

OMB Control Number: 0584-0613

Expiration Date: 02/28/2021

WIC Child Retention Survey (Final)

Web Format

Sponsored by the U.S. Department of Agriculture, Food and Nutrition Service

October 2019

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| This information is being collected to assist the Food and Nutrition Service in understanding why children ages 1 to 4 years leave the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This is a voluntary collection and FNS will use the information to better understand Local Agency strategies related to improving child retention in the WIC Program. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0613. The time required to complete this information collection is estimated to average 0.33 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0613). Do not return the completed form to this address. |

PROGRAMMER: INCLUDE 1-YEAR CERTIFICATION STATUS AND EBT STATUS IN THE SAMPLE LOAD FILE. MAKE “OTHER (SPECIFY)” FIELDS 100 CHARACTERS.

**INTRODUCTION**

Thank you for taking the time to complete this important survey.

As you likely know, child retention, or keeping children in WIC after their first birthday, is a challenge for WIC clinics across the country.

The goals of this survey are to:

(1) Understand why children ages 1 to 4 years leave WIC, and

(2) Identify solutions to keep eligible children ages 1 to 4 years on WIC.

Because you work directly with WIC participants, your input is very important. By participating in this survey, we hope you can help us understand and address the barriers to continued child participation.

This survey takes about 20 minutes to complete. You may complete the survey in one sitting or come back to it lateryour answers will save automatically.

Findings from this survey will be summarized across all participants. We will not associate responses with a specific person. Your answers will be kept private to the extent allowed by law.

If you have any questions about the survey—or if you experience any problems with the survey—contact 2M Research at 1-877-440-0050 from 9:00 AM to 4:00 PM EDT Monday through Friday, or by email at usdawicretention@2mresearch.com.

**INSTRUCTIONS**

Move forward through the questions by clicking on the “Next” button on the bottom right.



If you need to go back, click the “Back” button on the bottom left.



To exit the survey and come back to it later, click the “X” on the top right. The survey can be accessed again by clicking on the survey link that was provided to you in the email notifying you about the survey.



When you reach the end of the survey, click “SUBMIT.”



**CHILD RECERTIFICATION APPOINTMENTS**

These questions are about your WIC clinic’s practices for child recertification appointments. Child recertification appointments are for children ages 1 through 4 years only.

PROGRAMMER: INSTRUCTIONS SHOULD APPEAR AT TOP OF EACH QUESTION PER PAGE FOR QUESTIONS 1 THROUGH 10 AS FOLLOWS: This question is about your WIC clinic’s practices for child recertification appointments. Child recertification appointments are for children ages 1 through 4 years only.

If you work at more than one clinic site, please answer for the site where you work most of the time.

1. At your site, how do WIC participants schedule child recertification appointments?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | YES | NO |
| a. Telephone call  | 1 □ | 0 □ |
| b. Text message  | 1 □ | 0 □ |
| c. Email  | 1 □ | 0 □ |
| d. Online  | 1 □ | 0 □ |
| e. In person (for example, during a previous clinic visit)  | 1 □ | 0 □ |
| f. As a walk-in for a same-day appointment  | 1 □ | 0 □ |
| g. Other (specify)  | 1 □ | 0 □ |
|   |  |  |

IF Q1G=1 AND SPECIFY=BLANK, THEN SOFT CHECK: “You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”

INCLUDE SOFT CHECKS FOR UNANSWERED ITEMS IN EACH ROW: “Please select one response in each row.”

2. Sometimes participants cancel their appointments. When this happens for a child recertification appointment, how likely is it that the participant will reschedule their appointment within the same month?

 1 □ Not at all likely

 2 □ A little likely

 3 □ Somewhat likely

 4 □ Very likely

 5 □ Don’t know

[HOVER DEFINITION OF “child recertification” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

*Child recertification appointments are for children ages 1 through 4 years only.*

3. How does your site send routine reminders for upcoming child recertification appointments?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | YES | NO | DON’T KNOW |
| a. Telephone call  | 1 □ | 0 □ | d □ |
| b. Text message  | 1 □ | 0 □ | d □ |
| c. Email  | 1 □ | 0 □ | d □ |
| d. Letter or postcard  | 1 □ | 0 □ | d □ |
| e. Other (specify)   | 1 □ | 0 □ | d □ |

IF Q3E=1 AND SPECIFY=BLANK, THEN SOFT CHECK: **“You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”**

INCLUDE SOFT CHECKS FOR UNANSWERED ITEMS IN EACH ROW: “Please select one response in each row.”

