answer the questions below. Your input will help strengthen Child Welfare Information Gateway services to better meet your needs. Your participation in this survey is voluntary, and your responses will be reported anonymously. **This survey is intended for Child Welfare Information Gateway customers who are at least 18 years old**. If you would prefer to provide your responses by telephone, contact Child Welfare Information Gateway staff at 800.394.3366. If you have any questions, contact Child Welfare Information Gateway staff by email at info@childwelfare.gov or by telephone at 800.394.3366. Thank you for helping us help you.

1. **Which of the following best describes why you are visiting Child Welfare Information Gateway? (*Check one*)**
	1. **I am looking for information to help me in my work *(please indicate your primary background/role related to child welfare services)*:**
		* Prevention/Family support
		* Child protective services
		* Foster care/Foster parenting
		* Adoption
		* Youth services
		* Juvenile justice
		* Health/Mental health
		* Legal/Courts
		* Researcher/Evaluator/Consultant
		* Early childhood educator (0–5yrs)
		* Teacher (K–12)
		* Professor/Faculty (higher education)
		* Other (*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_
	2. **I am looking for information to help me with my education *(please indicate level)*:**
		* Undergraduate

If so, are you pursuing a BSW?

* + - Postgraduate

If so, are you pursuing an MSW/DSW/ Ph.D.?

* + - Other (*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_
	1. **I am looking for information to help me with a personal situation. I am a(n):**
		+ Parent
		+ Legal guardian/Relative
		+ Adopted person
		+ Foster youth (current or former)
		+ Concerned person
		+ Other (*please describe*)\_\_\_\_\_\_\_\_\_\_\_*\_*
1. **Which of the following best describes your workplace? (*Check one*)**
	* + Community-based organization/Faith-based organization
		+ Local or county public agency
		+ State agency
		+ Federal agency
		+ Legislature
		+ Tribal agency/organization
		+ CB T/TA Network
		+ National organization (nonprofit, advocacy)
		+ Educational institution (early education, K–12, college, university)
		+ Other (*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_
2. **Which of the following best describes your position? (*Check one*)**
	* + Frontline worker (e.g., caseworker, direct service worker)
		+ Supervisor/Manager
		+ Director/Administrator
		+ Other (*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_
3. **How many years of service do you have in your current profession? (*Check one*)**
	* + Less than 1 year
		+ 1–5 years of service
		+ 6–10 years of service
		+ 11–15 years of service
		+ 16+ years of service
4. **In which State/territory do you work?**
5. **Do you work with American Indian/Alaska Native/Native Hawaiian populations?** ❒ Yes ❒ No
6. **What was the primary topic of information you were looking for today? (*Check one*)**
* Child abuse & neglect

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Prevention

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Family support & preservation

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Kinship care

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Out-of-home care (e.g., foster care, transitioning youth, residential group care, etc.) (*please describe*)\_\_\_\_\_\_\_
* Adoption

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Management & supervision (e.g., training, workforce, system reform, evaluation, etc.) (*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Systemwide (e.g., courts, domestic violence, substance abuse, mental health, youth, etc.)

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Trauma-informed services

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How do you intend to use the information you were looking for today? (Check up to three)**
	* Grant writing/Fundraising

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Provide information to clients/families

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + My own professional development

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Program improvement

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Train staff/colleagues

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Policy development

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Research

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Public awareness/Advocacy

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Other

(*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did you find the information you were looking for? (*Check one*)**
	* Yes, I found what I was looking for.
	* I found some of what I was looking for.

 *What information do you still need?*

* + No, I did not find what I was looking for.

*What information do you still need?*

* + I’m not sure.
1. **Overall, how satisfied are you with your interaction with Child Welfare Information Gateway? (*Check one*)**
	* Very satisfied

(*please explain*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Somewhat satisfied

(*please explain*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Neither satisfied nor dissatisfied

(*please explain*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Somewhat dissatisfied

(*please explain*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Very dissatisfied

(*please explain*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How did you first find out about Child Welfare Information Gateway? (*Check one*)**
	* Search engine (e.g., Google, Yahoo)
	* Linked from another website
	* Conference (*please name)*\_\_\_\_\_\_\_\_\_\_
	* Email announcement
	* Print advertisement (*please name)*\_\_\_\_
	* Referral from someone
	* Social media (e.g., Facebook, Twitter).
	* U.S. Postal Mail
	* Other (*please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **How frequently do you contact Child Welfare Information Gateway? (*Check one*)**
	* This is my first time
	* More than once a week
	* 1–4 times a month
	* 1–4 times a year
	* Less than once a year
3. **Please use the spaces below to indicate the top two places (e.g., websites, government agencies, nonprofit organizations) you go to access child welfare information?**
	* The first place I go to find child welfare information is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* The second place I go to find child welfare information is: \_\_\_\_\_\_\_\_\_\_
4. **Are you familiar with the work of the Children’s Bureau in the U.S. Department of Health and Human Services? (*Check one*)**
	* I am very familiar with the work of the Children’s Bureau.
	* I am somewhat familiar with the work of the Children’s Bureau.
	* I have heard of the Children’s Bureau, but I don’t know what it does.
	* I have never heard of the Children’s Bureau.
5. **How would you prefer to access Child Welfare Information Gateway website content? (*Check all that apply*)**
	* Personal computer (laptop, desktop)
	* Smartphone (iPhone, Android, etc.)
	* Tablet (iPad, Kindle)
	* Other (*please describe*)\_\_\_\_\_\_\_\_\_\_\_
6. **What features of the Information Gateway website would be most useful to access on a mobile device?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Which of the following best describes how you use social networking sites? (*Check all that apply*)**
* I use social networking sites ONLY for personal use.
* I use social networking sites ONLY for work.
* I use social networking sites for both personal use AND for work.
* I do not use social networking sites.
1. **If you have any other comments to help us improve our services or products, please write them below:**

As part of our continuous improvement efforts, we want to learn more about the different ways Child Welfare Information Gateway impacts your work. If you are willing to participate in a brief follow-on survey in approximately 4 weeks, please check the box below and provide your contact information. Your contact information will be used only for the purpose of conducting the follow-on survey, not to identify you. Your contact information will be securely stored according to Federal guidelines set forth by the National Institute of Standards and Technology (NIST) and will be stored separately from your survey responses.

* + **Yes, I am willing to be contacted to participate in a brief follow-on survey about my experiences with Child Welfare Information Gateway**

#### Name:

####  Phone:

####  Email:

***Thank you very much for your participation. Your time and input are greatly appreciated.***