

**PURPOSE:** This short survey will be used to assess child welfare staff perceptions of the outcomes of brief courses of tailored services provided by Centers. The survey will be administered to tribal child welfare jurisdiction staff and CIP staff who were directly engaged in tailored service brief projects, at the close of those services. The Center for States administers a similar instrument that includes these same items, plus additional items that are specific to states, which is listed separately in the instruments table. (That instrument is named CBCS – Tailored Services Brief Project Survey.)

OMB #: 0970-0XXXX  
Expiration Date: XX/XX/XXXX

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This collection of information will be used to assess changes in child welfare staff perceptions of the outcomes of brief tailored services provided by the Capacity Building Collaborative. Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. If you have any comments on this collection of information, please contact Chereese Phillips, ACF, Administration on Children, Youth and Families by e-mail at Chereese.Phillips@acf.hhs.gov.

## **Evaluation of the Child Welfare Capacity Building Collaborative Brief Tailored Services Survey**

Thank you for considering participation in this survey! The Children’s Bureau funded James Bell Associates (JBA) and ICF to conduct a cross-center evaluation of the Capacity Building Collaborative. As part of that evaluation, this survey is an opportunity to learn about your experiences with tailored services your [state/tribe/Court Improvement Program (CIP)] received from the [Center] as part of the [name of project] in which you engaged. We realize how limited your time is; the survey should take an average of 3 minutes to complete. Your participation in the survey is voluntary. You may refuse to take part in the survey or exit the survey at any time. You may decline to answer any question you do not wish to answer. There are no risks involved in participating in the survey. While you will not receive any direct benefits from participating in this survey, your responses provide information which will support Center improvements.

Your survey responses will be stored in a password-protected electronic database. Only JBA team members will be able to access survey data. Your name or any other personally identifying information will not appear in any report. Your survey responses will remain private to the extent permitted by law. Data will be shared with the [Center]. Survey data will be kept by the JBA through MONTH YEAR.

If you have questions or concerns about the survey or evaluation, you may contact Project Director James DeSantis at [desantis@jbassoc.com](mailto:desantis@jbassoc.com)

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that:

- You have read the above information;
- You voluntarily agree to participate;
- You are 18 years of age or older.

- Agree
- Disagree [If selected, exit survey]

Please indicate your level of agreement with the following statements regarding the services you received from the [Center] on [project name].	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree	Don't Know
In general, our [tribe/CIP]'s knowledge and/or skills about the topic(s) addressed by these services have increased.								
The knowledge and/or skills our [tribe/CIP] acquired through these services are directly applicable to our work.								
I expect my [tribal child welfare program's practice/ CIP's performance] to be positively affected by our work on this project.								
The services provided were well aligned with the needs of our [tribe/CIP].								