National and State Survey of Child & Adolescent Well-Being (NSSCAW): Site Recruitment and Baseline Data Collection

OMB Information Collection Request
0970 – 0202

Supporting Statement
Part B

August 2026

Type of Request: Revision

Submitted By:
Administration for Children and Families
U.S. Department of Health and Human Services

Mary E. Switzer Building
330 C Street, SW
Washington, D.C. 20201

Project Officers:
Jenessa Malin
Christine Fortunato

Part B

B1. Objectives

Study Objectives

The National and State Survey of Child and Adolescent Well-Being (NSSCAW) will provide representative information for 10 states on the well-being, experiences, and service needs and receipt of children and families involved in the child welfare system (CWS), including foster and kin caregivers, with the potential for national-level inference via statistical modeling.

The specific goals of this information collection are to:

1. Recruit 10 purposively selected states and 10 randomly selected child welfare agencies (CWAs) within each state, obtain monthly sample files, and select children and families for baseline data collection.
2. Conduct baseline data collection, to consist of in-person and/or online surveys with sampled children as well as their primary and former caregiver(s), as applicable.

NSSCAW is intended to provide participating states and ACF with state and national estimates to inform child and family well-being practice and policy decisions, including those intended to support health and mental health, prevent the need for foster care, and promote the recruitment and retention of safe and stable foster homes. The resulting deidentified data will also be archived for research use.

Generalizability of Results

This study is intended to produce high-quality, state-level inference using a probability-based approach and allow for the potential development of national-level estimates on the well-being, experiences, and service needs and receipt of families involved with the CWS using inferential modeling.

National-level estimates will be feasible when the within-state probability samples of cases (i.e. participating children and families) are appropriately weighted to reflect the population distribution across the entire nation. Because the study data will be drawn from a purposive sample of states, it is not inherently nationally representative. However, weighting allows the results to approximate national representativeness. Some potential limitations remain, such as unmeasured differences between sampled and non-sampled states, that may affect the national representativeness of the results even after weighting.

Additionally, because the study does not include an impact evaluation, findings should not be used to assess causal effects or respondent outcomes. These limitations will be clearly noted in all written products associated with the study to ensure that the findings are interpreted and used appropriately.

Appropriateness of Study Design and Methods for Planned Uses

A purposive sample of 10 states was selected to provide representative information at the state-level with the potential for national-level inference via statistical modeling. Surveys were designed to collect firsthand information on the well-being and service needs of children and families involved with the CWS, including children aged birth to 17, primary caregivers (i.e., biological/adoptive parents, foster caregivers, kin caregivers), and former caregivers (e.g., noncustodial parent of a child in out-of-home

care) depending on the child's situation. The study design and methods were selected to produce externally and internally valid results of high quality.

Because study data are drawn from a purposive sample of states rather than across the entire U.S., it should not be used to assess respondent outcomes. These limitations will be clearly noted in all written products associated with the study, including written products provided to users of the archived data, to ensure that the findings are interpreted and used appropriately.

As noted in Supporting Statement A, this information is not intended to be used as the principal basis for public policy decisions and is not expected to meet the threshold of influential or highly influential scientific information.

B2. Methods and Design

Target Population

Target Population for State-level Estimates

When making state-level estimates for each of the selected 10 states, the target population includes all children aged 0–17½ who come into contact with the CWS within that state during the sampling period. Specifically, it includes children who were either 1) investigated or assessed for maltreatment by the CWS; or 2) entered CWS without a maltreatment investigation or assessment.

Target Population for National Inference Estimates

To achieve national inference, the target population would include all eligible children across the 50 states and the District of Columbia. NSSCAW relies on a nonprobability sample drawn from 10 purposively selected states. To bridge the gap between this sample and the goal of making national inferences, NSSCAW incorporates advanced statistical modeling techniques to adjust for nonprobability sampling biases and extrapolate robust, national-level inferences to all states and the District of Columbia.

Sampling and Site Selection

NSSCAW will use a multi-stage study design that balances operational feasibility with statistical rigor. The process begins with the purposive recruitment of states (Stage 1), followed by probability-based sampling of Primary Sampling Units (PSUs, essentially counties or CWAs) within those states (Stage 2). Finally, individual children are sampled using probabilistic methods stratified by three service domains (Stage 3). The three service domains are (1) children receiving out-of-home services (foster care), (2) children receiving in-home services, and (3) children receiving no services.

The goal of NSSCAW is to achieve 6,000 completed interviews with key respondents across all 10 recruited states and 10 PSUs within each state. Key respondents are caregivers for children under 11 years old (estimated N=3,780) and are children themselves for those aged 11 years and older (estimated N=2,220). This total sample size will be divided equally across the three domains, with 2,000 completed interviews per domain, which equates to 200 interviews per domain per state and approximately 60 completed interviews per PSU. This stratified design ensures coverage of all domains and supports the production of reliable state-level estimates by these domains across child welfare populations.

A series of power analyses (covering one-sample and two-sample tests of proportions, means, and regression coefficients) demonstrates that this study design, with its targeted sample sizes, provides sufficient power to detect small to medium effect sizes in all three domains within each state, following Cohen's terminology, and supports the production of reliable state-level estimates. These results ensure that the sample offers adequate statistical precision to address key research questions and detect meaningful differences and trends in NSSCAW. Specifically, the sample sizes set by the design ensure the detection of medium effect sizes for research questions requiring domain-specific analysis, enabling reliable estimations of means and regression coefficients within each domain, as well as comparisons across domains. In parallel, research questions utilizing the full state sample are powered to detect small effect sizes, allowing for the observation of broader contextual associations and more subtle regression relationships.