[HOVER DEFINITION OF “child recertification” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

*Child recertification appointments are for children ages 1 through 4 years only.*

PROGRAMMER: DO NOT ALLOW RESPONDENTS TO SELECT ANY OTHER OPTION AND “DON’T KNOW.”

4. Whether or not your site uses them, which types of appointment reminders do you believe are most effective in ensuring that participants keep their child recertification appointments?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | YES | NO | DON’T KNOW |
| a. Telephone call  | 1 □ | 0 □ | d □ |
| b. Text message  | 1 □ | 0 □ | d □ |
| c. Email  | 1 □ | 0 □ | d □ |
| d. Letter or postcard  | 1 □ | 0 □ | d □ |
| e. Other (specify)   | 1 □ | 0 □ | d □ |

IF Q4E=1 AND SPECIFY=BLANK, THEN SOFT CHECK: **“You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”**

INCLUDE SOFT CHECKS FOR UNANSWERED ITEMS IN EACH ROW: “Please select one response in each row.”

[HOVER DEFINITION OF “child recertification” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

*Child recertification appointments are for children ages 1 through 4 years only.*

PROGRAMMER: SKIP Q5 IF ALL OF Q3=0 OR D. DO NOT ALLOW RESPONDENTS TO SELECT ANY OTHER OPTION AND “DON’T KNOW.”

5. About when are routine appointment reminders sent for child recertification appointments?

SELECT ALL THAT APPLY

 1 □ 2 weeks or more before the appointment

 2 □ 1 week before the appointment

 3 □ 1 or 2 days before or the same day as the appointment

 d □ Don’t know

[HOVER DEFINITION OF “child recertification” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

*Child recertification appointments are for children ages 1 through 4 years only.*

PROGRAMMER: RANDOMIZE RESPONSE OPTIONS EXCEPT “OTHER.” ALLOW UP TO THREE SELECTIONS.

6. What are the top 3 reasons why parents/guardians say they miss child recertification appointments?

SELECT UP TO 3 RESPONSES

 1 □ Forgot about the appointment or was unprepared

 2 □ Had a conflict with the scheduled time

 3 □ Could not get to the appointment

 4 □ Decided to stop participating in the WIC program

 5 □ Did not feel they could bring other children to the appointment

 6 □ Had a negative experience at a previous visit

 7 □ Other (specify)

IF Q6\_7=1 AND SPECIFY=BLANK, THEN SOFT CHECK: **“You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”**

[HOVER DEFINITION OF “child recertification” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

*Child recertification appointments are for children ages 1 through 4 years only.*

PROGRAMMER: FILL Q7 WITH RESPONSES SELECTED IN Q6. IF Q6\_7=1 FILL VERBATIM RESPONSE. IF VERBATIM RESPONSE IS MISSING, FILL “OTHER REASON.”

7. How likely are these reasons for missing child recertification appointments causing children to leave the WIC program?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | NOT AT ALL LIKELY | A LITTLE LIKELY | SOMEWHAT LIKELY | VERY LIKELY |
| a. [FILL FROM Q6]  | 1 □ | 2 □ | 3 □ | 4 □ |
| b. [FILL FROM Q6]  | 1 □ | 2 □ | 3 □ | 4 □ |
| c. [FILL FROM Q6]  | 1 □ | 2 □ | 3 □ | 4 □ |

INCLUDE SOFT CHECKS FOR UNANSWERED ITEMS IN EACH ROW: “Please select one response in each row.”

[HOVER DEFINITION OF “child recertification” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

*Child recertification appointments are for children ages 1 through 4 years only.*

8. How does your site routinely follow up with “no shows,” or participants who miss child recertification appointments?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | YES | NO |
| a. Telephone call  | 1 □ | 0 □ |
| b. Text message  | 1 □ | 0 □ |
| c. Email  | 1 □ | 0 □ |
| d. Letter or postcard  | 1 □ | 0 □ |
| e. Other (specify)   | 1 □ | 0 □ |

IF Q8E=1 AND SPECIFY=BLANK, THEN SOFT CHECK: “You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”

INCLUDE SOFT CHECKS FOR UNANSWERED ITEMS IN EACH ROW: “Please select one response in each row.”

