

2015 National Child Abuse Prevention Month Customer Satisfaction Assessment – Website Survey

- **1)** Please describe why you are visiting the National Child Abuse Prevention Month website.
- 2) Have you previously visited the National Child Abuse Prevention Month website either this year or in previous years?

[] Yes. (Please estimate how many times you have visited our website.)[] No, this is the first time I've visited the National Child Abuse Prevention Month website.

3) A. You indicated that you visited the National Child Abuse Prevention Month website multiple times. Please select how you applied the information you received from previous visits to our website. (*Check all that apply.*)

[] I shared information from the National Child Abuse Prevention Month website with others. (Please describe with whom you shared the information.)

[] I used the information to train staff or colleagues. (Please describe the trainings.)

[] I provided the information to children, youth, families, and/or organizations. (Please describe the children, youth, families, and/or organizations that received the information.)
[] I used the information to raise public awareness. (Please describe how you used the information to raise public awareness.)

[] I used the information for advocacy purposes. (Please describe how you used the information for advocacy purposes.)

[] I used the information to enhance practices or policies. (Please describe how you used the information to enhance practices or policies.)

[] I used the information to improve programs. (Please describe how you used the information for program improvement.)

[] I used the information for my own professional development. (Please describe how you used the information for your own professional development.)

[] I used the information in other ways. (Please describe the other ways you used the information.)

3) B. How do you intend to use the resources you received from today's visit to the National Child Abuse Prevention Month website? (*Check all that apply.*)

[] I intend to share information from the National Child Abuse Prevention Month website with others. (Please describe with whom you intend to share the information.)

[] I intend to use the information to train staff or colleagues. (Please describe the trainings.)

[] I intend to provide the information to children, youth, families, and/or organizations. (Please describe the children, youth, families, and/or organizations who will receive the information.)

[] I intend to use the information to raise public awareness. (Please describe how you intend to use the information to raise public awareness.)

[] I intend to use the information for advocacy purposes. (Please describe how you intend to use the information for advocacy purposes.)

[] I intend to use the information to enhance practices or policies. (Please describe how you intend to use the information to enhance practices or policies.)

[] I intend to use the information to improve programs. (Please describe how you intend to use the information for program improvement.)

[] I intend to use the information for my own professional development. (Please describe how you intend to use the information for your own professional development.)

[] I intend to use the information in other ways. (Please describe the other ways you intend to use the information.)

4) The following tools are available to help you and your organization or agency promote National Child Abuse Prevention Month. Select each item you have used or intend to use to promote National Child Abuse Prevention Month.

[] Widgets

- [] Sample signature blocks
- [] Sample email messages
- [] Sample social media messages
- [] Sample proclamations
- [] National Child Abuse Prevention Month calendars

5) Did you access any of the prevention vignettes?

[] Yes (if yes, please tell us how you intend to use the prevention vignettes and provide any comments or suggestions.)

[] No

6) How useful are the information and resources available on the National Child Abuse Prevention Month website?

() Very useful (Please explain why the information was very useful.)

() Useful (Please explain why the information was useful.)

() Somewhat useful (Please explain why the information was somewhat useful.)

() Not at all useful (Please explain why the information was not useful.)

7) Please rate your agreement with the following statements.	Strongl y agree	Agre e	Neither agree nor disagre e	Disagre e	Strongl y disagree	Not applicabl e
The National Child Abuse Prevention Month website promotes public awareness about ways to prevent child abuse and neglect.	SA	A	N	D	SD	NA
The National Child Abuse Prevention Month website promotes the social and emotional well-being of children and families.	SA	А	Ν	D	SD	NA
The National Child Abuse Prevention Month website enhances services for children and families.	SA	А	Ν	D	SD	NA
The National Child Abuse Prevention Month website increased my knowledge about the prevention of child abuse and neglect.	SA	А	Ν	D	SD	NA

8) Please select the various ways in which you (or your work) might be affected if the National Child Abuse Prevention Month website did not exist.

[] It would take me longer to find information, resources, or tools to promote National Child Abuse Prevention Month.

[] It would cost more money to get the information, resources, or tools I need to promote National Child Abuse Prevention Month.

[] It would be more difficult to share information, resources, or tools with others about National Child Abuse Prevention Month.

[] It would be more difficult to train staff and colleagues about National Child Abuse Prevention Month.

[] I would not have adequate access to publications and products on National Child Abuse Prevention Month.

[] It would affect me in other ways. (Please describe.)

[] It would not affect me.

9) 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 (e.g., GAL, CASA, attorney)

() Research/evaluator/consultant
() Early childhood educator (0–5 yrs)
() Teacher (K–12)
() Professor/faculty (higher education)
() Other profession (Please describe.)

10) 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.)

11) Which of the following best describes your workplace? (Check one.)

- () Local or county public agency
- () State agency
- () Tribal agency/organization
- () Federal agency
- () Non-profit (e.g., community-based, faith-based, advocacy)
- () Health care organization
- () Educational institution (early education, K–12, college, university)
- () Training and technical assistance service provider (Please describe.)
- () Other (Please describe.)

12) 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)?

Thank You!



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.