A parallel power analysis was performed for national-level inference, reweighting the combined state sample using the quasi-randomization weighting (QRW) method. The analysis confirms sufficient power to detect small to medium effect sizes across all domains at the national level. In QRW, each PSU's pseudo-selection probability, an estimated likelihood that a PSU would be selected under a hypothetical random sampling process from the nation, is modeled to account for the non-probabilistic state selection in Stage 1. The reciprocal of this probability is used as a "pseudo-weight" to adjust the state sample, producing nationally representative estimates. This approach ensures robust national estimates that enable meaningful inferences across diverse analyses and research questions while addressing the inherent non-randomness of state selection.

The following subsections will provide detailed information about the multi-stage study design of NSSCAW.

<u>Stage 1. State Recruitment (Purposively Selection)</u>

In this stage, we will recruit 10 states with relatively large child welfare populations. When selecting these states, the following criteria will be considered:

- Relatively large populations of children investigated for maltreatment in the U.S. (per data from the National Child Abuse and Neglect Data System (NCANDS).
- Capable of producing reliable state level estimates with the targeted sample size within the state.
- Allow for the release of family contact information to a third party.
- Represent county-administered CWS.

<u>Stage 2: PSU Selection (Probability Sampling)</u>

In Stage 2, 12 PSUs, essentially counties or CWAs, will be selected within each of the 10 recruited states using a probability-proportional-to-size (PPS) sampling method, with a target of 10 participating PSUs per state. If needed, substitute or replacement sampling will be used to reach this target. The following strategies will be implemented:

1. Substitution: When PSUs decline participation, suitable substitutes with similar characteristics will be identified and recruited whenever possible.

2. Replacement sampling: If no suitable substitutes are available, PSUs will be randomly selected from a pre-selected reserve sample within the same state to serve as replacements.

This stage ensures that the selected PSUs are representative of CWAs in each state, allowing for reliable state-level estimates to be produced.

The sampling frame will include all the defined PSUs in the selected states that meet eligibility criteria, specifically the capacity to achieve the target sample size. Each PSU must be sufficiently large to support 60 completed interviews with key respondents (i.e., caregivers for children under 11 years old and children themselves for those aged 11 years and older), after accounting for potential nonresponses. PSUs that are expected to yield fewer than 60 completed interviews may be excluded to ensure feasibility and efficiency in sampling.

PSUs will be selected using PPS sampling, and the size measure for PSU selection is a composite value reflecting the population of children from three different sampling domains. The three sampling domains include (1) children receiving out-of-home services (foster care), (2) children receiving in-home services, and (3) children receiving no services. The composite size measure is calculated using population estimates from NCANDS, supplemented as needed by data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) for children in out-of-home care. By combining data from these sources, the size measure provides a comprehensive representation of children served by CWAs across these domains. Through PPS sampling, PSUs with larger size measure are given a great probability of selection. In most parts of the country, the best definition of a PSU is the county, since it is a clearly defined political entity and a geographic area of manageable size. In some areas, however, a single CWA may have jurisdiction over multiple counties, making the definition of a PSU less straightforward. In these instances, the PSU is defined as either the entire area or a portion of the area over which the CWA has jurisdiction. Depending on the structure, either the agencies within the selected counties or the selected agencies themselves will be recruited. For this reason, PSUs are sometimes referred to as *agencies* or *sites* when discussing site recruitment and participation rates.

<u>Stage 3: Child Sampling</u>

The final stage involves probabilistic selection of children (second-stage units, or SSUs) within each participating PSU. Children will be sampled using stratified simple random sampling to ensure representation across the three sampling domains: (1) children receiving out-of-home services (foster care), (2) children receiving in-home services, and (3) children receiving no services.

Every month during the sampling period, participating PSUs (counties or CWAs) will provide complete lists of children who were involved in investigations of child abuse and neglect. Thus, the monthly within-PSU sampling frame consists of all eligible children who were investigated in the prior month and will be stratified by the three sampling domains listed above. This approach allows the study captures eligible children across diverse service experiences in a timely manner.

To achieve 60 completed interviews with key respondents (i.e., caregivers for children under 11 years old and children themselves for those aged 11 years and older) per PSU, approximately 150 children will

need to be selected from each participating PSU over the data collection period, assuming a response rate of 40%. The number of cases selected and the number of cases participating by domain and PSU will be monitored monthly and allocations by domain adjusted as needed.

B3. Design of Data Collection Instruments

Development of Data Collection Instruments

The NSSCAW data collection instruments were developed through expert consultation (as described in Supporting Statement A, Section A.8) and with ACF involvement to ensure the data's relevance to practice and policy. Expert consultants and ACF assisted the contracted study team to identify a set of priority constructs, measures, and items for inclusion in the data collection instruments. Draft instruments were prepared and underwent multiple iterations of review by the study team to remove item redundancy, streamline administration, and lessen response burden. The resulting instruments include only the questions necessary to achieve the study's objectives.

The data collection protocol includes the generation and submission of monthly sample files by participating CWAs (**Instrument 1**) that will be used by the study team to select children and families for baseline surveys. The protocol also includes in-person or online surveys with the sampled child's caregiver and (as relevant for children in foster or kin care) non-custodial parent (**Instrument 2**) and with sampled children aged 6 to 17 (**Instrument 3**). Verification surveys for quality control purposes (**Instrument 4**) will be completed with a percentage of the caregiver and non-custodial parent surveys. Information collected in the caregiver/parent and child surveys will provide data needed to address research questions about child and family well-being, service needs, and service receipt among CWS-involved families.

