

To: **[EMAIL ADDRESS OF LA]**

Subject: USDA FNS WIC Child Retention Survey Pretest – Request for Your Feedback

Dear **[NAME]**:

Thank you for participating in the respondent selection process for pretesting the survey for the USDA FNS WIC Child Retention study. **To complete the pretest effort, we would like your feedback on the instructions for identifying a clinic-level staff member within your WIC local agency (LA).** Your honest opinions are truly appreciated.

Instructions in the initial email are provided again below in blue font as a reminder only.

PLEASE DO NOT FILL OUT CLINIC-LEVEL STAFF MEMBER INFORMATION AGAIN.

The pretest will collect feedback from a WIC clinic-level staff member, affiliated with your WIC local agency (LA), who meets ALL of the following criteria:

- Works directly with WIC participants in caseload management, child certification, and/or no-show follow-up
- Usually works full time, primarily at the clinic level (*may have joint duties at the LA level*)
- Has **[FILL WITH YEARS OF EXPERIENCE CATEGORY]** working at the clinic level at one or more clinics operated by your LA (*if there is no one who meets the criterion for the years of experience, we prefer you select a clinic-level staff member with at least 2 years of experience*)

We need your help to select the right respondent. Please reply to this message with the name, phone number, email, and clinic name and address of a WIC clinic-level staff member who meets the above criteria and is willing to participate in the pretest.

WIC Clinic-Level Staff Member Name	
Phone Number	
Email	
Clinic Name and Address	

Please provide your feedback by answering the following questions.

1. Regarding following the instructions in the email we sent you (see above instructions in blue font):

How easy or difficult was it to follow the instructions provided...

- for selecting the clinic-level staff member?

- for providing the clinic-level staff member’s contact information?
2. Why did you nominate that particular clinic-level staff member?
 3. Were you able to choose a clinic-level staff member that met all of the criteria listed in the instructions? If not, please explain.
 4. If your LA has more than one clinic site, did you consider staff at all sites or only at one site?
 5. What suggestions do you have for improving the instructions to help LA Directors select a clinic-level staff member, if any?

For assistance, you may contact the Study Team by phone at 1-877-440-0050 or by email at usdawicretention@2mresearch.com.

Thank you for your help with this important study.

Linda Piccinino
Project Director | 2M Research

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 0.29 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.