OMB number XXXX-XXXX
Expiration date

MM/DD/YYYY

# Appendix B-4. WIC Clinic Observation Guide

## A. Clinic identification and observation details

| | | | |
|---|---|---|---|
| **Clinic ID** | | **Date of observation [MM/DD/YYYY]** | |
| **Observer initials** | | | |

## B. Clinic environment

**Are there other services offered at this location?** (check all that apply)

Co-location of services

- Dental services
- Maternal health services (pregnancy services)
- Child health services
- Head Start
- Other services, please describe:
  _____
- No other services available

Front desk

**Are staff present at the front desk?** (select one)

**0** Yes
**0** No

Clinic hours

**Fill in clinic days and operating hours:**

| | Opening time [HH:MM] | Opening time [am/pm] | Closing time [HH:MM] | Closing time [am/pm] | Not open at all |
|---|---|---|---|---|---|
| (a) Monday | | | | | |
| (b) Tuesday | | | | | |
| (c) Wednesday | | | | | |
| (d) Thursday | | | | | |
| (e) Friday | | | | | |
| (f) Saturday | | | | | |
| (g) Sunday | | | | | |

Number appts.

**How many total appointments are expected today?** _____

**0** Select if unknown

## B. Clinic environment

**Waiting room environment**

**Which of the following are present in the waiting room?** (check all that apply)

- Ample seating (e.g., multiple seats available together)
- Space for strollers
- Adult reading material/information
- Children's books
- Children's toys
- Health message/image signage/posters
- Clinic free of infant formula advertising
- Private space available for breastfeeding
- Signage indicating breastfeeding is welcome in the clinic space

**Private space**

**Are there private rooms available for participant appointments?** (select one)

(This could be for an entire appointment or just part of an appointment, like a private room to discuss finances during intake)

**0** Yes
**0** No
0 Unclear, please describe: _____

## C. Data collector feedback

**Other notes**

**Please use this space to record any other notes about the appointment which may be relevant to interpreting the data** (e.g., internet was down; clinic under renovation).

## Public Burden Statement

This information is being collected to assist the Food and Nutrition Service in learning about variations in WIC operations between Tribal Organizations, U.S. territories, and geographic states. This is a voluntary data collection, and FNS will use the information to enhance WIC program operations and service to all WIC participants. 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-XXX. The time required to complete this information collection is estimated to average 0 hours (0 minutes).

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Department of Agriculture, Food and Nutrition Service, Evidence, Analysis, and Regulatory Affairs Office, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-XXXX). Do not return the completed form to this address.