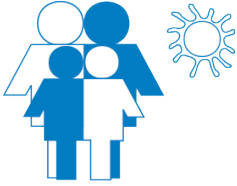


## Agency Director Lead Letter



## National Survey of Child and Adolescent Well-Being

RTI International • PO Box 12194 • Research Triangle Park, North Carolina 27709I • USA

Sponsored by: Administration for Children and Families

Conducted by: RTI International • The University of North Carolina at Chapel Hill • Washington University in St. Louis

Dear [AGENCY ADMINISTRATOR/DIRECTOR NAME],

I am writing to thank you for your continued support of the National Survey of Child and Adolescent Well-Being (NSCAW). Together, agencies large and small, rural and urban, are making important contributions to this nationwide study. To provide important context about the agencies participating in NSCAW, we are asking you and other agency administrators/directors nationwide to take part in a brief survey.

This one-time survey will take about 35 minutes to complete. The survey focuses on many aspects of your agency, including the general characteristics and structure of your agency, the partnerships your agency may have with other private agencies, your agency's recruitment and hiring practices, training provided to your staff, your agency's workforce policies, and how the COVID-19 pandemic may have influenced your agency. After your survey is complete, we will also ask a randomly selected set of supervisors and caseworkers to participate in a survey about their work experiences. Please see the other side of this letter for additional detail on the information we'd like to collect.

A local interviewer will contact you to answer any questions you may have and to schedule your survey. We understand the heavy demands on your time. The interviewer will work with you to schedule the survey at a convenient time. If needed, the survey can be completed in more than one session. We will use the information you share for research purposes only and will keep your information private to the extent permitted by law. Reports or data files released by RTI will not identify you or any other participant.

The goal of this national data collection effort is to gain a better understanding of the strengths of the public child welfare workforce and challenges they face. This effort aims to inform programs, policies, and practices to support child welfare workforce and the children and families they serve.

In closing, let me again extend my gratitude for the time and effort your agency has committed to the NSCAW. We look forward to collaborating with you and your staff on this important effort.

Sincerely yours,

Christine Fortunato, Ph.D., Project Officer  
Administration for Children and Families

*Participation in the described collection of information is voluntary. 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 for this information collection is 0970-0202 and the expiration date is XX/XX/XXXX.*

## Information Collected in the Survey

Below is information about your agency we would like to collect during your survey – from you or from an agency staff person you designate. Some of these items may require you or a designate to reference records agency ahead of your interview appointment.

- Number and type of *private* child welfare agencies that partner with your agency to provide caseworker services.
- Total agency expenditures during the most recent fiscal year.
- Number and characteristics of staff who provide caseworker services.
- Average number of investigations per caseworker.
- Ratio of the number of supervisors to the number of investigation/assessment caseworkers.
- Number of direct service caseworker FTEs in your budget.
- Number and type of vacancies in your caseworker staff.
- Recruiting and hiring strategies at your agency.
- Annual budget for staff training.
- Staff turnover in the past 5 years and reasons for turnover.
- Potential impacts of the COVID-19 pandemic on your agency.
- Name, office phone number, and agency email address of the supervisors employed by your agency.

*Participation in the described collection of information is voluntary. 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 for this information collection is 0970-0202 and the expiration date is XX/XX/XXXX.*