[HOVER DEFINITION OF “child recertification” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

*Child recertification appointments are for children ages 1 through 4 years only.*

9. Is it possible for your clinic or local agency to determine a “no-show” rate specifically for missed child recertification appointments?

 1 □ Yes

 0 □ No

 d □ Don’t know

[HOVER DEFINITION OF “child recertification” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

*Child recertification appointments are for children ages 1 through 4 years only.*

PROGRAMMER: ASK IF Q9=1.

10. Does your local agency report the “no-show” rate specifically for missed child recertification appointments to the State WIC agency?

 1 □ Yes

 0 □ No

 d □ Don’t know

[HOVER DEFINITION OF “child recertification” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

*Child recertification appointments are for children ages 1 through 4 years only.*

PROGRAMMER: INSERT A SCREEN AFTER Q10 SIMILAR TO SECTION BREAK. INCLUDE THE TEXT “The next question is about your WIC clinic’s practices for all appointments.”

PROGRAMMER: DO NOT ALLOW RESPONDENTS TO ENTER A NUMBER AND ALSO SELECT “DON’T KNOW OR UNABLE TO REPORT.”

This question is about all appointments.

11. What percentage of all appointments were no-shows at your clinic or local agency last month? *Please enter the percentage below.*

 | | | | percent

(valid range 000-100)

 d □ Don’t know or unable to report

IF Q11 GT 40, THEN SOFT CHECK: **“You entered that [Q11 FILL] percent of all appointments were no-shows. Please confirm or correct your response and continue.”**

**REASONS CHILDREN LEAVE THE WIC PROGRAM**

These questions are about the reasons children (ages 1 through 4 years) leave the WIC program.

PROGRAMMER: RANDOMIZE RESPONSE OPTIONS EXCEPT “OTHER.” ALLOW UP TO THREE SELECTIONS.

12. Some child participants leave the WIC program shortly after their first birthday. In your opinion, what are the top 3 reasons child participants leave the WIC program at age 1?

select up to 3 responses

 1 □ Embarrassed to participate in WIC

 2 □ Too difficult to be physically present for appointments

 3 □ Believed they were no longer eligible due to the child’s age

 4 □ Believed they were no longer eligible due to household income

 5 □ Felt they didn’t need WIC any more

 6 □ Felt that needs were met by participation in other programs (for example, Head Start, CACFP, or SNAP)

 7 □ Food package no longer includes the foods and beverages participants want

 8 □ Negative experiences with the clinic or clinic staff

 9 □ Negative experiences redeeming food benefits in stores

10 □ Other (specify)

IF Q12\_10=1 AND SPECIFY=BLANK, THEN SOFT CHECK: “You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”

PROGRAMMER: DISPLAY RESPONSE OPTIONS IN SAME ORDER AS Q12. ALLOW UP TO THREE SELECTIONS.

13. Some child participants leave the WIC program between ages 2 to 4. In your opinion, what are the top three reasons child participants leave the WIC program at ages 2 to 4?

select up to 3 responses

 1 □ Embarrassed to participate in WIC

 2 □ Too difficult to be physically present for appointments

 3 □ Believed they were no longer eligible due to the child’s age

 4 □ Believed they were no longer eligible due to household income

 5 □ Felt they didn’t need WIC any more

 6 □ Felt that needs were met by participation in other programs (for example, Head Start, CACFP, or SNAP)

 7 □ Food package no longer includes the foods and beverages participants want

 8 □ Negative experiences with the clinic or clinic staff

 9 □ Negative experiences redeeming food benefits in stores

10 □ Other (specify)

IF Q13\_10=1 AND SPECIFY=BLANK, THEN SOFT CHECK: **“You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”**

PROGRAMMER: ASK IF Q12\_2=1 OR Q13\_2=1. RANDOMIZE RESPONSE OPTIONS EXCEPT “OTHER.”