As possible, established scales with known validity and reliability were selected to represent constructs. If a scale or set of items was used in the predecessor survey (i.e., National Survey of Child and Adolescent Well-Being, Third Cohort or NSCAW III; OMB #0970-0202; Expiration Date: 08/31/26), scale variance and item-level nonresponse was examined prior to selection. When the study team was unable to identify a scale to measure a construct of interest, expert consultation supported the identification of potential measures or the development of new items to assess these constructs.

Pre-testing activities also informed the development of data collection instruments. In July 2025, cognitive interviews were conducted with 9 children aged 6 to 10 to assess their understanding and ability to respond to a set of candidate measures and items and to explore the feasibility of online administration. Findings from the cognitive interviews informed decisions about the inclusion, wording, and presentation of survey items for children in this age group.

Exhibit 1 identifies which instruments are used for each of the study objectives described in Section B.1.

Exhibit 1. Instruments Organized by Study Objective

Data Collection Instrument	Objective
Instrument 1: Specifications for Monthly Sample File Submissions	**Objective 1**: Recruit 10 purposively selected states and 10 randomly selected child welfare agencies (CWAs) within each state, obtain monthly sample files, and select children and families for baseline data collection.
Instrument 2: Caregiver Baseline Survey	**Objective 2:** Conduct baseline data collection, to consist of in-person and/or online surveys with sampled children as well as their primary and former caregiver(s), as applicable, verify completed interviews, and conduct panel maintenance
Instrument 3: Child Baseline Survey	
Instrument 4: Telephone Verification Interview	
Instrument 5: Panel Maintenance Contact Card	

B4. Collection of Data and Quality Control

Site Recruitment

Contractor study team members will be responsible for collaborating with state and county CWA representatives in selected sites to complete the recruitment activities. Before recruitment activities begin, recruiters will be trained on recruitment protocols, procedures, materials, as well as security and privacy practices. Recruiters will attend regular management meetings to review progress, address challenges, and ensure compliance with established protocols.

Recruiters will secure a Memorandum of Agreement (MOA) with selected sites identified during site engagement activities[1]. The MOA details the responsibilities of the site and study team and provides the names and contacting information for site contacts who will provide support to the study. If a selected site is not able to participate, the sampling team will attempt to identify and recruit a replacement. Section B.5 provides more details on how a substitute or replacement will be identified.

Once the MOA and any other required site-specific approvals (e.g., research approvals; Data Use Agreements) are in place, participating sites will be asked to generate and submit monthly sample files containing information on children with a closed maltreatment investigation (or assessment) and children who have entered legal custody to the study team for sampling purposes (**Instrument 1**). Sites will be asked to submit files for 15 months to allow the project to capture all eligible CWS-involved children within a 12-month period. A reminder email (**Appendix B**) will be sent to state CWA representatives ahead of each monthly submission date.

Field Test

To prepare for baseline data collection, the study team will conduct a field test to evaluate the flow of data collection and the functionality of the data collection system. This will ensure that any adjustments

[1] National and State Survey of Child and Adolescent Well-Being: Informing Site Selection; OMB # 0970-0356; Expiration Date: 01/31/27

to systems or data collection procedures can be made prior to starting the full study. As a part of the field test, the study team will recruit and interview 50 caregivers and 50 children of varying ages.

Baseline Data Collection

Baseline data collection will include in-person and/or online surveys with sampled children (aged 6 and older), their primary caregiver (i.e., biological/adoptive parents, foster caregivers, kin caregivers), and former caregivers (e.g., noncustodial parent of a child in out-of-home care) depending on the child's situation.

Before baseline data collection begins, data collectors will be trained on data security procedures, locating and gaining cooperation from respondents, informed consent procedures, administering surveys, avoiding bias, and refusal conversion techniques. Data collectors will be certified by the study team in key areas of the study (e.g., gaining cooperation, administering surveys) prior to contacting agencies and selected families. Data collectors will meet weekly with their data collection supervisor to discuss caseloads and address concerns.

At the outset of data collection, data collectors will contact agency liaisons identified on the MOA to introduce themselves and share an informational brochure (**Appendix B**) with frequently asked questions. As needed during the sampling period, data collectors will contact agency liaisons to ask specific questions about information provided in the monthly sample files. For example, data collectors may ask liaisons about missing information (e.g., an address for a sampled case) or data inconsistencies (e.g., an ineligible or invalid child DOB). Additionally, data collectors will contact agency liaisons as needed to secure consent for sampled children in CWA custody/guardianship to participate in the survey.

Contacting sampled children and their caregivers

A lead letter and postcard style brochure specific to the type of respondent (**Appendix C**) will be mailed to the child's current caregiver and former caregiver (if applicable) announcing the study, before they are contacted by data collectors. Three versions will be used based on information provided in the monthly sample files:

- A *Caregiver* version will be sent to biological and adoptive parents, as well as foster and kin caregivers. This version will request the caregiver and child's participation.
- A *Legal Guardian* version will be sent to legal guardians of the child who are not the child's current caregiver (e.g., former caregivers, CWA personnel, judges). This version will request the legal guardian's permission for the child to participate.
- A *Former Caregiver* version will be sent to biological parents of children currently in out-of-home care. This version will request the former caregiver's participation.

