



## Third National Survey of WIC Participants (NSWP-III)

APPENDIX A. TECHNICAL APPENDIX: STATE AND LOCAL AGENCY SURVEYS  
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## OVERVIEW

The NSWP-III surveys of State and local WIC agencies consisted of two distinct data collection efforts:

- A web survey census of all 90 State WIC agencies (SAs) including the 50 States and the District of Columbia; 33 Indian Tribal Organizations (ITOs); and 5 U.S. Territories of American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. Of the agencies surveyed, 82 responded.
- A web survey of 890 local WIC agencies (LAs), randomly sampled from a nationwide list of approximately 1,825. Of the agencies surveyed, 718 responded.

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# STUDY METHODOLOGY

## Source of Data

Data from State WIC agencies came from a web survey that was estimated to take about 66 minutes to complete. Data from local WIC agencies were obtained from a web survey estimated to take about 60 minutes to complete. This appendix includes copies of the survey instruments.

## Survey Content

The SA and LA surveys were developed in conjunction with the Food and Nutrition Service (FNS) and were reviewed by an independent expert panel that included experts in WIC policy and WIC operations experience. In addition, the survey was pilot tested with nine SA and nine LA respondents to assess the ease of comprehension (e.g., confusing wording or layout, failure to grasp concepts) and length of time to complete.

State WIC agencies are given authority over WIC operations by Federal guidelines. In the SA Survey, SAs were asked about the following:

- Acceptable documentation of identity
- Residency requirements and acceptable documentation of residency
- Guidelines given to LAs to help them determine the family economic unit
- Income determination and adjunctive/automatic income eligibility
- Record-keeping practices
- Manufacturer rebates
- Certification period policies
- Denied applications
- Retention of WIC participants

They also were surveyed about their policies regarding certification periods for infants, discretion granted to LAs, recordkeeping, rebates, and the specific actions that authorized representatives and proxies are permitted to take on participants' behalf.

The LA Survey focused on areas related to certification policies and agency operations. As such, the survey covered the following specific areas:

- Acceptable documentation of identity, residency, and income
- Denied applications
- Location of certification and certification staffing
- Retention of WIC participants
- Organization of agency (structure, clinics, sites under the LA)
- Staff qualifications and participant caseloads
- Range of services offered (health care, family planning, smoking cessation) and referrals
- Hours of operation, location, space, and equipment onsite

## Sample Design and Weights

### SAMPLING OF STATE AGENCIES

State data are derived from a census of all participating SAs in 2019. Therefore, sampling adjustments, weighting, and tests of significance are not applicable.

### SAMPLING OF LOCAL AGENCIES

A national sample of 890 LAs was drawn for conducting the survey, which examined the characteristics of local WIC agencies. The target sample size was 712 agencies. The section below describes the reasoning for the sample size, the national LA sample frame, the sampling procedure, and the weighting.

#### *Sample Size*

The study required a national sample of agencies that will achieve the precision targets for nationally representative estimates (95 percent confidence intervals of  $\pm 4$  percentage points or less). Accounting for nonresponse and assuming an 80 percent response rate, a total sample of 890 LAs was needed to obtain 712 completed surveys to achieve the precision targets. The precision calculations assumed a conservative 50 percent response distribution for a binary outcome (e.g., a variable with “Yes” or “No” response options in which half of respondents answered “Yes” to the question) and applied a finite population correction (FPC) within strata (i.e., FNS Regions). The 890 LAs were then distributed based on the proportion of participants served in the region.

#### *Sampling Frame*

The respondent universe for the LA Survey was the approximate 1,825 LAs currently located in the 50 States, the District of Columbia, 34 ITOs, and 5 U.S. Territories. The 2017 WIC Local Agency Directory (WICLAD) served as the sampling frame for the LA survey and represented the population of LAs for weighting.

#### *Selection of the Local Agency Sample*

A nationally representative sample of 890 LA directors was selected from the population of LAs using a stratified systematic sampling design. LAs were stratified by FNS Region to assure proportionate representation of these regions and to facilitate analysis by FNS Region. Within FNS Region, LAs were systematically selected after sorting by the urban/rural classification for the county in which the LA is located. The urban/rural categories were defined as: “completely rural,” “mostly rural,” and, “mostly urban” using Census 2010 estimates and rural definitions.<sup>1</sup>

A total of 890 LAs was selected for data collection. However, during data collection, some local agencies were no longer eligible for the survey due to the following reasons: (1) the LA was now closed, (2) the LA merged with another agency, or (3) the LA no longer participated in WIC. These agencies were removed from the universe and sample of LAs, which changes the universe count to 1,797 and the selected sample to 862. A total of 714 LA surveys were completed (82.8 percent response rate), and 4 surveys were partially completed.

