National Adoption Month 2024 Website 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. The public reporting burden for this collection of information is estimated to average 5 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 June 30, 2027. If you have any comments on this collection of information, please contact Jing Sun, Child Welfare Information Gateway, by email at Jing.Sun@icf.com.

How are we doing? Please take 5 minutes to answer the questions below. Your input will help strengthen the National Adoption Month website to better meet your needs. Your participation in this survey is voluntary, and your responses will be anonymously shared with Child Welfare Information Gateway staff and the Children's Bureau to improve service delivery. You may exit the survey at any time and are free to decline to answer any question. 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 Information Gateway staff by email at info@childwelfare.gov or by phone at 800-394-3366. Thank you for helping us help you.

1. Please select up to two reasons for visiting the National Adoption Month campaign webpage.

To find resources and outreach tools I can use in promoting awareness of National Adoption Month

To find resources and information for my work

JTo help me engage youth effectively in the adoption process

To find general information on adoption (e.g., how to adopt a child, search and reunion, State laws about adoption)

Other (Please describe in the text box below.)

3. Please rate your level of agreement with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The National Adoption Month resources are relevant to my work.	0	0	0	0	0
The National Adoption Month campaign webpage promotes public awareness about the importance of adopting teens.	0	0	0	0	0
The National Adoption Month campaign webpage provides access to quality resources and tools for me to engage youth in their permanency planning.	0	0	0	0	0
The National Adoption Month campaign webpage provides access to quality resources and tools for me to plan or support local National Adoption Month events and campaigns.	0	0	0	0	0
The National Adoption Month campaign webpage provides information and resources focused on racial equity.	0	0	0	0	0
The National Adoption Month campaign webpage provides information and resources from individuals with lived experience (i.e., they have experienced the child welfare system).	0	0	0	0	0

3a. Please provide an explanation for your ratings above.

4. Which of the following best describes your involvement in the National Adoption Month campaign?

- I am currently leading or will lead a campaign within my organization or agency this year.
- I will be involved in a local campaign in my community.
- I am aware of campaigns in my community, but I will not be joining.
- I am not aware of any campaigns in my community but would like to lead or join one.
- Other (Please describe in the text box below.) ______

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

Professional

Student

Relative or kin caregiver

- O Youth in foster care (current or former)
- Person who was adopted
- Prospective adoptive parent
- O Adoptive parent
- **O** Foster parent
- Parent (i.e., birth parent)
- O Member of the general public
- Other (Please describe in the text box below.)

5a. PROFESSIONALS: Which of the following best describes your professional background?

- O Adoption services
- O Prevention services
- Family support services
- Child protective services
- O Foster care services
- O Kinship care services
- U Legal or courts (e.g., GAL, CASA, attorney)
- Law enforcement
- O Youth services
- U Juvenile justice
- O Health or mental health services
- O Substance use services

- Researcher, evaluator, or consultant
- Early childhood educator (0–5 years)
- Teacher (K–12)
- O Professor or faculty (higher education)
- Clicensing specialist
- O Media (e.g., reporter, journalist)
- Outreach or communications
- Other (Please describe in the text box below.)

5b. PROFESSIONALS: Which of the following best describes your workplace?

- Local or county child welfare agency (public or private)
- State child welfare agency
- Tribal child welfare agency or organization
- Federal agency
- O Community-based or faith-based organization
- O Mental health or behavioral health agency
- 🔾 National organization (e.g., nonprofit, advocacy)
- U Training and technical assistance service provider
- Educational institution (e.g., early education, K–12, college, university)
- \bigcirc Other (Please describe in the text box below.)
- 5c. PROFESSIONALS: Which of the following best describes your position?

Client-facing staff (e.g., caseworker, direct service worker)

- O Supervisor or manager
- O Director or administrator
- O Training specialist
- Outreach coordinator
- O Licensing specialist
- O Mental health provider

Other (Please describe in the text box below.)

6. How did you hear about us this year?

- **)** Search engine (e.g., Google, Yahoo)
- \bigcirc Notification (e.g., email, intranet posting) from my local or State agency
- \bigcirc Directed to the webpage from another website (Please describe in the text box below.)

igcup Conference or presentation (Please describe in the text box below.) _____

U	Email from Ir	nformation Gateway	or the Children's	s Bureau (Ple	ase describe ir	the text
bo	x below.)					

igcup Email from another organization (Please describe in the text box below.) _____

- Browsing Information Gateway's website
- Colleague or friend told me about it

O Social media posts (e.g., Facebook, X) from Information Gateway or the Children's Bureau

O Social media posts (e.g., Facebook, X) from friends or colleagues

Dodcast or webinar

Other (Please describe in the text box below.)

7. How many years, including this year, have you visited the National Adoption Month webpage?

O This is my first year.

0 2-4

0 5–10

O More than 10

8. Using a scale of 1–5, rate the following about your experience with the National Adoption Month campaign webpage.

	1 (Poor)	2	3	4	5 (Excellent)	N/A
Usefulness of the information and resources available on the National Adoption Month campaign webpage						
Ease of finding information within the National Adoption Month campaign webpage						
Ease of sharing information and resources from the National Adoption Month campaign webpage						
Appeal of the design of the National Adoption Month campaign webpage						
Content that matches my needs						
Content and images that promote diversity, equity, and inclusion						

9. Please provide an explanation for your ratings above.

10. How do you intend to use the information or resources from Information Gateway? (Select all that apply.)

Increase my knowledge or inform my attitudes

Support public awareness or advocacy efforts

Share with colleagues

Share in a formal training environment		rmal training envir	onment	
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Share with community partners or service providers

Share with families or clients

Support practice improvement or sustain good practice

Implement, sustain, or improve programs (e.g., program management, logic model development, program evaluation)

Support policy change or sustain good policies

Conduct research or evaluation

Grant writing or fundraising

I do not intend to use it.

Other (Please describe in the text box below.)

11. With whom do you plan to share the information you found today? Select all that apply. *If respondent selected a "share" response option from the previous question.*

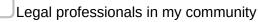
Families or clients

Youth in foster care (current or former)

Staff who report directly to me

Colleagues

Community-based service providers



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 text box below.)

12. The following tools and resources are available to help you and your organization or agency promote National Adoption Month. Please select the tools you and your organization or agency have used or intend to use to promote National Adoption Month. Then, please describe how you have used or intend to use these items in the text box. Select all that apply.

	Shareable graphics (Please explain in the text box below	.)
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Outreach toolkit (Please explain in the text box below.)

Sample social media posts (Please explain in the text box below.)

Sample email messages (Please explain in the text box below.)

Sample Federal, State, and local proclamations (Please explain in the text box below.)

13. Do you have any additional comments or suggestions about the National Adoption Month campaign webpage?