14. You indicated that one of the reasons children leave the WIC program is difficulty being physically present for appointments. Which of the following factors make it difficult for participants to be physically present for appointments at your site?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | YES | NO |
| a. Difficulty taking time off of work or school  | 1 □ | 0 □ |
| b. Lack of transportation  | 1 □ | 0 □ |
| c. Difficulty arranging child care  | 1 □ | 0 □ |
| d. WIC site does not have toys or a designated play area to help occupy children  | 1 □ | 0 □ |
| e. Inconvenient clinic hours  | 1 □ | 0 □ |
| f. Inconvenient clinic location  | 1 □ | 0 □ |
| g. Other (specify)   | 1 □ | 0 □ |

IF Q14G=1 AND SPECIFY=BLANK, THEN SOFT CHECK: “You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”

INCLUDE SOFT CHECKS FOR UNANSWERED ITEMS IN EACH ROW: “Please select one response in each row.”

PROGRAMMER: ASK IF Q12\_8=1 OR Q13\_8=1. RANDOMIZE RESPONSE OPTIONS EXCEPT “OTHER.”

15. You indicated that one of the reasons children leave the WIC program is negative experiences with the clinic or clinic staff. Which of the following factors make participants have negative experiences with the clinic or clinic staff at your site?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | YES | NO |
| a. It takes a long time to get an appointment | 1 □ | 0 □ |
| b. Long appointments  | 1 □ | 0 □ |
| c. Difficulty contacting WIC staff to schedule an appointment  | 1 □ | 0 □ |
| d. Language barrier  | 1 □ | 0 □ |
| e. Did not feel they were treated respectfully  | 1 □ | 0 □ |
| f. Other (specify)   | 1 □ | 0 □ |

IF Q15F=1 AND SPECIFY=BLANK, THEN SOFT CHECK: “You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”

INCLUDE SOFT CHECKS FOR UNANSWERED ITEMS IN EACH ROW: “Please select one response in each row.”

**RETAINING CHILDREN IN THE WIC PROGRAM**

These questions are about the practices your site uses to retain children (ages 1 through 4 years) in the WIC program, and the effectiveness of child retention practices. We are interested in your opinions. *There are no right or wrong answers.*

PROGRAMMER: DO NOT DISPLAY ANY OF THE HEADER ROWS IN Q16A THROUGH Q19B. THEY ARE FOR INTERNAL USE ONLY. RANDOMIZE THE ORDER OF THE QUESTION PAIRS (A/B) IN THE SERIES. DO NOT ALLOW RESPONDENTS TO SELECT ANY OTHER OPTION AND “NONE OF THESE” IN ANY OF THESE QUESTIONS.

**16a. Which of the following clinic services and environment practices do you think is or would be effective for retaining children in the WIC program?**

CLINIC SERVICES AND ENVIRONMENT

sELECT ALL THAT APPLY

 1 □ Provide transportation services

 2 □ Offer a WIC mobile clinic

 3 □ Make the clinic child-friendly (for example, offering toys or play area)

 4 □ Co-locate the WIC clinic with other medical or social service providers

 5 □ None of these

**16b. Which of the following clinic services and environment practices does your site currently use to retain children in the WIC program? *If you work at more than one clinic site, please answer for the site where you work most of the time.***

CLINIC SERVICES AND ENVIRONMENT

SELECT ALL THAT APPLY

 1 □ Provide transportation services

 2 □ Offer a WIC mobile clinic

 3 □ Make the clinic child-friendly (for example, offering toys or play area)

 4 □ Co-locate the WIC clinic with other medical or social service providers

 5 □ None of these

**17a. Which of the following operational practices do you think is or would be effective for retaining children in the WIC program?**

OPERATIONAL PRACTICES

SELECT ALL THAT APPLY

 1 □ Offer nutrition education online (for example, website, Skype, etc.)

 2 □ Offer online recertification

 3 □ Reload electronic benefits remotely so that participant does not need to visit the clinic to reload the card

 4 □ Offer a 1-year certification period rather than a 6-month certification period

 5 □ Allow participants to complete certification paperwork (for example, providing proof of income or completing diet questionnaires) online

 6 □ None of these

DISPLAY Q17B\_3 IF EBT STATUS=MISSING. DISPLAY Q17B\_4 IF 1-YEAR CERTIFICATION STATUS=MISSING.