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<sup>1</sup> Urbanicity of LA was based on the sampling frame of LAs and originated from Census 2010 estimates and rural definitions. Completely rural counties have a population that is 100 percent rural. Mostly rural counties have a population that is 50.0–99.9 percent rural. Mostly urban counties have a population that is less than 50.0 percent rural.

### Weighting

Every sampled LA that fully or partially completed the survey received a full-sample weight and a set of 105 replicate weights. The full-sample weight is used to calculate population and subpopulation estimates, while the replicate weights are used to compute standard errors for these estimates. Weighting was performed to ensure that the responding LAs represented the population of LAs.

First, base weights, or design weights, were calculated to account for the differential rates of sampling. The LAs were sampled by strata defined by the seven FNS Regions. Samples for each region have different probabilities of being selected. The base or design weights is defined by the inverse of the probability of selection within each stratum:

$$BW_i = \frac{n_i}{n_{si}}$$

where,  $n_i$  = number of LAs within the stratum

$n_{si}$  = number of sampled LAs within the stratum.

Next, the design weights were adjusted for unit nonresponse. Since the response rate for the LA survey was above 80 percent, a nonresponse bias analysis was not needed. Simple nonresponse adjustment factors were calculated to account for the nonresponse. Within each FNS Region, the total number of LAs sampled in that stratum were divided by the number of respondents. This factor was then multiplied to the base weight and the result became the nonresponse adjustment weight (i.e., the full-sample weight).

$$NRwt_i = BW_i \times \frac{n_{si}}{n_{ri}}$$

where,  $n_{si}$  = number of sampled LAs within the stratum

$n_{ri}$  = number of sampled LAs that completed the survey within the stratum.

Finally, replicate weights were calculated using the “delete one” jackknife (JK1) replication method, which accounted for the sampling design and non-sampling errors associated with nonresponse adjustment.<sup>2,3</sup> This method randomly selects one primary sampling unit (PSU), excludes it from the sample, and recalculates the weights for the remaining observations. This produces one set of replicate weights. The Study Team created 15 groups within each of the 7 FNS Regions and randomly assigned the LAs to 1 group. For each set of replicate weights, one group was deleted (i.e., assigned weights equal to 0) and the final weights within the remaining LAs in the FNS Region were recalculated to compensate for the deleted LAs. This process resulted in 105 sets of replicate weights to be used for variance estimation and conducting statistical inference (e.g., significance testing).

<sup>2</sup> Kott, P. S. (2001). The delete-a-group jackknife. *Journal of Official Statistics*, 17(4): 521–526.

<sup>3</sup> Shao, J., & Wu, C. F. J. (1989). A general theory for jackknife variance estimation. *Annals of Statistics*, 17(3): 1176–1197.

## Nonresponse Bias Analysis

### UNIT NONRESPONSE

The Office of Management and Budget (OMB) recommends nonresponse bias analysis any time the survey response rate is less than 80 percent.<sup>4</sup> The LA survey received a response rate of 82.8 percent. Nonresponse bias analysis was not conducted at the unit level.

### ITEM NONRESPONSE

As per OMB guidelines, an item nonresponse analysis should be conducted if item response rate is less than 70 percent.<sup>5</sup> Among the SA and LA surveys, the Study Team found two items that had less than 70 percent response rates; logical skips were not considered nonresponse. These are item question 18D from the SA survey and question 33C from the LA survey. These items are very similar questions. The items are in a matrix that collects the total number of certified and retained participants by certification category for 5 fiscal years (FYs). Moreover, only SAs and LAs that indicated that they determined retention were asked to complete the matrix. **Table 1** shows the number of respondents who said “yes” to the question about whether they determined retention (which becomes the denominator) and the percentage of respondents who did not provide a response to the matrix of certified and retained participants.

