

Public reporting burden for this collection of information is estimated to be 3 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 XXXX-XXXX. The control number expires on X/XX/XXXX.

**Child Welfare Information Gateway’s General Customer Survey – Questions for Personal Customers**

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 have any questions, contact Child Welfare Information Gateway staff by email at [info@childwelfare.gov](mailto:info@childwelfare.gov) or by telephone at [800.394.3366](tel: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?
2. I am looking for information to help me in my work.
3. I am looking for information to help me with my education.
4. I am looking for information to help me with a personal situation.
5. I am a(n):
6. Parent (includes birth parent, adoptive parent, foster parent)
7. Legal guardian/relative (e.g., grandparents)
8. Adopted person
9. Foster youth (current or former)
10. Concerned person
11. Prospective adoptive/foster parent
12. Other (*please describe*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***2a. If you are a parent, are you a(n):***

1. *Birth parent*
2. *Adoptive parent*
3. *Foster parent*
4. In which State/territory do you live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How frequently do you contact Information Gateway?
6. This is my first time x
7. More than once a week
8. 1 to 4 times a month
9. 1 to 4 times a year
10. Less than once a year
11. What were the topics of information you were looking for today? Select up to two. Mark "1" for your primary topic and "2" for your secondary topic (if applicable).
12. Child abuse & neglect
13. Prevention
14. Family support & preservation
15. Kinship care
16. Out-of-home care (e.g., foster care, transitioning youth, residential group care)
17. Permanency (e.g., reunification, guardianship)
18. Adoption
19. Management & supervision (e.g., training, workforce, system reform, evaluation)
20. Systemwide (e.g., domestic violence, substance abuse, mental health, youth, human trafficking)
21. Trauma-informed services
22. Behavioral health and wellness
23. Other
24. Please provide more detail regarding the topics(s) you selected in the space provided.

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1. Overall, how satisfied are you with your interaction with Information Gateway?
2. Very satisfied
3. Somewhat satisfied
4. Neither satisfied nor dissatisfied
5. Somewhat dissatisfied (*please explain*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Very dissatisfied (*please explain*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. On a scale of 1 to 5, with 1 being “poor“ and 5 being “excellent“, please rate the Information Gateway website on each of the following based on your experiences:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 -  Poor | 2 | 3 - Neutral | 4 | 5 - Excellent | N/A-  I did not visit the website | If you selected "1" or "2", please describe why in the space provided. |
| Ease of finding information on the website | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Website organization | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Appeal of the website design | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Content that matches my needs | 1 | 2 | 3 | 4 | 5 | N/A |  |
| Quality of search tool | 1 | 2 | 3 | 4 | 5 | N/A |  |

1. If Information Gateway did not exist, which of the following would be true?
2. It would be more difficult to report child abuse and neglect.
3. I would not know how to get information on how to regain custody of my child.
4. I would not know how to file a complaint against a child welfare agency (child protective services [CPS]).
5. It would be more difficult to get information related to kinship care (grandparents or relatives caring for a child).
6. It would be more difficult to get information on financial assistance.
7. I would not have full and accurate State-specific information about how to adopt.
8. I would not have State-specific information on searching for my birth family.
9. I would not know about the children and youth waiting for adoption.
10. It would take me much longer to find State-specific information about the adoption laws in my State.
11. I would not be aware of adoption agencies or support groups in my area.
12. I would not know about the education and training vouchers that are available to me as a youth adopted from foster care.
13. Other (*please describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Not applicable. / My work would not be affected. / I would not be affected.
15. Do you have any additional comments?

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If you have any questions about this survey or need further assistance, you can contact Information Gateway staff by phone at [800.394.3366](tel:800.394.3366).