**17b. Which of the following operational practices does your site currently use to retain children in the WIC program? *If you work at more than one clinic site, please answer for the site where you work most of the time.***

OPERATIONAL PRACTICES

SELECT ALL THAT APPLY

 1 □ Offer nutrition education online (for example, website, Skype, etc.)

 2 □ Offer online recertification

 3 □ Reload electronic benefits remotely so that participant does not need to visit the clinic to reload the card

 4 □ Offer a 1-year certification period rather than a 6-month certification period

 5 □ Allow participants to complete certification paperwork (for example, providing proof of income or completing diet questionnaires) online

 6 □ None of these

**18a. Which of the following scheduling practices do you think is or would be effective for retaining children in the WIC program?**

SCHEDULING PRACTICES

SELECT ALL THAT APPLY

 1 □ Offer extended clinic hours (for example, early mornings, evenings, or weekends)

 2 □ Minimize the required number of visits

 3 □ Minimize the length of visits

 4 □ Use text messaging or other technology for appointment scheduling, rescheduling, or reminders

 5 □ None of these

DISPLAY Q18B\_4 IF Q1B=MISSING AND Q1C=MISSING AND Q1D=MISSING AND Q3B=MISSING AND Q3C=MISSING AND Q8B=MISSING AND Q8C=MISSING.

**18b. Which of the following scheduling practices does your site currently use to retain children in the WIC program? *If you work at more than one clinic site, please answer for the site where you work most of the time.***

SCHEDULING PRACTICES

SELECT ALL THAT APPLY

 1 □ Offer extended clinic hours (for example, early mornings, evenings, or weekends)

 2 □ Minimize the required number of visits

 3 □ Minimize the length of visits

 4 □ Use text messaging or other technology for appointment scheduling, rescheduling, or reminders

 5 □ None of these

**19a. Which of the following customer service practices do you think is or would be effective for retaining children in the WIC program?**

CUSTOMER SERVICE

SELECT ALL THAT APPLY

 1 □ Provide customer service training for staff who interact with participants

 2 □ Ensure staff who speak participants’ preferred language are available

 3 □ Tailor food packages to meet participant preferences

 4 □ Tailor nutrition education to meet participant preferences

 5 □ Use creative ways to connect with participants (for example, sending birthday cards for children)

 6 □ Engage with local WIC food vendors to improve the WIC shopping experience

 7 □ None of these

**19b. Which of the following customer service practices does your site currently use to retain children in the WIC program? *If you work at more than one clinic site, please answer for the site where you work most of the time.***

CUSTOMER SERVICE

SELECT ALL THAT APPLY

 1 □ Provide customer service training for staff who interact with participants

 2 □ Ensure staff who speak participants’ preferred language are available

 3 □ Tailor food packages to meet participant preferences

 4 □ Tailor nutrition education to meet participant preferences

 5 □ Use creative ways to connect with participants (for example, sending birthday cards for children)

 6 □ Engage with local WIC food vendors to improve the WIC shopping experience

 7 □ None of these

**20. Is there another practice that you think is or would be effective for retaining children in the WIC program?**

 1 □ Yes

 0 □ No

PROGRAMMER: ASK IF Q20=1.

**21. What other practice do you think is or would be effective for retaining children in the WIC program?**

 STRING 200

IF Q21=UNANSWERED: **“Please provide your response and continue.”**

PROGRAMMER: ASK IF Q21 = ANSWERED. FILL VERBATIM RESPONSE FROM Q21.

**22. Does your site use [Q21 FILL] to retain children in the WIC program?**

 1 □ Yes

 0 □ No

PROGRAMMER: DISPLAY ALL OPTIONS SELECTED IN Q16A, Q17A, Q18A, AND Q19A EXCEPT “NONE OF THESE.” IF Q21=ANSWERED, DISPLAY VERBATIM RESPONSE. RANDOMIZE OPTIONS. ALLOW UP TO THREE SELECTIONS.