**Table 1. Number of Respondents Who Said “Yes” to Determining Retention and Percentage Who Did Not Respond to the Follow-Up Question**

| Question                                                                                                    | State Agency | Local Agency |
|-------------------------------------------------------------------------------------------------------------|--------------|--------------|
| Number of respondents who said “Yes” to Determining Retention                                               | 25           | 83           |
| Number of respondents who did not respond to the question (i.e., SA survey item 18D and LA survey item 33C) | 15           | 54           |
| Percentage who did not respond to the question                                                              | 60.0%        | 65.1%        |

The Study Team considered a response to the matrix as data provided in both the certified and retained columns for both FYs 2014 and 2018 in any certification category. This decision was guided by the research question that examines the change in retention rates in the last 5 years.

The Study Team used available sampling frame variables, as well as examined the survey questionnaires, to identify characteristics of the SA or LA that could potentially affect the respondent’s answers to certain questions. For the SA survey, the following characteristics were investigated:

- FNS Region of the SA
- ITO status of the SA
- Number of participants served by the SA (up to 10,000; 10,000 to 74,999; 75,000+)
- Frequency of calculating participant retention (Q18B)

<sup>4</sup> Office of Management and Budget. (2006, September). Office of Management and Budget standards and guidelines for statistical surveys: Guideline 1.3.4.

([https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/statpolicy/standards\\_stat\\_surveys.pdf](https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/statpolicy/standards_stat_surveys.pdf))

<sup>5</sup> Office of Management and Budget. (2006, September). Office of Management and Budget standards and guidelines for statistical surveys: Guideline 1.3.5.

([https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/statpolicy/standards\\_stat\\_surveys.pdf](https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/statpolicy/standards_stat_surveys.pdf))



- Ability of the agency to provide retention information for all of its LAs (Q18C)
- Agencies requiring online/electronic applications (Q8\_1)

The Study Team cross-tabulated each of these variables with responding versus not responding to question 18D question and ran Fisher's<sup>6</sup> Exact test to determine whether these variables were independent or not. **Table 2** shows the distribution of the 25 SAs that answered "yes" in question 18 and the percentage of those that responded and did not respond to question 18D by select SA characteristics. In addition, the  $p$ -value from the Fisher's Exact test is displayed. Note that the Fisher's exact test does not have a "test statistic" but computes the  $p$ -value directly.

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<sup>6</sup> McDonald, J. H. (2014). *Handbook of Biological Statistics* (3rd ed.). Sparky House Publishing: Baltimore, MD.

**Table 2. Number of Eligible SAs and Percentage of Eligible SAs that Answered Question 18D, by Select SA Characteristics**

| Characteristic                                                                         | Number of SAs Eligible to Answer Q18D | Percent of Eligible SAs that Answered Q18D | Percent of Eligible SAs that Did Not Answer Q18D |
|----------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|--------------------------------------------------|
| <b>FNS Region</b>                                                                      |                                       |                                            |                                                  |
| Mid-Atlantic                                                                           | 1                                     | 100%                                       | 0%                                               |
| Southwest                                                                              | 7                                     | 57%                                        | 43%                                              |
| Mountain Plains                                                                        | 6                                     | 50%                                        | 50%                                              |
| Midwest                                                                                | 2                                     | 50%                                        | 50%                                              |
| Northeast                                                                              | 2                                     | 50%                                        | 50%                                              |
| Southeast                                                                              | 2                                     | 0%                                         | 100%                                             |
| Western                                                                                | 5                                     | 0%                                         | 100%                                             |
| Fisher's Exact test, $p = 0.2383$                                                      |                                       |                                            |                                                  |
| <b>ITO Status</b>                                                                      |                                       |                                            |                                                  |
| ITO                                                                                    | 11                                    | 45%                                        | 55%                                              |
| Not ITO                                                                                | 14                                    | 36%                                        | 64%                                              |
| Fisher's Exact test, $p = 0.6968$                                                      |                                       |                                            |                                                  |
| <b>Number of Participants Served by the Entire SA</b>                                  |                                       |                                            |                                                  |
| 10,000 to 74,999                                                                       | 6                                     | 50%                                        | 50%                                              |
| Up to 10,000                                                                           | 10                                    | 40%                                        | 60%                                              |
| 75,000+                                                                                | 7                                     | 29%                                        | 71%                                              |
| Fisher's Exact test, $p = 0.8651$                                                      |                                       |                                            |                                                  |
| <b>Frequency of Calculating Participant Retention</b>                                  |                                       |                                            |                                                  |
| Less frequent (Quarterly, Annually)                                                    | 11                                    | 45%                                        | 55%                                              |
| More frequent (Weekly, Monthly)                                                        | 14                                    | 36%                                        | 64%                                              |
| Fisher's Exact test, $p = 0.6968$                                                      |                                       |                                            |                                                  |
| <b>SA Can Provide Retention Information by LA for All the LAs in Your Jurisdiction</b> |                                       |                                            |                                                  |
| Yes                                                                                    | 19                                    | 47%                                        | 53%                                              |
| No                                                                                     | 6                                     | 17%                                        | 83%                                              |
| Fisher's Exact test, $p = 0.3449$                                                      |                                       |                                            |                                                  |
| <b>SA Require LAs to Use Online/Electronic WIC Applications</b>                        |                                       |                                            |                                                  |
| Yes                                                                                    | 19                                    | 42%                                        | 58%                                              |
| No                                                                                     | 6                                     | 33%                                        | 67%                                              |
| Fisher's Exact test, $p = 1.0000$                                                      |                                       |                                            |                                                  |

