

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 4/30/2015.

**Customer Survey**

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 either a, b, or c below*)**
	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 B.S.W.?

* + - Postgraduate

If so, are you pursuing an M.S.W./D.S.W./ 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. **In which State/territory do you work? \_\_\_\_\_**

1. **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
2. **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, behavioral/mental health, youth, etc.)

(*Please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Trauma-informed services

(*Please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other

(*Please describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you looking for information about one of the following national initiative months? *(Check all that apply*)**
* National Adoption Month
* National Child Abuse Prevention Month
* National Foster Care Month
* No, I was not looking for information related to a national initiative month *(skip to Question 6).*

5a) Please describe what information you need from the national initiative site.

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

5b) Do you have any additional comments or suggestions that would make future sites more helpful (e.g., specific topics, additional tools, different formats)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 easily found what I was looking for.
	* Yes, I found what I was looking for, but it took longer than I expected
	* I only 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 yet; I’m still looking.
	* I was just browsing today and not looking for anything in particular.
2. **Overall, how satisfied are you with your experience with Child Welfare Information Gateway services? (*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. **9) On a scale of 1 (poor) to 5 (excellent), please rate the Child Welfare Information Gateway website on each of the following based on your experiences today:**
 |
| Ease of finding information on the website |  1 2 3 4 5 NApoor excellent |
| Website organization |  1 2 3 4 5 NApoor excellent |
| Appeal of the website design |  1 2 3 4 5 NApoor excellent |
| Content that matches up to my needs |  1 2 3 4 5 NApoor excellent |
| Quality of search results |  1 2 3 4 5 NApoor excellent |

|  |
| --- |
| **10) On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate the following statements regarding Child Welfare Information Gateway:** |
| Supports professionals working with children and families to have better access to relevant publications/ products |  1 2 3 4 5Strongly Stronglydisagree agree |
| Provides information in a format that is useful to my needs (e.g., publications, searchable databases, links) |  1 2 3 4 5Strongly Stronglydisagree agree  |
| Provides timely and current information when I need it |  1 2 3 4 5Strongly Stronglydisagree agree  |

1. **If Information Gateway did not exist, please select the various ways in which your work might be affected. *(Check all that apply)***:
	* It would take me longer to find information/resources.
	* It would cost more money to get the information/resources needed.
	* It would be harder to stay informed of effective practice.
	* It would be harder to implement and sustain effective policies and programs.
	* It would be harder to stay current on the latest research and trends.
	* It would be more difficult to share information/resources with others.
	* It would be more difficult to train staff and other colleagues.
	* I would not have adequate access to child welfare related publications and products.
	* It would make my job more difficult.
	* Other (*Please describe*)\_\_\_\_\_\_\_\_\_\_\_\_
	* Not applicable/My work would not be affected.
2. **If you could improve one thing about Child Welfare Information Gateway, what would it be?**

1. **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
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. **Do you have any additional comments?**

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. *(Please write-in your contact information in the spaces below).***

#### Name:

####  Phone:

####  Email:

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