**APPENDIX G: Specifications for Monthly Sample File Submissions**

Thank you for your participation in the National Survey of Child and Adolescent Well-Being (NSCAW)! This document provides instructions for preparing and submitting monthly data files from which children will be sampled for the study. The following items are described in detail:

* the types of child cases that will be included in the sample,
* the data fields necessary for developing a list of children from which the NSCAW sample will be drawn,
* the preferred formats for the data fields requested, and
* methods for transferring files to RTI.

## Cases to be Sampled for NSCAW

The NSCAW sample will consist of two types of child protective services (CPS) cases: 1) children with a closed maltreatment investigation or assessment, and 2) children who have been removed without an investigation or assessment and who are in state or county legal custody. The latter group might include, for example, children who entered the child welfare system via the juvenile justice system. All children with a maltreatment investigation or assessment are eligible for sampling regardless of whether the allegations of child abuse or neglect were substantiated.

Our goal is to interview 4,565 eligible children nationwide. We will randomly select approximately 65-75 children from the caseloads of each participating agency. Children will be sampled from monthly files covering a 12 month period.

We request that monthly files include all children who had a closed (or completed) investigation/ assessment in the previous month, and all children who entered legal custody in the previous month. For example, in July 2017, we will be selecting from June 2017's cases. From this list of the previous month’s cases, we will select a random sample of children. This will be done each month for 12 months so that over the course of the 12-month period, there will be a sufficient number of children selected from each county to obtain the desired number of completed interviews. Because there may be delays in which the data for closed cases are entered into the computer system, we would like to receive lists of the children who had a closed investigation/assessment in the previous 3 months. This will allow us to check the list of cases that were closed in the previous two months and include any children whose cases were not included in the previous month’s list. Over the course of the 12 month period, then, we are requesting the submission of 15 total files.

Children who have certain characteristics that we are particularly interested in will be selected at higher rates than other children. That is, certain groups will be “oversampled.” Each child will be classified into one of the following sampling groups listed in Table 1.

## Table 1. NSCAW Within-County Sampling Groups

* Infant (under 1 year old)
	+ Receiving services in home
	+ Receiving services out of home
	+ No services
* Ages 1 to 11
	+ Receiving services in home
	+ Receiving services out of home
	+ No services
* Ages 12 to 17
	+ Receiving services in home
	+ Receiving services out of home
	+ No services

For the groups listed in the table, all infants and the children ages 12 to 17 receiving services will be oversampled.

## Data Elements Specifications

Table 2 contains data elements requested in each monthly file submission. Included in the table are three columns: (1) the data element name (Data Element), (2) the preferred data type (Preferred Format), and (3) brief explanations / comments of that element (Explanations / Comments). In general, the Explanations / Comments column provides the guidance on how equivalent information can be obtained if the data elements requested are not available.

The Explanations / Comments box (column 3) includes several items describing the data element. First is the purpose, which explains our need for the item and its purpose in the construction of the NSCAW sample. Second is the comments, which provides additional detail and guidance on the data element, and notes alternative variables that we could use to obtain the required information. Next is the confidentiality concerns, which provides strategies for limiting the amount of identifying information requested for specific data elements (if necessary). Lastly, is mapping, which describes the data element in relation to any corresponding Statewide Automated Child Welfare Information System (SACWIS) definitions and variables reported to the National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS).

This mapping procedure will help to ease the programming burdens in preparing the data files. If variables that are different from those requested but provide the same information are available and can be extracted, we will work with your agency to utilize those variables.

## III. File Specifications and Methods of Transfer

The preferred formats in Table 2 are only guidelines; we will accept the data in almost any format that your agency finds convenient.

Data security procedures are in place to ensure the protection of the personally identifiable information (PII) contained in the sample files. Sample files can be transmitted to RTI via a password-protected, secure website ([https:\\nscaw.rti.org](https://nscaw.rti.org/)). Your agency will have a unique login and web page for submission of monthly files. Your agency’s web page will allow designated staff to upload files and view the filenames and timestamps of the files that have been uploaded in prior sessions.

