OMB Control Number: 0970-0202  
Expiration Date: XX/XX/XXXX

**APPENDIX E: Agency Recruiter Checklist and Discussion Guide**

**Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Thank you very much for agreeing to participate in this discussion today. Your agency’s participation is very important to the study. My name is \_\_\_\_\_\_\_\_\_\_ and I work for RTI International*.

*We are conducting the National Survey of Child and Adolescent Well-Being (NSCAW) for the Administration for Children and Families within the U.S. Department of Health and Human Services. The purpose of NSCAW is to collect nationally representative data about the functioning and well-being, service needs, and service utilization of CWS-involved children and families. We would like to talk to you today to review the NSCAW materials you received, answer any questions you may have, collect important information about your agency, and secure your agency’s participation.*

*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. The estimated time to complete is 60 minutes per response, which includes the meeting time for reviewing materials about the study and the role of your agency. 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].*

**€ 1. Mailout of Pre-Notification Letter and Recruitment Packet**

**€ 2. Review of Agency Background Materials**

**€** 2a. For sites that have participated in prior NSCAWs, review notes and other stored materials in the Agency Recruitment portal.

**€** 2b.Google the agency and key people to identify any news or relevant issues (e.g., new director; consent decree).

**€ 3. Initial Contact with Agency Staff**

**€** 3a. Make initial contact with site using contact information stored in the portal. If you need to leave a voicemail, you may also want to follow-up with an email.

**€** 3b. Introduce yourself and the project.

**€** 3c. Confirm that the director received both the pre-notification letter from ACF and the recruitment packet.

- If the site received both items, proceed to #3f.

- If the site did NOT receive both items, proceed to #3d.

**€** 3d. Verify the name and address where the items were sent and correct the information in the portal, as needed.

**€** 3e. Let the site know that you will resend the materials. If possible, send them electronically via email. Set a call-back appointment with the site.

**€** 3f. If the site has participated in the past, acknowledge that participation and thank the site for their contributions. For all sites, briefly restate NSCAW’s purpose and importance and ask for the site’s commitment to the study and summarize what is being asked of agencies.

* If they respond enthusiastically and do not have any questions or concerns, go to #5.
* If they have questions or concerns, go to #4.

**€ 4. Addressing Initial Questions or Concerns**

**€** 4a. Utilize recruitment materials and project training materials to answer site questions and concerns.

* As applicable, direct them to the relevant recruitment materials.
* If your response answers their questions or concerns, proceed to #5.
* If they still have questions or concerns, proceed to 4b.

- Note: State-administered sites may request that we contact the state administrator.

**€** 4b. Take detailed notes about the site’s questions or concerns and, if applicable, the response you provided.

* Ask follow-up questions, as necessary, to provide a more complete picture of any concerns or potential barriers to participation.

**€** 4c. Thank them; tell them that you would like to speak with the NSCAW recruitment supervisor about their questions and concerns; set a call-back appointment.

**€** 4d. Contact the NSCAW recruitment supervisor to discuss next steps

* If your discussion yields a possible solution to the site’s questions/concerns, recontact the site at the appointed time to discuss.
* If the response answers the questions or concerns, proceed to #5.
* If the response does not answer the questions or concerns, proceed to 4e.

**€** 4e. Set up a conference call with the site, recruitment supervisor, yourself, and other appropriate staff, as necessary.

* If the call answers the site’s questions or concerns, proceed to #5.
* If the call indicates that this is a complex case that will require additional steps, note the key information in the portal. Schedule a meeting with the recruitment supervisor and project leadership team to discuss the best way to proceed (e.g., offer site visit and presentation, schedule additional calls with state or county representatives, identify replacement agency, etc.).

**€ 5. Collecting Agency Information and Obtaining a Memorandum of Agreement**

**€** 5a. Inform the site that before you can send a Memorandum of Agreement (MOA) that defines roles and responsibilities between the site and RTI, you need to collect several pieces of information. As information is collected, enter it into the Agency Information Sheet (AIS) in the portal. (*The AIS is appended to this checklist.*) This information includes collecting names and contact information for the staff designated to perform the following functions:

* + - Serve as anAgency Liaison to the project
    - Submit monthly files to be used for sampling children
    - Submit NCANDS and AFCARS files during the study period so that children’s survey data can be linked to agency administrative data. This is typically a state-level contact.