Approximately one week after the letter and brochure has been mailed, data collectors will use contacting scripts (**Appendix C**) to contact the child's current caregiver and (as relevant) the child's legal guardian and/or former caregiver. If, during contacting efforts, a caregiver expresses a preference for completing the survey online, data collectors will also request the caregiver's email address so that an online survey email invitation (**Appendix C**) can be sent. Caregivers will also be asked if they agree to receive study reminders or updates by text message. If a youth survey for a 13–17-year-old is also

needed, data collectors will confirm whether the child's online survey email invitation should be sent to the caregiver's or child's email address. If the caregiver allows the child to receive the email invitation directly, the data collector will also ask if the caregiver gives permission for the youth to receive study-related text messages. Online surveys for youth ages 11-12 will be sent to the caregiver's email address.

If an online survey is not completed, up to two system-generated email reminders may be sent, along with a text message prompt if permission to receive text messages was provided. If a respondent begins the survey but breaks off before completing it, a breakoff email message will also be sent to check on their progress and offer assistance. Respondents who complete the online survey will receive a thank you email message with information on their token of appreciation (**Appendix C**).

If data collectors are unable to reach the caregiver by telephone after a predetermined number of contacts, they will conduct in-person visits to connect with families and confirm the child's current living situation. A brochure specific to youth ages 11 to 17 (**Appendix C**) will be used by data collectors in their doorstep and household interactions with youth and caregivers.

If a data collector encounters caregivers or legal guardians who express reluctance to participate or allow their child to participate, the data collector may send follow-up letter (**Appendix C**) intended to address their concern.

Obtaining informed consent for the survey and administrative data linkage
The child's current caregiver will be asked to provide consent for their own survey and permission for the selected child to participate. The child's current caregiver will also be asked to provide consent for their and their child's survey data to be combined with administrative data. Non-custodial parents (i.e., former caregivers) of children in out-of-home care will be asked to provide survey and administrative data linkage consent for themselves. If the current caregiver is not the child's legal guardian, data collectors will also obtain legal guardian permission for the child's survey participation and administrative data linkage. Once the caregiver or legal guardian provides permission, children aged 6 to 17 will be asked to provide their assent. Two child assent forms will be used, one for children aged 6 to 10, and one for children aged 11 to 17. **Appendix D** contains the consent, permission, and assent forms.

- *Caregivers and Former Caregivers.* An avatar-led video will be used to educate caregivers and former caregivers about the goals of the research, their rights as study participants, and the risks and benefits of study participation. The video will be offered in English and Spanish.[2] After caregivers and former caregivers review the video, data collectors will answer any questions and record the respondent's oral consent or permission (yes or no) in the survey program. The avatar-led video will also be integrated into online versions of the survey and will prompt the respondent to confirm their consent or permission by selecting yes or no before proceeding.
- *Legal Guardians*. Data collectors will contact the guardian, explain the study and the child's selection, and seek permission for the child to participate in the study. Legal guardians will be contacted by phone or in person and asked to provide permission orally. Legal guardians will also have the option to provide permission online.

[2] All materials in Spanish will include the statement: "English is the official language and authoritative version of all federal information."

- *Children.* Children will also watch an avatar-led video. After reviewing the video, the data collector or the survey program (for those completing online) will prompt the child to respond to some follow-up questions to check their understanding of the material. If the child is unable to demonstrate they comprehend after three attempts, the survey will be programmed to discontinue. For in-person surveys, children will provide oral assent and data collectors will record a yes or no in the survey program. For online surveys, children will indicate yes or no in the survey instrument.

Obtaining permission for Medicaid data linkage

During the survey, caregivers will be asked to provide permission for their child's data to be combined with their Medicaid claims data. Legal guardian permission for the child's data to be combined will be obtained as needed. Caregivers, legal guardians, and former caregivers will be asked to sign the HIPAA Authorization form electronically using a HIPAA-compliant platform and will be given copies of the form. Forms will also be accessible online.

HIPAA Authorization forms are provided in **Appendix D**.

Panel maintenance contacts

Caregivers and children aged 16 and older will be asked to provide contact information for panel maintenance purposes as a part of their surveys. Panel maintenance activities with caregivers and young adult cohort members (i.e., children interviewed at baseline who have reached the age of 18) will begin approximately 4 months after their survey. A panel maintenance letter (**Appendix C**) and postage paid contact card (**Instrument 5**) will be sent via mail and/or email. Cohort members will be asked to update their contact information by mailing back the contact card, calling a toll-free project number, or visiting a secure website. If no response is received, data collectors will contact the cohort member by telephone to confirm or update their contacting information. If the cohort member is reached, the data collector will enter the information in a short instrument that mirrors the contact card and website.

Data quality monitoring

During data collection, several quality control procedures will be in place, including:

- *Computer Audio Recorded Interviewing (CARI).* CARI is a laptop application developed for audio recording of surveys. The application provides a means for verifying the survey and determining whether data collectors are administering survey items as intended, probing and providing neutral feedback, recording responses appropriately, and paying the required tokens of appreciation. Before the survey begins, caregivers and children will be asked for their permission to record parts of the survey for quality control purposes. The data collection team will listen to the recordings and evaluate data collector performance across key performance dimensions, including administering the questionnaire administration and probing and feedback and skills. The recordings will be deleted once the study is over and the data have been checked.
- *Telephone verification interviews* (**Instrument 4**). The data collection team will also verify a percentage of each data collector's completed caregiver surveys. Verification interviews will consist of a brief set of questions (**Instrument 4**) for caregivers to answer about the survey process, length, and token of appreciation type (e.g., cash) and amount received.

B5. Response Rates and Potential Nonresponse Bias

NSSCAW is designed is to maximize participation rates among sites as well as response rates among respondents. Our goal is a site participation rate of 80% and 40% response rate for key respondents. Key respondents are caregivers for children under 11 years old and are children themselves for those aged 11 years and older.

