**PURPOSE:** The Assessment and Work Planning Process Survey will be used to measure satisfaction with and outcomes of the assessment and work planning services provided by Centers. It will be administered to child welfare jurisdiction staff who were involved in the assessment and/or work planning process with their Center, at the conclusion of the process.

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 satisfaction with Capacity Building Collaborative assessment and work planning services, and the outcomes of those services. Public reporting burden for this collection of information is estimated to average 9 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**

### Assessment and Work Planning Process 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 satisfaction with the [assessment and work planning processes] that your [state/tribe/CIP] engaged in with the [Center]. We realize how limited your time is; the survey should take an average of 9 minutes to complete.

CBCS Only: This survey consists of three sections:

* Section 1: Assessment Process
* Section 2: Work Planning Process
* Section 3: Overall Assessment and Work Planning Processes

CBCT Only: This survey consists of two sections:

* Section 1: Assessment Process
* Section 2: Work Planning Process

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 evaluators from the [Center]. Survey data will be kept by JBA through MONTH YEAR.

If you have questions or concerns about the survey or the evaluation, you may contact Project Director Jim 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]

[CBCS/CBCT Only] First we’ll ask you about the assessment process and then on a separate page we’ll ask about the work planning process.

| Please indicate the extent to which you agree or disagree with each of the following statements about the **Assessment Process**. | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Neither Agree nor Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** | **Don’t Know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Center staff were knowledgeable and informed about our [state/tribe]. |  |  |  |  |  |  |  |  |
| Center staff were effective facilitators during the assessment process. |  |  |  |  |  |  |  |  |
| Center staff communicated with us in a way that [felt appropriate to the values and context of our agency/was culturally responsive]. |  |  |  |  |  |  |  |  |
| Center staff effectively guided us through the assessment process. |  |  |  |  |  |  |  |  |
| The assessment summary was shared with us in a timely way. |  |  |  |  |  |  |  |  |
| The assessment summary reflects the discussions we had with the Center staff. |  |  |  |  |  |  |  |  |
| Center staff helped us use the assessment results to plan our capacity building services. |  |  |  |  |  |  |  |  |
| The assessment summary was clear and understandable. |  |  |  |  |  |  |  |  |
| The assessment process accurately identified our [state/program]’s capacity building needs. |  |  |  |  |  |  |  |  |
| The assessment summary added to our understanding of our system. |  |  |  |  |  |  |  |  |
| Overall, I was satisfied with the assessment process. |  |  |  |  |  |  |  |  |
| [CBCS Only] The assessment process made it possible to create new ideas, strategies, services, solutions, and/or opportunities. |  |  |  |  |  |  |  |  |
| [CBCS Only] The assessment process helped the team to think critically about our state’s capacity building needs and resources. |  |  |  |  |  |  |  |  |

Could your experience with the Center have been improved? YES NO

[Display only if Yes, is selected in previous question] Please describe how your experience with the Center could have been improved. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What aspects of the assessment were most relevant and useful to your work?

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

[CBCS/CBCT Only] Next, we will ask you about the Work Planning Process.

| Please indicate the extent to which you agree or disagree with each of the following statements about the **Work Planning Process**. | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Neither Agree nor Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** | **Don’t Know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The steps in the work planning process were clearly communicated by Center staff. |  |  |  |  |  |  |  |  |
| [Not asked of CBCC Respondents] Center staff effectively guided us through the work planning process. |  |  |  |  |  |  |  |  |
| [Not asked of CBCC Respondents] Center staff helped us to assess readiness and identify possible barriers that must be addressed. |  |  |  |  |  |  |  |  |
| Our [agency/court/tribal program] developed a strong work plan with the support of the Center staff. |  |  |  |  |  |  |  |  |
| The [theory of change/Pathway to Change] for our project describes how our work will make a change in practice that will improve outcomes. |  |  |  |  |  |  |  |  |
| The work plan accurately identifies the outcomes we seek to improve as a result of our work. |  |  |  |  |  |  |  |  |
| The work plan is realistic for our [agency/court/ program]. |  |  |  |  |  |  |  |  |
| The work plan will be an effective tool for helping our [agency/court] achieve our outcomes. |  |  |  |  |  |  |  |  |
| The work planning process was flexible to meet the needs of our [agency/court/program]. |  |  |  |  |  |  |  |  |
| Our [agency/court/tribe]’s [values/ values and practices] were respected during the work planning process. |  |  |  |  |  |  |  |  |
| In general, this process reflected how people from our [court/agency/tribal program] work together to accomplish something. |  |  |  |  |  |  |  |  |
| Overall, I was satisfied with the *process* to develop the [impact model and work plan/ work plan]. |  |  |  |  |  |  |  |  |
| Overall, I was satisfied with the work plan itself. |  |  |  |  |  |  |  |  |
| [CBCS Only] The state agency had ownership of the process as it took place. |  |  |  |  |  |  |  |  |

Could your experience with the Center have been improved? YES NO

[Display only if Yes, is selected in previous question] Please describe how your experience with the Center could have been improved. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What aspects of the work planning process were most relevant and useful to your work?

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

[For CBCS Respondents Only]

Finally, we will ask you about the Assessment and Work Planning Processes overall.

| Please indicate the extent to which you agree or disagree with each of the following statements. | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Neither Agree nor Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** | **Don’t Know** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The Center conducted outreach to our agency in a variety of ways that helped establish relationships. |  |  |  |  |  |  |  |  |
| The Center understood and respected the environment and context in which our state agency works. |  |  |  |  |  |  |  |  |
| The Center provided necessary information to ensure team members were prepared. |  |  |  |  |  |  |  |  |
| The assessment and work planning process achieved active collaboration, rather than just attendance and passive involvement of participants. |  |  |  |  |  |  |  |  |
| The assessment and work planning process included all of the appropriate stakeholders with the requisite skills and areas of responsibility. |  |  |  |  |  |  |  |  |
| Team members shared specific ideas or comments about possible activities and/or services during the assessment and work planning process. |  |  |  |  |  |  |  |  |
| The Center facilitated opportunities for making connections among various stakeholders. |  |  |  |  |  |  |  |  |
| The communication during the assessment and work planning process included meaningful discussions among stakeholders and Center staff. |  |  |  |  |  |  |  |  |
| Center representatives built credibility by being well-informed about use of state data in child welfare |  |  |  |  |  |  |  |  |

Please provide any additional comments about your experience related to the assessment and work planning Process.

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