**23. You selected the following practices as ones that are or would be effective for retaining children in the WIC program. Which three practices do you think are or would be the most effective for retaining children in the WIC program at your site? *These may or may not be practices your site already uses.***

**select up to 3 responses**

 1 □ Provide transportation services

 2 □ Offer a WIC mobile clinic

 3 □ Make the clinic child-friendly (for example, offering toys or play area)

 4 □ Co-locate the WIC clinic with other medical or social service providers

 5 □ Offer nutrition education online (for example, website, Skype, etc.)

 6 □ Offer online recertification

 7 □ Reload electronic benefits remotely so that participant does not need to visit the clinic to reload the card

 8 □ Offer a 1-year certification period rather than a 6-month certification period

 9 □ Offer extended clinic hours (for example, early mornings, evenings, or weekends)

10 □ Minimize the required number of visits

11 □ Minimize the length of visits

12 □ Use text messaging or other technology for appointment scheduling, rescheduling, or reminders

13 □ Provide customer service training for staff who interact with participants

14 □ Ensure staff who speak participants’ preferred language are available

15 □ Tailor food packages to meet participant preferences

16 □ Tailor nutrition education to meet participant preferences

17 □ Use creative ways to connect with participants (for example, sending birthday cards for children)

18 □ Engage with local WIC food vendors to improve the WIC shopping experience

19 □ Allow participants to complete certification paperwork (for example, providing proof of income or completing diet questionnaires) online

20 □ [Q21 FILL]

PROGRAMMER: DISPLAY ALL OPTIONS SELECTED IN Q16A, Q17A, Q18A, AND Q19A EXCEPT “NONE OF THESE.” IF Q21=ANSWERED, DISPLAY VERBATIM RESPONSE. DISPLAY OPTIONS IN SAME ORDER AS Q23. ALLOW UP TO THREE SELECTIONS.

24. Some practices need a lot of money and resources to implement, while others do not. Given the limited resources available, which three practices do you think are or would be the most cost-effective for retaining children in the WIC program at your site?

select up to 3 responses

 1 □ Provide transportation services

 2 □ Offer a WIC mobile clinic

 3 □ Make the clinic child-friendly (for example, offering toys or play area)

 4 □ Co-locate the WIC clinic with other medical or social service providers

 5 □ Offer nutrition education online (for example, website, Skype, etc.)

 6 □ Offer online recertification

 7 □ Reload electronic benefits remotely so that participant does not need to visit the clinic to reload the card

 8 □ Offer a 1-year certification period rather than a 6-month certification period

 9 □ Offer extended clinic hours (for example, early mornings, evenings, or weekends)

10 □ Minimize the required number of visits

11 □ Minimize the length of visits

12 □ Use text messaging or other technology for appointment scheduling, rescheduling, or reminders

13 □ Provide customer service training for staff who interact with participants

14 □ Ensure staff who speak participants’ preferred language are available

15 □ Tailor food packages to meet participant preferences

16 □ Tailor nutrition education to meet participant preferences

17 □ Use creative ways to connect with participants (for example, sending birthday cards for children)

18 □ Engage with local WIC food vendors to improve the WIC shopping experience

19 □ Allow participants to complete certification paperwork (for example, providing proof of income or completing diet questionnaires) online

20 □ [Q21 FILL]

25. What other changes to WIC requirements at the local, State, or Federal level would help retain children in the WIC program? *Please suggest up to 3 changes.*

1. STRING 200

2. STRING 200

3. STRING 200

**CLINIC CHARACTERISTICS**

These questions are about your WIC clinic site. If you work at more than one clinic site, please answer for the site where you work most of the time.

26. When is your clinic site open?

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | YES | NO |
| a. 5 or more days per week  | 1 □ | 0 □ |
| b. During the weekend at least once per month  | 1 □ | 0 □ |
| c. Early morning hours at least 1 day per week  | 1 □ | 0 □ |
| d. Evening hours at least 1 day per week  | 1 □ | 0 □ |

IF Q18B\_1=1 AND Q26B, Q26C, AND Q26D ALL=0 OR UNANSWERED, THEN SOFT CHECK: “Earlier you indicated your clinic offers extended hours but you did not select any of those options for this question. Please review your responses and continue.”

INCLUDE SOFT CHECKS FOR UNANSWERED ITEMS IN EACH ROW: “Please select one response in each row.”