Site Participation Rates

The formula for calculating final site participation rate for NSSCAW is:

- (10 PSUs − the number of refused PSUs [without substitution] + the number of PSUs used as replacement) / (10 PSUs + the number of PSUs used as replacement).

Based on the same formula, the site participation rates of the three prior NSCAW cohorts are:

- NSCAW I: ((100 PSUs selected − 8 Agency First Contact [AFC][3] PSUs − 6 refused PSUs) + 6 replaced PSUs) / (100 PSUs selected − 8 AFC PSUs) = 100% participation rate.
- NSCAW II: ((100 PSUs selected − 17 AFC PSUs − 14 refused PSUs) + (12 replaced PSUs + 5 state supplement PSUs)) / (100 PSUs selected − 17 AFC PSUs) + 5 state supplement PSUs) = 98% participation rate.
- NSCAW III: ((118 PSUs selected − 13 AFC PSUs − 17 Large State Refusal [LSR][4] PSUs − 33 refused PSUs) + 6 replaced PSUs)) / (118 PSUs selected − 13 AFC PSUs − 17 LSR PSUs) = 61/88 = 69% participation rate.

For NSSCAW, we assume an 80% participation rate among the selected sites. To achieve 100 participating PSUs (i.e., sites) across 10 states, the plan includes selecting a total of 125 PSUs. This assumption is based on a weighted average of the participation rates of the three prior cohorts, with greater weight assigned to more recent cohort, resulting in an estimated participation rate of 84%. To remain conservative, an 80% participation rate has been assumed for NSSCAW.

This participation rate is calculated across all 10 participating states, meaning variability across states is expected. To address nonresponse and maintain the overall participation rate, the study team will employ strategies, including substitution and replacement sampling (see Section B.2) to maintain the participation rate for PSUs at or above the assumed 80%.

Site Non-Response

In NSSCAW, states will be purposively selected, but PSUs (i.e. sites) within each state will be randomly selected. As detailed in Section B.2, if a sampled site within a selected state declines to participate, substitution or replacement sampling will be used. This approach, which was used successfully in NSCAW I, II, and III, is common practice in institutional surveys. To address potential nonresponse and improve representativeness of survey estimates, weight adjustments will be applied to construct the PSU-level weights. These steps include:

(1) Base weights: initial weights will be generated using the selection probabilities that reflect the random selection of PSUs within each participating state;

[3] States with child welfare confidentiality laws preventing the release of family contact information.

[4] States that refused to participate and had more than three PSUs within the selected sample.

(2) Nonresponse adjustment: nonresponse adjustment will be applied to the base weights to account for PSUs who decline participation and cannot be replaced by a substitute. These adjustments will reflect the probability to participate among similar PSUs.

Nonresponse bias analysis will be conducted to evaluate potential impact of nonresponse bias and assess the effectiveness of the nonresponse weighting adjustment. The following procedures will be used:

- First, the weighted characteristics of responding agencies, calculated using base weights, will be examined and compared to those of all selected agencies (including both responding and nonresponding agencies), also weighted using base weights. The full selected agency population will serve as the benchmark for comparison. Key CWA characteristics, such as agency size and urbanicity status, will be analyzed to determine whether the responding agencies differ notably from the selected agencies.
- Then, the weighted characteristics of responding agencies using nonresponse-adjusted weights will be compared to the benchmark to assess whether the adjustment mitigates these differences.
- If significant differences remain after applying the nonresponse-adjusted weights, further adjustments may be necessary to reduce any bias. The results of this analysis will guide refinements to the sampling or weighting procedures, ensuring that the final estimates are as representative and unbiased as possible.

Strategies to Maximize Site Participation

Site engagement activities are being carried out in advance of recruitment to inform site selection and recruitment processes (OMB # 0970-0356; Expiration Date: 01/31/27). These early engagement activities will allow the study team an opportunity to identify and address factors that may influence a site's decision to participate. We expect these activities will increase the number of sites that are successfully recruited once recruitment begins.

Recruiters that have established professional relationships with sites will be used to build trust and enhance study legitimacy. Additionally, recruiters will offer flexible meeting times to discuss participating in the study and to accommodate agency leadership availability and minimize burden. An MOA will be used to collect information about key contacts needed to support study activities and minimize administrative burden.

Respondent Response Rates

In the previous NSCAW cohorts, the overall weighted response rate was 64.2% in NSCAW I, 55.8% in NSCAW II, and 27.5% in NSCAW III[5]. These rates were calculated as the weighted number of responding children divided by the total weighted number of selected children in participating sites, using their survey base weights. For the current NSSCAW, we assume a 40% response rate, which is slightly lower than the average response rate of the prior three cohorts combined (~49%). This rate was selected to balance realistic expectations based on both historical trends in response rates and anticipated gains

[5] Baseline data collection was paused due to the COVID-19 pandemic and resumed once procedures were reviewed and modified to ensure safety for families.

from enhanced data collection strategies in NSSCAW. To achieve 6,000 completed interviews with key respondents (i.e., caregivers for children under 11 years old and children themselves for those aged 11 years and older), the 40% response rate indicates that 15,000 children need to be selected across all 100 participating sites. The sample size of 15,000 is calculated by dividing the number of completed interviews required (6,000) by the expected response rate of 40%. This equates to selecting approximately 1,500 children per site across the 100 sites. The response rate in each PSU will be monitored during data collection and the number of children to select can be adjusted. For example, if the response rate in a site falls below the assumed 40%, additional children may be selected from the site's monthly sampling frame to ensure the target number of completed interview is met. This adaptive approach helps ensure that the target sample sizes are achieved, thereby preserving the statistical precision required to address NSSCAW's priority research questions. Additionally, by explicitly monitoring and correcting yield shortfalls at the site level, this strategy helps mitigate non-response bias by preserving the intended geographic representation of the sample, preventing the systematic underrepresentation of some counties with lower initial response rates.

