Resources In Spanish Section Targeted Survey

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?subject=Preventing%20CAN).

[Placeholder for PWRA Statement in Spanish]

How are we doing? Please take 5 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.

[Placeholder for introduction paragraph in Spanish]

1. Before starting the survey, please indicate the language in which you would like to proceed. [Placeholder for Q1 in Spanish]

* English (Proceed to English version of the survey)
* Español (Proceed to Spanish version of the survey)

2. Select the options that best describe how you intend to use the information you looked for today.

* Resources or information in Spanish for my own professional development
* Resources or information in Spanish to share with families or clients
* Resources or information in Spanish to find help for a personal situation
* Other (Please describe in the textbox below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Report child abuse or neglect or find help with a personal situation
* Find publications on child welfare topics in Spanish
* Other (Please describe in the textbox below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Skip to Q4)

3a. Select the option that best describes what you expected to find on Child Welfare Information Gateway related to the topic you selected in question 3.

* Respondents who selected *Report child abuse or neglect or find help with a personal situation*
  + National and State child abuse reporting lines
  + Resources to assist in resolving a personal situation
  + Other (Please describe in the textbox below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Respondents who selected *Find publications on child welfare topics in Spanish*
  + Spanish-language topical publications for professionals and families
  + a glossary of Spanish language child welfare terms to support discussions with Spanish-speaking children, youth, families, and communities
  + Other (Please describe in the textbox below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please provide more detail (e.g., content, topic of information, resource, format) about what you were looking for today.

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

5. Have you found what you were looking for on the Information Gateway?

* Yes
* No
* I'm still looking

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Rating | | | | | |
|  | 1 (Poor) | 2 | 3 | 4 | 5 (Excellent) | N/A |
| Ease of finding information on the site |  |  |  |  |  |  |
| Ease of sharing information and resources from the site |  |  |  |  |  |  |
| Appeal of the website design |  |  |  |  |  |  |
| Content that matches my needs |  |  |  |  |  |  |
| Relevancy of the content to your work or information needs |  |  |  |  |  |  |

7. Please provide any information to explain your ratings in the previous question. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8a. Please indicate with whom you plan to share the information found today. Select all that apply.

* 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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8b. Please indicate whom you believe would find this information valuable. Select all that apply.

* 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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Which of the following best describes your background or role?

* Professional
* Student (please indicate your field of study in the textbox below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Skip to Q8)
* Kinship caregiver (Skip to Q8)
* Foster youth (current or former) (Skip to Q8)
* Prospective adoptive parent (Skip to Q8)
* Foster/resource parent (Skip to Q8)
* Adoptive parent (Skip to Q8)
* Parent (i.e., biological/birth) (Skip to Q8)
* Adopted person (Skip to Q8)
* Other (Please describe in the textbox below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Skip to Q8)

9a. PROFESSIONALS: Which of the following best describes your professional background?

* Prevention services
* 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
* Substance use services
* Disaster preparation/response
* Trainer
* State data systems
* Researcher/evaluator/consultant
* Early childhood educator (0-5 years)
* Teacher (K-12)
* Professor/faculty (higher education)
* Other (Please describe in the textbox below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9b. PROFESSIONALS: How many years of service do you have in your current role?

* Less than one year
* 1–5 years
* 6–10 years
* 11–15 years
* 16 or more years

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

11. What suggestions do you have for Spanish-language content for child welfare professionals (specific resources, format, from other organizations)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. What suggestions do you have for Spanish-language content for families or clients (specific resources, format, from other organizations)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Do you have any additional comments you would like to share? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_