The table shows differential response rates for the different categories within each characteristic studied, most notably the following:

- None of the SAs from Southeast and Western regions answered question 18D.
- Largest SAs (with at least 75,000 participants) had the lowest response rate to question 18D.
- SAs that calculated participant retention rate less frequently had higher response rates for question 18D.
- As expected, the response rate of those SAs that can provide retention information for each LA in their jurisdiction is almost 3 times that of SAs that cannot provide retention information for each LA.
- Those SAs that require LAs to use online/electronic WIC applications had higher response rates for question 18D.

While there are differences in the percentage of participants who completed question 18D versus those who did not complete question 18D, none of these characteristics were found to be associated with response rates for question 18D. This is likely due to the small sample size.

Next, the Study Team analyzed the nonresponse for question 33C in the LA survey. LA characteristics listed below were identified as potential candidates to test their association with the response status for question 33C.

- FNS Region of LA
- Urbanicity of LA
- If LA is part of a bigger entity or a smaller entity (Q18)
- Frequency of calculating participant retention numbers (Q33b)
- Number of full-time equivalent staff (FTE) (Q27B\_1)
- Monthly caseload of FTE (Q17)
- Current number of vacant positions across all of the clinics under LA (Q27 grid)
- Clients per month under all clinics (Q31)

The Study Team cross-tabulated the categorical variables with responding or not responding to question 33c. To determine whether there is an association between the two variables, the Study Team used Chi-square testing for independence for tables with larger cell sizes, while running Fisher's Exact test for those tables with smaller cell sizes. For the continuous variables (e.g., number of FTE, monthly case load, and vacancy), the Study Team compared means by group and conducted *t*-tests. **Table 3** shows the distribution of the 83 LAs that answered "Yes" in question 33 and the proportion of those who responded and did not respond to the question 33C series by select categorical LA characteristics. In addition, the *p*-values from the statistical significance testing are displayed.

**Table 3. Number of Eligible LAs and Percentage of Eligible LAs that Answered Question 33C, by Select LA Characteristics**

| Characteristic                                        | Number of LAs Eligible to Answer Q33C                 | Percent of Eligible LAs that Answered Q33C | Percent of Eligible LAs that Did Not Answer Q33C |
|-------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|--------------------------------------------------|
| <b>FNS Region</b>                                     |                                                       |                                            |                                                  |
| Mid-Atlantic                                          | 8                                                     | 63%                                        | <b>38%</b>                                       |
| Western                                               | 10                                                    | 60%                                        | <b>40%</b>                                       |
| Southeast                                             | 13                                                    | 54%                                        | <b>46%</b>                                       |
| Northeast                                             | 10                                                    | 40%                                        | <b>60%</b>                                       |
| Midwest                                               | 14                                                    | 29%                                        | <b>71%</b>                                       |
| Mountain Plains                                       | 21                                                    | 14%                                        | <b>86%</b>                                       |
| Southwest                                             | 7                                                     | 0%                                         | <b>100%</b>                                      |
|                                                       | <b>Fisher's Exact test, <math>p = 0.0119^*</math></b> |                                            |                                                  |
| <b>Urbanicity</b>                                     |                                                       |                                            |                                                  |
| Completely rural                                      | 6                                                     | 50%                                        | <b>50%</b>                                       |
| Mostly urban                                          | 58                                                    | 40%                                        | <b>60%</b>                                       |
| Mostly rural                                          | 19                                                    | 16%                                        | <b>84%</b>                                       |
|                                                       | <b>Fisher's Exact test, <math>p = 0.0956</math></b>   |                                            |                                                  |
| <b>LA as Part of a Bigger or Smaller Entity</b>       |                                                       |                                            |                                                  |
| State entity                                          | 26                                                    | 46%                                        | <b>54%</b>                                       |
| Other                                                 | 25                                                    | 36%                                        | <b>64%</b>                                       |
| Local entity                                          | 32                                                    | 25%                                        | <b>75%</b>                                       |
|                                                       | <b><math>\chi^2 = 2.84, p = 0.2415</math></b>         |                                            |                                                  |
| <b>Frequency of Calculating Participant Retention</b> |                                                       |                                            |                                                  |
| More frequent (Weekly, Monthly)                       | 65                                                    | 35%                                        | <b>65%</b>                                       |
| Less frequent (Quarterly, Annually)                   | 16                                                    | 38%                                        | <b>63%</b>                                       |
|                                                       | <b><math>\chi^2 = 0.02, p = 0.8744</math></b>         |                                            |                                                  |