Non-Response among Respondents

During data collection within each participating site, we will monitor response rates by key respondent (i.e., caregivers for children under 11 years old and children themselves for those aged 11 years and older) characteristics (e.g., age, sex, race/ethnicity, service domain). Priority will be given to key respondents who are more likely to be nonrespondents based on these characteristics. Despite these efforts, some key respondents will not respond. To address this, nonresponse weighting adjustments will be applied at the key respondent level to minimize the potential impact of nonresponse on the study's findings.

Nonresponse bias analysis will be conducted to evaluate potential bias before and after applying the nonresponse weighting adjustment. Child-level characteristics that will be analyzed include age, sex, race/ethnicity, service domain, and other variables that are available on the sampling frame data provided by the participating agency.

Minimizing Potential Bias

After combining the agency and child nonresponse-adjusted weights, an additional calibration step will be performed. This calibration will adjust the survey's weighted estimates to align with known population control totals. The calibration process will be conducted separately for creating state-level and national-level weights, using control totals from administrative data (e.g., NCANDS data) at the respective levels.

Item Non-Response

To address item-level non-response (i.e., items missing for certain cases), the study team will apply techniques used in prior NSCAWs, such as maximum likelihood (ML) estimation of regression and latent growth curve models, to estimate missing values based on observed data. Under conditions where ML is computationally infeasible, multiple imputation, will be used. These methods typically assume that data are Missing at Random (MAR), meaning the probability of data being missing is related to other observed variables but not to the value of the missing data itself. This assumption allows for accurate

imputations by using the available information, ultimately improving the reliability and validity of the study's findings.

Strategies to Maximize Response Rates among Respondents

The following strategies will be used during baseline data collection to maximize response rates and minimize potential non-response bias:

- Outreach materials for families selected to participate will be available in English and Spanish. Families will receive letters and brochures that are written in plain language and designed to communicate the study's purpose, goals, and expectations. Letters and brochures will be tailored for (**Appendix D**) specific respondent types.
- NSSCAW will also use interactive avatar-led videos to assist and facilitate the consent, permission, and assent process with caregivers and children. The avatar-led videos will educate caregivers and children about the goals of the research, their rights as study participants, and the risks and benefits of participating in the study. The videos, offered in English and Spanish, will allow for both visual and auditory explanations where examples and animations can be used to clarify key points. This approach will ensure the same content is delivered uniformly, improve engagement, increase respondent comfort with the content, and assist them in retaining key aspects of the consent and assent process. Avatar-led videos have been used in the informed consent process and evaluated in other studies, where they were compared to a traditional verbal explanation and were found to be more accessible and supportive for respondents[6].
- Data collectors will offer flexible options for completing the baseline survey, including in-person and online versions of the survey, and will work with families to schedule the survey at times that are convenient for them. The online version of the survey will also be optimized for mobile use, which will also improve accessibility.
- Tokens of appreciation will be provided to caregivers and children (aged 6 and older) who participate in the baseline survey.

B6. Production of Estimates and Projections

Estimates produced by this work will be prepared for internal use by ACF and external release by the agency in the form of reports, research briefs, and other publications or presentations. The study is designed to provide state-level estimates of key outcomes of children and families involved with the CWS within a set of purposively selected states, and to support national level estimates using inferential modeling. Separate sets of survey weights will be developed for state- and national-level analyses. For both, the appropriately weighted data are expected to yield approximately unbiased estimates that are generalizable to their respective target populations.

A deidentified, restricted use NSSCAW dataset will be archived. To support secondary analysis by researchers, a data file user's manual (DFUM) and codebook will accompany the dataset. The DFUM will documenta sampling methods, response rates, population of inference, construction of scored and derived variables, construction and appropriate use of survey weights, and estimation procedures with

[6] A Digital Decision Support Tool to Enhance Decisional Capacity for Clinical Trial Consent: Design and Development - PubMed

example statistical programming code. The codebook will contain variable names and labels, values for the categorical variables, and data frequencies of all the variables in the dataset.

For state-level inferences, weights will reflect selection probabilities adjusted for nonresponse, with additional poststratification using NCANDS data to align the sample with known population characteristics within each state. These adjustments aim to ensure representativeness of the child welfare population within each state and improve the quality of state-level estimates. For national-level inferences, we will develop weights using a quasi-randomization approach that re-weights the combined state sample through statistical modeling. These models will incorporate auxiliary data to improve accuracy and adjustment for nonrandom state selection. Sources of auxiliary data include case-level child welfare data from NCANDS, demographic and population data from the 2020 Decennial Census, and recent American Community Survey (ACS) estimates. These data will provide information on relevant population characteristics and geographic factors, enabling the weighted sample to approximate national representativeness.

For both state- and national-level inference, survey weights and estimation methods will be applied to calculate estimates and their standard errors using statistical software, such as R or SUDAAN, which are specially designed for weighted clustered samples from finite populations. Standard statistical best practices will inform the estimation methods employed in the analysis of the study data. These approaches include generating model-based estimates of target population characteristics or projections of future values. Estimates will be produced using analysis methods that are appropriately tailored to the study's research questions, associated propositions and hypotheses, as well as constructs and indicators. Methods may include univariate, bivariate, multivariate analyses, and specialized analytic approaches as relevant to specific domains and research objectives.