27. After participants arrive at your clinic for a child recertification appointment, about how long do they wait, on average, before the appointment begins? *Your best guess is fine.*

 | | | | minutes

(valid range 00-120)

IF Q27 GT 30, THEN SOFT CHECK: **“You entered that participants wait [Q27 FILL] minutes for a child recertification appointment to begin after they arrive at your clinic. Please confirm or correct your response and continue.”**

28. Not counting the time waiting for the appointment to begin, about how long does an average recertification appointment for one child take, starting from the beginning of the appointment to completion of benefit issuance? *Your best guess is fine.*

 | | | | minutes **or** | |.| | hours

(valid range 00-180) (valid range 0.0-3.0)

IF Q28\_MINUTES GT 30, THEN SOFT CHECK: **“You entered that an average recertification appointment for one child takes [Q28 FILL] minutes. Please confirm or correct your response and continue.”**

IF Q28\_HOURS GT 0.5, THEN SOFT CHECK: **“You entered that an average recertification appointment for one child takes [Q28 FILL] hours. Please confirm or correct your response and continue.”**

IF Q28\_MINUTES AND Q28\_HOURS ANSWERED, THEN HARD CHECK: **“You entered a response in both minutes and hours. Please enter your response in only one unit and continue.”**

29. In what type of facility is your clinic site located?

 1 □ Health department

 2 □ Other health-related facility, such as a hospital, Indian Health Service facility, Federally Qualified Health Center, or nonprofit health faciitly

 3 □ Nonprofit facility, such as a community service agency, school or Head Start site, or faith-based agency

 4 □ Stand alone WIC site

 5 □ Other *(specify)*

IF Q29\_5=1 AND SPECIFY=BLANK, THEN SOFT CHECK: “You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”

30. What is the total monthly caseload of WIC participants at your clinic site? *Your best guess is fine.*

 1 □ 300 or fewer participants

 2 □ 301 to 900 participants

 3 □ 901 to 2,500 participants

 4 □ More than 2,500 participants

**31. Compared to the number of WIC participants served at your clinic site, how would you describe the staffing levels?**

 1 □ Far too few staff for the number of participants

 2 □ Too few staff for the number of participants

 3 □ About the right number of staff for the number of participants

 4 □ Too many staff for the number of participants

 5 □ Far too many staff for the number of participants

**YOUR WIC EXPERIENCE**

PROGRAMMER: RANDOMIZE RESPONSE OPTIONS EXCEPT “OTHER.”

32. What are your primary responsibilities in your WIC agency? *If you work at more than one clinic site, please answer for the site where you work most of the time.*

Select all that apply

 1 □ Caseload management

 2 □ Child certification

 3 □ Following up with missed certification or recertification appointments

 4 □ Nutrition education

 5 □ Breastfeeding support

 6 □ Food benefit issuance

 7 □ Measure height and weight

 8 □ Determine income eligibility

 9 □ Determine nutrition risk

10 □ Anemia screening

11 □ Other *(specify)*

IF Q32\_11=1 AND SPECIFY=BLANK, THEN SOFT CHECK: “You selected ‘other’ but left the ‘specify’ field unanswered. Please provide your response and continue.”

33. How many years have you worked at this local WIC agency?

 | | | number of years

(valid range 00-50)

IF Q33 GT 20, THEN SOFT CHECK: **“You entered that you have worked in a clinic at this local WIC agency for [Q33 FILL] years. Please confirm or correct your response and continue.”**

34. On average, how many children (ages 1 through 4) do you personally certify or recertify per week? *Your best guess is fine.*

 | | | average number of weekly child certifications and recertifications

(valid range 00-99)

IF Q34 GT 25, THEN SOFT CHECK: **“You entered that you personally certify or recertify [Q34 FILL] children per week. Please confirm or correct your response and continue.”**

35. Please share any additional comments you have about child recertification appointments, reasons children leave the WIC program, or strategies for retaining children in the WIC program.

 STRING 200

**You have just completed the WIC Child Retention Survey. Are you ready to submit your responses?**

*If you are ready, select “Yes” and press the “Submit” button below and your survey will be submitted. If you need to double check an answer, press the “Back” button below.*

□ Yes

  

**Thank you very much for your time.**