\*Significant at  $p < 0.05$ .

Among the categorical variables investigated, FNS Region was found to be associated with responding or not responding to the question 33C series of questions. None of the LAs from the Southwest and the majority of the LAs from the Mountain Plains, Midwest, and Northeast Regions did not complete question 33C. Similarly, most LAs from mostly rural areas did not answer this question.

**Table 4** displays the means and  $p$ -values of the  $t$ -test conducted for select (continuous) characteristics of LAs, and none of these characteristics were found to be significant.

**Table 4. Mean of Select LA Characteristics by Response Status in Q33C**

| Characteristics                                                          | Respondents             | Nonrespondents |
|--------------------------------------------------------------------------|-------------------------|----------------|
| <b>Number of FTE</b>                                                     |                         |                |
| Mean                                                                     | 43.82                   | 13.42          |
| Frequency                                                                | 29                      | 54             |
|                                                                          | $t = -1.44, p = 0.1599$ |                |
| <b>Monthly Caseload of FTE</b>                                           |                         |                |
| Mean                                                                     | 7,658.81                | 1,507.92       |
| Frequency                                                                | 29                      | 54             |
|                                                                          | $t = -0.98, p = 0.3354$ |                |
| <b>Current Number of Vacant Positions Across All of Clinics Under LA</b> |                         |                |
| Mean                                                                     | 2.58                    | 1.38           |
| Frequency                                                                | 29                      | 54             |
|                                                                          | $t = -0.97, p = 0.3360$ |                |
| <b>Clients per Month Under All Clinics</b>                               |                         |                |
| Mean                                                                     | 11,485.21               | 3,613.83       |
| Frequency                                                                | 29                      | 54             |
|                                                                          | $t = -1.12, p = 0.2731$ |                |

The nonresponse bias analysis suggests that the FNS Region where the LA is located is associated with the nonresponse in the question. This finding suggests that there is potential bias in producing estimates from this question, so caution should be taken when interpreting the results. We do not recommend imputing missing values for the question since there are more missing cases than there is information available to get imputed values from. These questions required the SA and LA to provide several data points and were likely more burdensome compared to the other questions in the survey. In the future, it might be beneficial to ask for such information on its own or in a shorter survey.

## DATA COLLECTION

The data collection period for the SA and LA web surveys was June 3, 2019, through October 11, 2019. The surveys were administered via the web using the Confrimit survey administration platform. The survey was designed so it could be completed by more than one person to allow respondents who are most knowledgeable about particular survey topics to complete the different survey sections.

### State Agency Survey

The Study Team obtained 82 completed surveys (92.1 percent response rate) (**Tables 5 and 6**). A total of seven SAs did not complete the survey, and one SA was found ineligible.<sup>7</sup> SA respondents were contacted up to 14 times with a reminder to complete the survey.

**Table 5. SA Survey Data Collection Summary**

| Number of Completed Cases | Number of Refusal Cases | Nonrespondents | Number of Ineligible Cases | Response Rate* |
|---------------------------|-------------------------|----------------|----------------------------|----------------|
| 82                        | 2                       | 5              | 1                          | 92.1%          |

\* Response rate equals the number of completed cases divided by the sum of the number of completed cases, number of refusal cases, and non-respondents.

