**Preventing Child Abuse and Neglect Targeted Survey**

OMB Control Number:0970-0401 Expiration Date 06/30/2024

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) The purpose of this information collection is to gather feedback on capacity building products and services to better meet the needs of child welfare professionals. Public reporting burden for this collection of information is estimated to average five minutes per respondent, 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 control number for this project is 0970-0401. The control number expires on 6/30/2024. If you have any comments on this collection of information, please contact Lyscha Marcynyszyn, Child Welfare Information Gateway, by e-mail at [Lyscha.Marcynyszyn@icf.com](mailto:Lyscha.Marcynyszyn@icf.com).

How are we doing? Please take five minutes to answer the questions below. Your input will help strengthen Child Welfare Information Gateway to better meet your needs. Your participation in this survey is voluntary and your responses will be anonymously shared in aggregate, with Child Welfare Information Gateway staff and the Children’s Bureau to improve service delivery. You may exit the survey at any time. Please note that questions with an \* require a response. There are no foreseeable risks and no direct benefits from participating in this survey. Proceeding with the survey is an indication of your consent. If you have any questions or require accessibility assistance with this survey, please contact Child Welfare Information Gateway staff by email at [info@childwelfare.gov](mailto:info@childwelfare.gov?subject=CWIG%20Systemwide%20Survey) or by telephone at [800.394.3366](tel:800.394.3366). Thank you for helping us help you.

**1. Select the topic of information you were primarily interested in today. \* (This is a required question.)**

* Promoting child and family well-being
* Public awareness and creating supportive communities
* Prevention programs
* Developing and sustaining prevention programs
* Evidence-based practice *(Skip to Q2)*
* Evaluating prevention programs
* Other (Please describe in the textbox below.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Skip to Q2)*

**1a. Select the option that best describes what you expected to find on Child Welfare Information Gateway related to…** *Response options dependent on responses to Q1.*

[For respondents who selected *Promoting child and family well-being* in Q1]:

* Protective factors
* Promoting child and youth well-being
* Promoting parent and caregiver well-being
* Strengthening marriages
* Fatherhood resources
* Parenting resources
* Capacity building for programs and systems
* Other (Please describe in the textbox below.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[For respondents who selected *Public awareness and creating supportive communities* in Q1]:

* Developing an effective message
* Tools for sharing your message
* Public awareness activities and programs
* Building community support
* Preventing community violence
* Social media
* Other (Please describe in the textbox below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[For respondents who selected *Prevention Programs* in Q1]:

* Standards
* Reports from State programs
* Home visiting programs
* Early childhood and child care services
* Parent education
* Parent support groups
* Respite care
* Family resource centers
* School-based programs
* Preventing abusive head trauma
* Sexual abuse prevention programs
* Preventing the recurrence of abuse or neglect
* Other (Please describe in the textbox below.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[For respondents who selected *Developing and sustaining prevention programs* in Q1]:

* Assessing community strengths and needs
* Collaboration and partnerships
* Family engagement and retention
* Parent engagement and leadership
* Making an economic case
* Other (Please describe in the textbox below.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[For respondents who selected *Evaluating prevention programs* in Q1]:

* Evaluation toolkit and logic model builder
* Tools for evaluating prevention programs
* Results of program evaluations
* Other (Please describe in the textbox below.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **2. Please provide more detail (e.g., content, topic of information, resource, format) about you were looking for today.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **3.** **Have you found what you were looking for on Information Gateway?**

* Yes
* No
* I’m still looking

# **4. On a scale of 1 (poor) to 5 (excellent), please rate the following regarding your experience on Information Gateway.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | N/A |
| Ease of finding information on the site |  |  |  |  |  |  |
| Appeal of the website design |  |  |  |  |  |  |
| Content that matches my needs |  |  |  |  |  |  |
| Relevancy of the content to my work or information needs |  |  |  |  |  |  |

# **5. Please provide any information to explain your ratings in question 4.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **6. Please indicate with whom you plan to share the information found today and whom you believe would find this information valuable? Select all that apply.**

|  |  |  |
| --- | --- | --- |
|  | With whom do you plan to share the information you found today? | Whom do you believe would find the information you found today valuable? |
| Families or clients |  |  |
| Youth in foster care (current or former) |  |  |
| My supervisor or director |  |  |
| Staff who report directly to me |  |  |
| Colleagues |  |  |
| Child welfare professionals in my community or network |  |  |
| Classmates |  |  |
| My teachers or professors |  |  |
| Policymakers |  |  |
| Legal professionals in my community or network |  |  |
| Mental health or substance use professionals in my community or network |  |  |
| Child welfare advocates |  |  |
| Other related professionals |  |  |
| I do not plan to share the information; I plan to use it to increase my own knowledge or understanding or for my own professional development |  |  |
| Other (Please describe in the textbox below.) |  |  |

# **7. Which of the following best describes your background or role?**

* Professional
* Student (please indicate your field of study in the textbox.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Kinship caregiver
* Foster youth (current or former)
* Prospective adoptive parent
* Foster/resource parent
* Adoptive parent
* Parent (i.e., biological/birth)
* Adopted person

Other (Please describe in the textbox below.)

# **8.** [For respondents who selected *Professional* in Q7]: **Which of the following best describes your professional background?**

* Prevention/family support services
* Child protective services
* Foster care services
* Adoption services
* Child welfare professional working with American Indian children and families
* Ongoing case management
* Professionals working with youth/young adults
* Peer mentor or peer support provider
* Legal/courts (e.g. GAL, CASA, attorney)
* Juvenile justice
* Law enforcement
* Health/mental health services
* Substance use services
* Disaster preparation/response
* Trainer
* State data systems
* Researcher/evaluator/consultant
* Early childhood educator (0–5yrs)
* Teacher (K–12)
* Professor/faculty (higher education)
* Other (Please describe in the textbox below.) \_\_\_\_\_\_\_\_\_\_\_\_

# **9. What suggestions for additional topics or content to include (specific resources, format, from other organizations) do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **10. Do you have any additional comments regarding your experience on Information Gateway’s website?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_