Once uploaded, sample files will be encrypted and saved to RTI’s enhanced security network. RTI’s enhanced security network is isolated from the internet and accessed only via two‐factor authentication (PIN plus token).

RTI will maintain the privacy of all personally identifiable information (PII) provided by your agency to the extent permitted by law. Data will be transmitted and stored in such a way that only members of the project team who are authorized and have need will have access to any identifying information. All staff working on NSCAW must sign affidavits pledging that the data they will collect or work with will not be disclosed. Penalties for disclosure include termination of employment and financial fines.

*This collection of information is voluntary and responses will be kept private to the extent permitted by law. The information will be used to learn about the functioning and well-being, service needs, and service utilization of CWS-involved children and families. Public reporting burden for this collection of information is estimated to average 120 minutes per response for meeting with project staff to review the sample file instructions, and 60 minutes for the generation and transmission of each monthly sample file. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0202, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address].*

## Table 2. Data Elements Needed for NSCAW Within-County Sampling

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| **Data Element (1)** | **Preferred Format (2)** | **Explanations / Comments (3)** |
| **1.** CPS Child ID/SSN (key) | None | **Purpose:** The CPS Child ID/SSN is to link the selected sample records back to the CPS agency data system.**Comments:** The CPS child ID should be a unique ID for the child, not for the case. This ID should be permanent and the child should not receive a second ID if he/she is investigated again.**Mapping:** None. |
| **2.** NCANDS ID (key) | None |  **Purpose:** The NCANDS ID will allow linkage of the NSCAW data to NCANDS data. **Comments:** The unique unencrypted NCANDS ID assigned to each child in NCANDS. **Mapping:** Unencrypted NCANDS field #4, ChID. |
| **3.** AFCARS ID (key) | None |  **Purpose:** The AFCARS ID will allow linkage of the NSCAW data to AFCARS data. **Comments:** The unique unencrypted AFCARS ID assigned to each child in NCANDS. **Mapping:** Unencrypted AFCARS field #4, RecNumbr. |
| **4.** County of Investigation/Assess-ment (key)**5.** Regional/Local Office ID (key, if applicable) | Alphanumeric 3 | **Purpose:** To identify the case’s geographical origin. The County of Investigation/Assessment should reflect the county in which the investigation/assessment of the case was conducted. If applicable, the Regional/Local Office ID should indicate the office that has jurisdiction over the investigation / assessment.**Comments:** A 3-digit County FIPS code or other county identifier that is being used by the agency system. If the county is divided between 2 or more regional offices and/or if there are 2 or more local offices within the county, a Regional/Local Office ID should be included in the file.**Mapping:** None. |
| **6.** Date of Birth (key) | DOB: Alphanumeric 8 (YYYYMMDD) | **Purpose:** Date of Birth is used to distinguish infants (less than 1 year old) from the older children. Children who are older than 17 years and 6 months at the closing of the investigation/assessment will be excluded from the study.**Comments:** Date of Birth should follow as: year (4), month (2), day (2).**Mapping:** Date of Birth can be mapped to SACWIS (Date of Birth), NCANDS (CHBDATE). Child Age can be mapped to SACWIS (Age) and NCANDS (CHAGE). |

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| **Data Element (1)** | **Preferred Format (2)** | **Explanations / Comments (3)** |
| **7.** Maltreatment Type (key)  | Alphanumeric:1 – Physical Abuse2 – Neglect or Deprivation of Necessities3 – Medical Neglect4 – Sexual Abuse5 – Psychological or Emotional6 – No Alleged Maltreatment8 – Other9 – Unknown or Missing | **Purpose:** The type of maltreatment will be used to adjust for nonresponse and will allow for improved estimates when conducting analysis of the data.**Comments:** This is the main type of maltreatment that was reported.**Mapping:** Can be mapped directly to the NCANDS variable ChMal1. |
| **8.** Receiving CWS Services (key) | Alphanumeric: 1 or 01 – Receiving services0 – Not receiving services | **Purpose:** To distinguish children and their families who receive services provided by the CPS agencies from those who do not receive CWS services. This information will be used to oversample children who receive CWS services.**Comments:** Whether or not a child is receiving services should be indicated by the child or family’s current service status at the time the data files are compiled. If the system is not able to create a receiving services indicator variable, we will accept service variables that would allow us to extract the required information.**Mapping:** Can be directly mapped to SACWIS (service) only. |
| **9.** Receiving Out-of- Home Placement Service (key) | Alphanumeric: 1 or 01 – Placement service0 – No placement service | **Purpose:** To distinguish children who receive out-home-placement services so that more foster care children can be selected.**Comments:** Any child who has been placed in out-of-home care for more than 72 hours or who has an open out-of-home placement case management plan as a result of the recent investigation / assessment should be classified as receiving out-of-home placement services. Also, any child who is currently receiving out-of-home placement services as a result of a previous investigation / assessment should be classified as receiving out-of-home placement services. If the system is not able to create a receiving out-of-home placement services indicator variable, we will accept service variables that would allow us to extract the required information.**Mapping:** Can be indirectly mapped to SACWIS (Service=Foster Care Services). Any record in AFCARS Foster Care Detail File implies a child has received Foster Care Services. |