**Table 6. Number of SA Census Counts, Survey Completes, by FNS Region and ITO Status**

| Characteristic         | Census Counts | Number of Completed Cases |
|------------------------|---------------|---------------------------|
| <b>Total</b>           | 90            | 82                        |
| <b>FNS Region</b>      |               |                           |
| Mid-Atlantic Region    | 9             | 9                         |
| Midwest Region         | 6             | 6                         |
| Mountain Plains Region | 20            | 18                        |
| Northeast Region       | 10            | 8                         |
| Southeast Region       | 10            | 10                        |
| Southwest Region       | 21            | 17                        |
| Western Region         | 14            | 14                        |
| <b>ITO Status</b>      |               |                           |
| ITO                    | 34            | 27                        |
| Non-ITO                | 56            | 55                        |

### Local Agency Survey

A total of 714 LA surveys were completed (82.8 percent response rate) and 4 surveys were partially completed (**Tables 7 and 8**). LA respondents were contacted up to 10 times with a reminder to complete the survey.

<sup>7</sup> Please note that the SA web survey was launched on June 3, 2019; however, one of the SAs (Seneca Nation) closed on June 10, 2019. As such, the total sample at the beginning was 90 SAs, but because one closed during data collection, that 1 SA was deemed “ineligible.”

**Table 7. LA Survey Data Collection Summary**

| Total Sample Size | Number of Fully Completed Cases | Number of Partially Completed Cases* | Number of Refusal Cases | Number of Nonrespondents | Response Rate** |
|-------------------|---------------------------------|--------------------------------------|-------------------------|--------------------------|-----------------|
| 862               | 714                             | 4                                    | 6                       | 138                      | 82.8%           |

\* Four cases completed less than 80 percent but more than 70 percent of the survey items and are included in the analysis file, which is the data file used to produce the report tables.

\*\* Response rate equals the number of fully completed cases divided by the sum of the number of completed cases, number of partially completed cases, number of refusal cases, and nonrespondents.

**Table 8. LA Survey Sample Distribution Summary**

| Characteristic    | Population* |         | Sample |         | Completed Cases** |                    |            |                  |
|-------------------|-------------|---------|--------|---------|-------------------|--------------------|------------|------------------|
|                   | N           | Percent | N      | Percent | Unweighted N      | Unweighted Percent | Weighted N | Weighted Percent |
| <b>Total</b>      | 1,797       | 100.0%  | 862    | 100.0%  | 718               | 100.0%             | 1,797      | 100.0%           |
| <b>FNS Region</b> |             |         |        |         |                   |                    |            |                  |
| Mid-Atlantic      | 106         | 5.9%    | 83     | 9.6%    | 77                | 10.7%              | 106        | 5.9%             |
| Midwest           | 420         | 23.4%   | 154    | 17.9%   | 141               | 19.6%              | 420        | 23.4%            |
| Mountain Plains   | 406         | 22.6%   | 152    | 17.6%   | 130               | 18.1%              | 406        | 22.6%            |
| Northeast         | 177         | 9.8%    | 107    | 12.4%   | 93                | 13.0%              | 177        | 9.8%             |
| Southeast         | 267         | 14.9%   | 132    | 15.3%   | 106               | 14.8%              | 267        | 14.9%            |
| Southwest         | 183         | 10.2%   | 109    | 12.6%   | 66                | 9.2%               | 183        | 10.2%            |
| Western           | 238         | 13.2%   | 125    | 14.5%   | 105               | 14.6%              | 238        | 13.2%            |
| <b>Urbanicity</b> |             |         |        |         |                   |                    |            |                  |
| Not classified    | 2           | 0.1%    | 0      | 0.0%    | 0                 | 0.0%               | 0          | 0.0%             |
| Completely rural  | 199         | 11.1%   | 83     | 9.6%    | 71                | 9.9%               | 202        | 11.3%            |
| Mostly rural      | 472         | 26.3%   | 216    | 25.1%   | 178               | 24.8%              | 465        | 25.9%            |
| Mostly urban      | 1,124       | 62.5%   | 563    | 65.3%   | 469               | 65.3%              | 1,130      | 62.9%            |

\* The LA sampling frame represents the population of LAs. The 2017 WIC Local Agency Directory (WICLAD) served as the sampling frame for the LA survey.

\*\* Includes the four partially completed cases. These four cases are included in the analysis file but are not counted as completes in the response rate calculation.

## ANALYSIS

### State Agency Survey

The SA data are derived from a census. Therefore, sampling adjustments, weighting, and tests of significance are not applicable. Descriptive results are presented for all 82 SAs. Although most variables used in the analysis of the SA data come directly from the SA Survey data, several new variables were created using survey data or other sources. These variables are described below.