The analysis methods will incorporate the survey weights described above to account for the study's complex design and address potential nonresponse bias. While survey weights are expected to reduce nonresponse bias in estimates, it is acknowledged that applying weights could inflate or deflate the influence of certain observations, sometimes leading to biased parameter estimates if a model is not correctly specified. To mitigate such risks, the NSSCAW analysis and reporting team will follow established best practices, including guidance from Bollen et al. (2016) to determine whether survey weights are necessary for generating unbiased regression estimates or whether the survey weights can be safely ignored for specific analyses.

Data Handling and Analysis

Data Handling

Administrative data

Administrative data from the NCANDS will be used to construct the sampling frame for selecting states and PSUs. These datasets are typically high quality due to formal data collection processes, though they still have some missing data. Data from the AFCARS will be used as a supplemental source to identify children in foster care. A standard statistical imputation process will be implemented to address missing values on other variables before sample selection. For selecting PSUs within each state, a size measure for each PSU needs to be computed. The imputation process, size measure computation process, and the within state CWA sampling will be programmed by a senior statistician and reviewed by another senior statistician to ensure accuracy of these processes.

Survey data

Survey data will be collected electronically. This ensures that data will be collected consistently and accurately by reducing the risk of data entry errors. In addition, coding and data validation will occur in real time, so any issues can be resolved when the survey is being administered instead of identifying and attempting to resolve issues later during the data editing phase. Electronic survey instruments can also prevent the interviewer or the respondent from inadvertently skipping survey items, reducing the possibility of missing data.

During data collection, the study team will closely monitor the data collection progress, including the number of respondents recruited and enrolled by site, the number of refusals, and the demographics of enrolled respondents. The study team will also conduct quality checks on the data to ensure it is appropriate for analysis, including logic checks among responses, checks for outliers, and visual exploratory data analysis to examine response patterns as well as patterns in missing data. The study team will ensure data is captured in a manner consistent with the instrument specifications and verify the consistency of the data structure and content exported from the survey program. Should a skip logic error or other type of error or omission be detected during data collection, the Contractor study team will make edits to the instrument programming specifications and/or data to correct the error. Any instrument or data edits will be documented and saved in a designated file.

Use of Collected Data in Conjunction with Other Sources of Information

Survey data will be combined with administrative data, when feasible, to support analyses addressing the study's research questions. As described in Supporting Statement A, the NSSCAW team will link aggregated administrative data to the geographic location of a family (e.g., a family's neighborhood, county, or state). This combination of administrative data aggregated at multiple geographic levels and survey data (i.e., individual- and family-level predictors) can lead to important findings on how to improve well-being outcomes for children and families involved with CWS. In addition, the NSSCAW team will integrate a broader array of administrative data that can be tied directly to families, such as the timing and nature of various CWS events, start and end dates for various program benefits, benefit amounts, health care, and services related to child and family well-being. This approach of combining survey information with other sources of information will increase the value of NSSCAW data, help grow the child welfare knowledge base and can inform child welfare programmatic and policy discussions.

Data Analysis

An array of analyses, including univariate analyses, bivariate analyses, multivariate analyses, and specialized analysis methods (as warranted), are likely to be utilized in various NSSCAW products. The proposed methods address the needs and uses described in Supporting Statement A , including state and national estimates on the well-being, experiences, and service needs and receipt of children and families involved with the CWS. The goal of these analyses is to provide ACF, practitioners, policymakers, and other partners with critical information on the well-being of children and youth involved in CWS. **Exhibit 2** summarizes the proposed analysis methods and data sources (survey and/or administrative data) that are likely to be used to address each priority research question. Consistent with the ACF Evaluation Policy's principle of Transparency, ACF will pre-register the study with Open Science Framework, and a full analysis plan will be publicly posted on this site prior to the start of data analysis.

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

Exhibit 2. Priority Research Questions, Instruments/Data Sources, and Proposed Analysis Methods

Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

SSCAW Priority Research Question	Example Domains	Source of Information	Planned analyses			
			National & State Population	Group comparisons/ bivariate		Specialized Analytic Methods
1. What are the characteristics, circumstances, needs, and strengths of children/caregivers/families shortly after their involvement with the CWS?	• Parenting; Social Support & Network Quality; Childhood Experiences; Economic Well-Being; Health; Mental & Behavioral Health; Service Needs • Mental & Behavioral Health; Cognitive & Academic; Relational; Safety & Permanency	• Caregiver Survey • Child Survey	X	X		X
2. How does the baseline health and well-being of children differ across CWS events and outcomes (e.g., among children who remained in-home compared to children placed out-of-home)?	• Special Needs; Mental & Behavioral Health • Health; Mental & Behavioral Health	• Caregiver Survey • Child Survey	X	X	X	
3. What types of services and supports are needed and received by children, caregivers, and families shortly after their involvement with the CWS and how are they associated with foster care prevention?	• Child Services; Service Needs	• Caregiver Survey	X	X	X	
4. To what extent are contextual factors (e.g., community rates of employment, access to public transportation and childcare, state policy milieus, environmental hazards) associated with the health and well-being of children, caregivers, and families involved with the CWS?	• Service Needs & Receipt; • Neighborhood/ Community characteristics; • Policy context	• Administrative data	X	X	X	X
5. What types of community supports and	• Service Needs & Receipt; • Neighborhood/	• Administrative				