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| **Data Element (1)** | **Preferred Format (2)** | **Explanations / Comments (3)** |
| **10.** Date of Latest Removal (key) | Alphanumeric 8 (YYYYMMDD) | **Purpose:** To establish the eligibility of the cases for inclusion on the sampling frame.**Comments:** Date the child received the most recent out-of-home placement services.**Mapping:** Can be mapped to AFCARS (field #21 of the Foster Care Detail File). |
| **11.**Assessment/Investigation Start Date (key)**12.** Assessment/Investigation End Date (key) | Alphanumeric 8 (YYYYMMDD)Alphanumeric 8 (YYYYMMDD) | **Purpose:** To establish the eligibility of the cases for inclusion in the sampling frame.**Comments:** Dates for when the investigation/assessment of child abuse or neglect began and ended (or closed).**Mapping:** Can be mapped to SACWIS (Opened(Case) and Case Close Date). |
| **13.** Report Date (key) | Alphanumeric 8 (YYYYMMDD) | **Purpose:** To establish when the maltreatment report was filed with the agency.**Comments:** The date agency was notified of the suspected child maltreatment.**Mapping:** Can be mapped to NCANDS field #6, RptDt |
| **14.** Family ID (key) | None | **Purpose:** The Family ID will allow us to identify families so that only one child will be selected from a family.**Comments:** A unique identification number given to families under investigation / assessment.**Mapping:** Can be mapped to SACWIS (Family ID). |
| **15.** Case / Investigation / Report ID (key) | None | **Purpose:** The Case ID should be used to link selected sample records back to the same case/report in the CPS data system. This also will allow us to uniquely identify child records for deduplication.**Comments:** A unique identification number given to a case or report under investigation / assessment. The Case/Report ID may be the same as the Family ID.**Mapping:** None. |

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| **Data Element (1)** | **Preferred Format (2)** | **Explanations / Comments (3)** |
| **16.** Report Disposition (key) | Alphanumeric:1 – Substantiated2 – Indicated or reason to suspect3 – Alternative response disposition-victim4 – Alternative response disposition-not a victim5 – Unsubstantiated6 – Unsubstantiated due to intentionally false7 – Closed-no finding88 – Other99 – Unknown or missing | **Purpose:** The disposition of the investigation / assessment will allow us to refine our sampling strata. It will also be important information for improved estimates when conducting analysis of the data.**Comments:** The disposition is the result assigned upon the completion of an investigation or assessment.**Mapping:** Can be mapped indirectly to NCANDS field #9, RptDisp. |
| **17.** Child’s Race (key) | Alphanumeric: 1, 2, 31. – Black
2. – White
3. – Other
 | **Purpose:** Key demographic information. It can also be used to assist us in uniquely identifying child records for deduplication.**Comments:** The race of the child. **Mapping:** Can be indirectly mapped to SACWIS (Race) and NCANDS (CHRACE). |
| **18.** Hispanic Origin (key) | Alphanumeric: 1 or 01 – Hispanic origin0 – Otherwise | **Purpose:** Key demographic information. It can also be used to assist us in uniquely identifying child records for deduplication.**Comments:** Denotes a child has a Hispanic ethnicity. **Mapping:** Can be mapped to SACWIS (Hispanic Origin) and NCANDS (CHISP). |
| **19.** Child’s Sex (key) | Alphanumeric: 1 or 01 – Male0 – Female | **Purpose:** Key demographic information. It can also be used to assist us in uniquely identifying child records for deduplication.**Comments:** Sex of child at birth, male or female.**Mapping:** Can be mapped to SACWIS (Sex) and NCANDS (CHSEX). |