**Number of Participants Served.** Number of participants served was based on FNS's State-level participation by month data as of November 2019.<sup>8</sup>

**Number of LAs.** The number of LAs represents the total number of LAs in the respective State for fiscal year (FY) 2018 (October 1, 2017–September 30, 2018) and was calculated using questions 19 and 20 from the SA Survey questionnaire. Question 19 captures the number of LAs that did not provide services during FY 2019; question 20 capture the number of LAs that did provide services during FY 2019.

**Retention Rate.** Retention rate by certification category is calculated for FYs 2014 to 2018 as a ratio of total retained and total certified applicants, using question 18 from the SA Survey questionnaire.

To understand differences among types of SAs, data were analyzed according to the following:

- Type of Organization (State/District of Columbia/Territory, ITO)
- Number of participants served by the entire SA per month (up to 10,000; 10,000 to 75,999; 75,000 or more)
- Location based on the FNS Region (Mid-Atlantic, Midwest, Mountain Plains, Northeast, Southeast, Southwest, Western)

Tables with comparisons to NSWP-II were prepared when feasible (i.e., when similar questions were asked of both studies) and can be found in Appendix E. Comparisons cannot be made between NSWP-I because this study did not include a SA survey. Appendix E also includes an assessment and inclusion of State-by-State variation in policies affecting WIC certification, including definitions of countable income sources, income thresholds, household composition and size, and programs leading to automatic eligibility for WIC.

## Local Agency Survey

The LA data from 718 agencies was weighted to represent all LAs in the nation. As such, the weighted descriptive results are representative of all 1,797 LAs. Although most variables used in the analysis of the LA data come directly from the LA Survey, several new variables were created using survey data or other sources. These variables are described below.

**Relationship of Local Agency to State Agency.** The relationship of LA to SA is determined using question 18 from the LA survey. State-affiliated LAs include LAs that are part of the State agency and LAs that are a tribal entity/organization administering WIC. Local government LAs include local government entities administering WIC and clinics under a LA. Non-government LAs include non-profit organizations that have been contracted to run WIC and other types of LAs not mentioned above.

**Number of participants served.** Number of participants served is the total number of clients served by all the clinics under the LA. It is derived using question 31 from the LA Survey.

**LA Urbanicity.** Urbanicity of LA was based on the sampling frame of LAs and originated from Census 2010 estimates and rural definitions. Completely rural counties have a population that is 100 percent

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<sup>8</sup> <https://www.fns.usda.gov/pd/wic-program>



rural. Mostly rural counties have a population that is 50.0–99.9 percent rural. Mostly urban counties have a population that is less than 50.0 percent rural.

**Full-time Equivalent (FTE).** To estimate staffing levels and turnover, LAs were asked to report the following information by position: total number of full-time staff, total number of part-time staff, total number of full-time and part-time staff who have worked at one of the LA’s clinics for 12 months or less, total number of staff who have held the position in the last 12 months and have left the agency, and total number of positions that are currently vacant. Using this information, the LA Survey calculated the total number of FTE staff and asked respondents to confirm whether they agreed with that estimate. Approximately 25 percent of the respondents disagreed with the survey-calculated estimate and provided their own estimate for total FTE. The Study Team excluded from analysis cases for which the self-reported FTE estimate differed from the survey-calculated estimate by +/- 10 FTEs and removed outliers.

**Staff Turnover.** Staff turnover is the rate of turnover among staff members of all clinics in an LA and is defined as a ratio of the number of employees who have left the agency in the last 12 months and the total number of filled (full-time and part-time) and vacant positions across all clinics of the LA. Staff turnover was determined using question 27 from the LA survey questionnaire.

**Staff Hired.** Staff hired variables indicate the proportion of staff members hired for each position. The LA data file includes a series of 12 continuous variables calculated as a ratio of the number of employees working at 1 or more of the clinics for less than 12 months and the total number of full-time/part-time employees in the LA, determined from question 27 of the LA survey.

**Staff Vacancies.** Staff vacancies report the proportion of vacancies for each position and is defined as a ratio of number of vacancies and the total number of filled (full-time and part-time) and vacant seats in an LA, determined using question 27 from the LA Survey.

**Retention Rate.** Retention rate by certification category is calculated for FYs 2014 to 2018 as a ratio of total retained and total certified applicants, using question 33 from the LA Survey questionnaire.