Univariate Analyses

Univariate analyses will be used to provide national and state-specific population and subpopulation estimates for key NSSCAW variables of interest. Descriptive statistics, such as frequencies, means, modes, ranges, standard deviations, standard errors, and confidence intervals, will be used to provide prevalence estimates for variables of interest along with the degree of uncertainty. Univariate analyses are likely to play a key role in many NSSCAW analyses as they may provide nationally representative estimates or population and subpopulation estimates, such as the prevalence of young, maltreated children with a developmental delay (Rosenberg et al., 2007) or may serve to contextualize the sample for a given product before moving to more detailed bivariate or multivariate analyses or specialized analytic techniques. Univariate analyses could also be used to compare the NSSCAW sample against other national surveys (such as the Youth Risk Behavior Surveillance System [YRBSS] or the National Survey on Drug Use and Health [NSDUH]) or to conduct state-level comparisons with surveys that have sufficient sample sizes and statistical power. We may also use univariate tests such as a one-sample t-test to test whether a NSSCAW sample mean significantly differs from a hypothesized value provided via other national surveys or representative samples.

Bivariate Analyses

Bivariate analyses will be used to examine the nature and strength of relationships between two variables of interest as specified within the propositions or hypotheses used to answer NSSCAW research questions. Bivariate analyses will be conducted in accordance with the structure of the associated data including, whether the variables are normally distributed interval variables, ordinal or non-normally distributed interval variables, or categorical variables. Independent samples t-tests and one-way analysis of variance (ANOVA) will be used to compare means across two or more independent and categorical groups on an interval variable, while Chi-square tests will be used to compare relationships between two categorical variables. Paired t-tests and one-way repeated measures ANOVA tests will be used to compare differences between groups with two or more observations. Finally, Pearson correlations and Spearman correlations (a non-parametric version of the former) will be used to compare linear relationships between two interval or ordinal variables.

Multivariate Analyses

Multivariate analyses will employ a more rigorous approach than univariate and bivariate analyses to answering research questions and will provide ACF, practitioners, and policymakers with critical information on the factors associated with or influencing the well-being of children and youth involved in the child welfare system, and subsequent considerations for research, policy, and practice. Multivariate analyses will be used to test hypotheses or assess propositions by estimating the effects of explanatory variables on outcome variables while controlling for a collection of covariates (i.e., control variables). Multivariate analyses will typically be conducted using generalized linear models, a broad class of regression models (Agresti, 2018; Angrist & Pischke, 2009) that includes ordinary least squares models for outcome variables assumed to have a normal distribution, alternative models for continuous outcome variables that do not assume normality, and models for discrete or categorical outcome variables (such as logit models for dichotomous outcomes [Casanueva et al., 2014], multinomial models for outcomes with more than two mutually exclusive categories [Ayer et al., 2024], or Poisson regression for count variables [Barth et al., 2007]). Other analyses may require specialized models or methods, such

as hierarchical linear models, survival analysis/time-to-event models, or econometric methods for causal inference (e.g., difference-in-difference, regression discontinuity), or Bayesian methods.

Specialized Analytic Methods that May be Used as Warranted

Other analytic techniques may be used to facilitate specialized analyses. These analysis methods include psychometric analyses, structural equation modeling (SEM), and change analyses. A collection of psychometric analyses, including exploratory factor analysis and latent class models may be used to examine variability among observed, correlated NSSCAW variables to identify a potentially smaller number of unobserved variables or latent constructs. SEM offers a more efficient approach than traditional regression models to studying complex multivariate relationships by combining factor analysis and regression analysis methods to analyze causal relationships among observed and latent variables. Finally change analyses, such as the Reliable Change Index (Jacobson et al., 1999), offer an important measure of statistical and clinical significance, by measuring how much, and in what direction an individual has changed, and whether that change is reliable and clinically significant.

Data Use

As noted in Section B.6, deidentified data will be archived with a DFUM to inform and assist researchers who might be interested in using the data for future secondary data analysis. The manual will provide researchers and data users with an improved understanding of how to properly interpret, analyze, and evaluate information from the collection, including (1) background information about the study; (2) information about the sample design on the number of study participants, response rates, and weighting procedures; (3) an overview of the data collection procedures, data collection instruments, and measures; and (4) information about how the data were prepared and the structure of data files, including data entry, frequency review, data edits, and creation of data files.

Dissemination of study findings may include reports, research briefs, 1-page data spotlights, webinars, and/or other publications or presentations. Dissemination materials will include a discussion of the limitations of the data and guidance on how to interpret the findings. Priority audiences for these products will include ACF, researchers, CWS program staff, policymakers, and technical assistance providers.

We anticipate significant interest from the research community in the archived dataset given their use of the NSCAW I-III datasets and the implementation of a sampling design intended to provide state and national estimates on the well-being, experiences, and service needs and receipt of families involved in the CWS.

B8. Contact Persons

Name	Title/Affiliation	Email
Melissa Dolan	Project Director, RTI International	mdolan@rti.org
Jennifer Keeney	Associate Project Director, RTI International	jkeeney@rti.org
Dan Liao	Sampling and Weighting Task Leader, RTI International	dliao@rti.org

Attachments

Appendices

Appendix A: Statutory Requirement
Appendix B: Site Recruitment Materials
Appendix C: Family Outreach Materials
Appendix D: Informed Consent and HIPAA Authorization Forms

Instruments

Instrument 1: Specifications for Monthly Sample File Submissions
Instrument 2: Caregiver Baseline Survey
Instrument 3: Child Baseline Survey
Instrument 4: Telephone Verification Interview
Instrument 5: Panel Maintenance Contact Card