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| **Data Element (1)** | **Preferred Format (2)** | **Explanations / Comments (3)** |
| **20.** Child’s First Name (optional)**21.** Child’s Middle Name (optional)**22.** Child’s Last Name (optional) | Char 25Char 25Char 25 | **Purpose:** To assist in uniquely identifying child and family records for deduplication.**Comments:** The child’s legal name.**Confidentiality Concerns:** If the child’s name cannot be released, any other information (e.g. initials) that allows us to deduplicate the child records would also be useful.**Mapping:** Can be mapped indirectly to SACWIS (Name). |
| **23.** Child’s Residential Street Address (optional)**24.** Child’s Residential City (optional)**25.** Child’s Residential State (optional)**26.** Child’s Residential Zip Code (optional) | Alphanumeric 40Char 25Char 2Alphanumeric 10 | **Purpose:** To assist in uniquely identifying child records for deduplication. **Comments:** For the CPS file, this is the child’s home address at the time of the report, rather than the child’s current residential address. For the Long Term foster care children, we would prefer to have the address at the time of the report, if it is available; otherwise, we would like to receive the child’s current address. For the Non-CPS file, the child’s current residential address would be of interest.**Confidentiality Concerns:** If the child’s full address cannot be released, the zip code would be useful to allow us to deduplicate child records and to identify the county in which the child should be classified.**Mapping:** This can be mapped indirectly to SACWIS (Address (Residence)). |
| **27.** Mother’s or Head of Household’s (HoH) SSN (optional) | SSN - Alphanumeric 9 |  **Purpose:** To assist in identifying children from the same family for deduplication. **Comments:** Mother’s or Head of Household’s social security number (SSN).**Confidentiality Concerns:** If the mother’s SSN cannot be released, please provide the last 4 digits of the SSN.  **Mapping:** None. |
| **28.** Mother's or HoH's Date of Birth/Age (optional) | Alphanumeric 8 (YYYYMMDD) | **Purpose:** To assist in identifying children from the same family for deduplication.**Comments:** Mother’s or Head of Household’s Date of Birth or Age. **Mapping:** No known direct or indirect mapping scheme. |

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| **Data Element (1)** | **Preferred Format (2)** | **Explanations / Comments (3)** |
| **29.** Mother's or HoH's Sex (optional) | Alphanumeric: 1 or 01 – Male0 – Female | **Purpose:** To assist in identifying children from the same family for deduplication.**Comments:** Mother’s or Head of Household’s sex at birth.**Mapping:** No known direct or indirect mapping scheme. |
| **30.** Mother's or HoH's First Name (optional)**31.** Mother's or HoH's Middle Name (optional)**32.** Mother's or HoH's Last Name (optional) | Char 25Char 25Char 25 | **Purpose:** To assist in identifying children from the same family for deduplication.**Comments:** Mother’s or Head of Household’s legal name.**Confidentiality Concerns:** If the mother’s name cannot be released, any other information that allows us to identify children from the same family would also be useful.**Mapping:** No known direct or indirect mapping scheme. |
| **33.** Mother's or HoH's Residential Street Address (optional)**34.** Mother's or HoH's City (optional)**35.** Mother's or HoH's State (optional)**36.** Mother's or HoH's Zip Code (optional) | Alphanumeric 40Char 25Char 2Alphanumeric 10 | **Purpose:** To assist in identifying children from the same family for deduplication.**Comments:** This is the Mother’s or HoH’s home address at the time of the report.**Confidentiality Concerns:** If the Mother’s or HoH’s full address cannot be released, the zip code would be useful.**Mapping:** No known direct or indirect mapping scheme. |