Additional items to be discussed and entered into the AIS include:

* If formal human subjects IRB approval is required for the site to participate and, if so, from what state or county entity. Obtain a contact person if possible.
* If any data sharing or other agreements are required for the site to participate.
* Any site-specific mandatory reporting or other data collection requirements.
* If the site can provide or arrange for the participation of sampled children in legal custody or if additional approvals must be secured by RTI, such as a court order.

**€** 5b. Once the AIS information is ***complete and accurate***, email an MOA containing site-specific information.

**€ 6. Receipt of MOA**

**€** 6a. If you have received a signed MOA, received, proceed to #7.

**€** 6b. If you have not received a signed MOA, follow up with a phone call or email.

**€ 7. Meeting to Discuss Submission of Sampling Files**

Schedule a meeting with the designated agency contact and sampling team to discuss the preparation and submission of monthly files for sampling children. This meeting will serve as a formal handoff project recruiting team to the sampling team.

**Agency Information Sheet (AIS)**

*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. The estimated time to complete is 60 minutes per response, including the time for reviewing materials and providing the agency information needed. 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].*

|  |  |  |  |
| --- | --- | --- | --- |
| County Name: |  | RTI Agency ID: |  |
| Agency Name: |  | PSU ID: |  |
| Address: |  | City: |  |
| State: |  | Zip: |  |
| **Agency Contacts** | | | |
| Agency Director: |  | Phone: |  |
| Director Title: |  | Email: |  |
| Agency Liaison: |  | Phone: |  |
|  |  | Email: |  |
| The Agency Liaison will provide assistance and information to the RTI project Field Representatives (FRs) in order to prepare for and implement the study in your agency. | | | |
| Contact for Sample File Submission to RTI: |  | Phone: |  |
|  |  | Email: |  |
| *The contact for sample file submission will create and transmit monthly sample files of closed investigations to RTI.* | | | |
| **SAMPLE FILE GENERATION AND TRANSMISSION OF DATA TO RTI:**  *Please provide barriers / concerns / details regarding monthly sample file generation and transmission of data below. The creation of sample files will involve accessing basic demographic information for children who have been recently investigated or assessed for child abuse and neglect as well as other children who entered state legal custody through other pathways (e.g., juvenile justice).* | | | |
| **DATA COLLECTION PROCEDURES:**  *Please provide barriers / concerns / details regarding agency staff provision of family contact information and assistance with the recruitment of locating of families. Agency will be expected to provide the Field Representative (FR) with names and addresses of families selected for the sample to allow the FR to send a package of information about the study to those families, and to allow him/her to follow-up with a telephone call schedule an appointment.* | | | |
| **HUMAN SUBJECTS REVIEW:**  *Please provide details regarding human subjects review:* | | | |
| Review necessary at state/agency level: YES: NO: | | | |
| **STATE AND LOCAL MANDATORY REPORTING REQUIREMENTS:** | | | |
| Telephone numbers for mandatory reporting: |  | Phone: |  |
|  |  | Alt. Phone: |  |

|  |
| --- |
| *Please provide details regarding mandatory reporting requirements:* |
| **ACCESS TO ADMINISTRATIVE RECORDS AND/OR DATA FILES:** *Please provide barriers / concerns / details regarding acquisition of agency records on child welfare events related to sampled families (e.g., re-reports of abuse or neglect, placement information, etc.) below:* |
| **DESIRED FREQUENCY AND FORMAT OF COMMUNICATIONS FROM THE NSCAW PROJECT:** |
| What is the desired frequency of project communication? :  Annually: Semi-Annually: Quarterly: |
| How would you like to hear from us :  Email: Web portal: Newsletter: Other: |
| *Please provide details regarding communications from NSCAW staff to agency staff::* |
| **OTHER ISSUES:** *Please provide details regarding any other barriers / concerns or details:* |