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 X/XX/XXXX.

**2013 National Child Abuse Prevention Month Survey**

1. **Which of the following best describes your professional background or role? *(Check one.)***

* Prevention/family support
* Child protective services
* Foster care/foster parenting
* Adoption
* Youth services
* Juvenile justice
* Health/mental health
* Legal/courts
* Research/evaluator/consultant
* Early childhood educator (0-5 yrs)
* Teacher (K-12)
* Professor/faculty (higher education)
* Other profession *(Please describe.)*\_\_\_\_\_\_\_\_\_\_\_

1. **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.)*\_\_\_\_\_\_\_\_\_\_\_\_
2. **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 (e.g., nonprofit, advocacy)
     + Educational Institution (early education, K-12, college, university)
     + Other *(Please describe.)*\_\_\_\_\_\_\_\_\_\_\_\_
3. **Please describe why you are visiting the National Child Abuse Prevention Month website.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you work with American Indian/Alaska Native/Native Hawaiian populations?** 
   * + Yes
     + No
2. **In which state/territory is your work geographically located? (select from dropdown)**
3. **How do you intend to use the resources offered on the National Child Abuse Prevention Month website? *(Check all that apply.)***

* Share National Child Abuse Prevention Month activities
* Raise awareness/advocacy
* Provide information to children, youth and families, and/or organizations
* My own professional development
* Train staff/colleagues
* Program improvement
* Personal use
* Other *(Please describe.)*\_\_\_\_\_\_\_\_\_\_\_

1. How useful are the information and resourcesavailable on the National Child Abuse Prevention Month website?
   * Very useful *(Please explain*.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Useful *(Please explain.)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Somewhat useful *(Please explain.)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Not at all useful *(Please explain.)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Please describe additional information and resources that you would like to see offered on the website.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1. **The following tools are available to help you and your organization/agency promote National Child Abuse Prevention Month. For each item, please indicate whether or not you have used it and, if applicable, how you intend to use the tool to promote National Child Abuse Prevention Month.\*** | | |
| *Please select which tools you have used.* | *Tell us how you used this tool to promote National Child Abuse Prevention Month.* | *Provide any comments or suggestions you have about this tool.* |
| **Widgets\*\*** |  |  |
| **Sample signature blocks** |  |  |
| **Sample email messages** |  |  |
| **Sample social media messages** |  |  |
| **National Child Abuse Prevention Month Calendars** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Did you access any of the Prevention Videos on the National Child Abuse Prevention Month website? If so, please indicate which video and, if applicable, how you intend to share or use the video(s) in your work.** | | |
| *Please select which video you have accessed. (Check all that apply.)* | *Tell us how you intend to use each video in your work.* | *Provide any comments or suggestions you have about the Prevention Videos.* |
| **CBCAP Success Story**  **State Video**  **National Video** |  |  |

1. This year’s theme for our National Child Abuse Prevention Month website is “**Preventing Child Maltreatment and Promoting Well-Being: Network for Action.**” Do you have suggestions for next year’s theme?

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1. Do you have any additional comments or suggestions that would make future National Child Abuse Prevention Month websites more helpful (e.g., specific topics, additional tools, different formats)?

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*\*If you would like to access any of these tools to help you and your organization/agency promote National Child Abuse Prevention Month after completing your survey, visit:* <https://www.childwelfare.gov/preventing/preventionmonth/>

*\*\*A widget is an application that displays the featured content directly on personalized homepages, blogs, and other sites. After embedding the widget using the code provided on our website, no maintenance is required. Childwelfare.gov updates the content automatically.*

*If you require any additional assistance, please contact Child Welfare Information Gateway staff by email at* [*info@childwelfare.gov*](mailto:info@childwelfare.gov) *or by telephone at 800.394.3366.*

*Thank you for your comments and suggestions. Your input makes a difference!*