2015 National Child Abuse Prevention Month Customer Satisfaction Assessment – Prevention Resource Guide Survey

Please let us know how you are using this year's Prevention Resource Guide and how we can better meet your needs!

1. Please rate your agreement with the following statements.	Strongly agree	y Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable		
I am satisfied with the content of the Prevention Resource Guide.		A	N	D	SD	NA		
The Prevention Resource Guide is easy to read and understand.	SA SA		Ν	D	SD	NA		
The Prevention Resource Guide is useful.	SA	A	N	D	SD	NA		
I would recommend the Prevention Resource Guide to others.	SA	А	N	D	SD	NA		
I have a better understanding of how to implement different protective factors approaches as a result of the information in the Prevention Resource Guide.	SA	А	N	D	SD	NA		
I have a better understanding of the different ways to effectively build meaningful community partnerships as a result of the information outlined in the Prevention Resource Guide.	SA	А	N	D	SD	NA		
2. Please select all of the ways you have used or intend to use information from the Prevention Resource Guide.I already used information from the PreventionI intend to use information from the Prevention								
Resource Guide	I <u>intend to use</u> information from the Prevention Resource Guide							
[] For my own professional development Briefly describe.	[] For my own professional development Briefly describe.							
[] To share with others Briefly describe.	[] To share with others Briefly describe.							
[] To train staff or colleagues Briefly describe.	[] To train staff or colleagues Briefly describe.							
[] To raise public awareness or for advocacy purposes Briefly describe.	[] To raise public awareness or for advocacy purposes Briefly describe.							
[] To enhance practices or sustain good polic Briefly describe.	[] To enhance practices or sustain good policies Briefly describe.							
[] To improve programs Briefly describe.	[] To improve programs Briefly describe.							
[] Other ways Briefly describe.	[] Other ways Briefly describe.							

3. Select the three chapters in the Prevention Resource Guide that you find most useful. (*Please mark 1, 2, and 3 for your first, second, and third choices.*)

- [] Chapter 1: Protective-Factors Approaches to Promoting Well-Being
- [] Chapter 2: Working With Families Using the Protective-Factors
- [] Chapter 3: Engaging Your Community
- [] Chapter 4: Protecting Children
- [] Chapter 5: Tip Sheets for Parents and Caregivers
- [] Chapter 6: Resources (includes contact information for private and Federal partners)

4. Did you access any of the prevention vignettes?

[] No

[] Yes (Please tell us how you intend to use the vignettes and provide any comments or suggestions.)

5. What would have made the Prevention Resource Guide more helpful to you? (*Check all that apply.*)

- [] More tip sheets (Please describe.)
- [] More hard copies available
- [] Additional tools or resources (Please describe.)
- [] New content (Please describe.)
- [] More State or local examples (Please describe.)
- [] Other (Please describe.)_
- 6. Please select the various ways in which your work might be affected if the Prevention Resource Guide was no longer available.

[] It would take me longer to find information, resources, or tools related to the protective factors.

[] It would be more difficult to share information, resources, or tools with others about the protective factors.

- [] It would be more difficult to train staff and other colleagues about the protective factors.
- [] I would not have adequate access to publications and products on the protective factors.
- [] It would be affected in other ways. (Please describe.)

[] It would not affect my work.

7. In which State or territory is your work geographically located?

8. How many years have you been using the Prevention Resource Guide (formerly known as the Community Resource Packet)?

[] This is the first year I've used the Prevention Resource Guide.

- [] 2–3 years
- [] 4–5 years
- [] 6–7 years
- [] 8+ years

9. How did you learn about this publication?

- () Child Welfare Information Gateway E-lert!
- () Child Welfare Information Gateway website
- () Conference
- () Facebook
- () Other organization's website or publication
- () Referred by a colleague or friend
- () Other (Please describe.)_

10. Which of the following best describes your professional background or role in the child welfare field?

- () Prevention/family support
- () Child protective services
- () Foster care/foster parenting
- () Adoption
- () Youth services
- () Juvenile justice
- () Health/mental health
- () Legal/courts (e.g., GAL, CASA, attorney)
- () Research/evaluator/consultant
- () Early childhood educator (0–5 years)
- () Teacher (K–12)
- () Professor/faculty (higher education)
- () Other profession (Please describe.)_____

11. Which of the following best describes your workplace? (Check one.)

- () Local or county public agency
- () State agency
- () Tribal agency/organization
- () Federal agency
- () Non-profit (e.g., community-based, faith-based, advocacy)
- () Health-care organization
- () Educational institution (early education, K–12, college, university)
- () Training and technical assistance service provider (Please

describe.)_

() Other (Please describe.)

Do you have any suggestions or recommendations to make future editions of the Prevention Resource Guide more useful (e.g., different format, more interactive, specific topics)?

Thank you for completing our survey!

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2015 National Child Abuse Prevention Month Customer Satisfaction Assessment – Polling Questions

- **1.** Has your organization or agency used the family vignettes to enhance its knowledge on the protective factors?
 - Yes No
- 2. Has your organization or agency used the tips for working with specific groups (Prevention Resource Guide Chapter 3) to engage your community in prevention strategies?
 - Yes No
- 3. Has your organization or agency used the approaches to promoting well-being (Prevention Resource Guide Chapter 1) to implement a protective factor approach?
 - Yes No