To understand differences among agencies, data were analyzed according to the following:

- Relationship of the LA to the parent SA (State affiliated, Local government, Non-government)
- Number of participants served per month by the entire agency (up to 750; 750 to 1,999; 2,000 to 4,499; 4,500 or more)
- Location based on the Region (Northeast, Mid-Atlantic, Midwest, Mountain Plains, Southeast, Southwest, Western)
- LA’s urbanicity (Completely Rural, Mostly Rural, Completely Urban)

Survey results are presented as weighted percentages and means. In addition, statistical testing was conducted for select tables as determined by the study’s research questions. Statistical testing used included the Chi-square test, *t*-test, and *z*-test. Chi-square tests were conducted to determine association between two variables. In cases where the tables had very small or zero cells, the Chi-square test could not be conducted. Multiple pairwise *t*-test comparisons with Bonferroni adjustments were used to test the statistical significance of the differences in percentages between two subgroups (e.g., between LAs serving up to 750 participants and LAs serving 750 to 1,999 participants). In cases where subgroups had very small or zero cells, the *t*-test could not be conducted. *Z*-test was implemented to

compare difference in proportions between two variables. All statistical procedures used SAS 9.4; PROC SURVEYFREQ and PROC SURVEYMEANS were used, applying sample weights to produce weighted estimates. The sample weights and the 105 replicate weights along with the jackknife replication method for variance estimation were applied to conduct statistical tests.

Tables with comparisons to NSWP-II were prepared when feasible (i.e., when similar questions were asked of both studies) and can be found in Appendix F. Comparisons cannot be made to NSWP-I because this study did not include LA-specific findings. NSWP-I only included 79 LAs that were certifying WIC participants selected for the in-person survey.

# STATE AGENCY SURVEY

**INTRO:** Thank you for participating in the Third National Survey of WIC Participants. This survey is sponsored by the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) and administered by 2M Research Services. Please refer to the accompanying cover letter for full details of this research effort.

This survey—along with surveys of local agencies and participants—is designed to provide FNS with additional information on policies and program operations, beyond those available from existing program sources (e.g., State Plans).

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 0584-0641. The time required to complete this information collection is estimated to average 66 minutes (1.10 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 Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0641\*). Do not return the completed form to this address.

## Identity

Q1. What types of documentation does your State agency accept as proof of identity for a WIC applicant (assuming the documentation includes a printed name)? (CHECK ALL THAT APPLY)

- ☐ Letter from government agency (including WIC) w/name form/letter
- ☐ Government issued driver's license, State ID
- ☐ Work, school, or bus pass ID w/photo & name
- ☐ Military ID
- ☐ Social Security card
- ☐ Voter's registration card
- ☐ Foster care placement letter
- ☐ Passport or immigration records
- ☐ Marriage license
- ☐ Birth certificate
- ☐ Crib card
- ☐ Hospital discharge papers or hospital ID card
- ☐ Official immunization record
- ☐ Green card
- ☐ Self-declaration form for migrants, homeless, and victims of disaster
- ☐ Medicaid referrals
- ☐ Baptismal record or confirmation record with church seal
- ☐ Adoption papers
- ☐ Tribal identification card
- ☐ Temporary Assistance for Needy Families (TANF) card

- ☐ Recent paystub or leave and earnings statement (LES)
- ☐ Loan papers from a bank/financial company
- ☐ Healthcare ID card
- ☐ WIC or eWIC folder
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY

## Residency

Q2. What types of documentation does your State agency accept to verify the residency of a WIC applicant (assuming the documentation includes a printed address)? (CHECK ALL THAT APPLY)

- ☐ Driver's license
- ☐ Current utility/tax bill, rent receipt, mortgage receipt, or lease receipt with name and address on it
- ☐ Letter from government agency (including WIC) w/name and address
- ☐ State or Tribal-issued license or ID w/name and address
- ☐ Postmarked mail from reliable third party with name and address
- ☐ Checkbook, bank statement
- ☐ Signed statement by applicant that he/she is victim of loss or disaster, or is homeless, a migrant person, or military personnel
- ☐ Property tax bill
- ☐ SSI statement
- ☐ Recent paystub
- ☐ Signed letter from shelter/hotel/motel where residing
- ☐ Credit card bill
- ☐ School records
- ☐ Shelter verification letter
- ☐ Foster care placement letters
- ☐ Voter registration card
- ☐ Medicaid card
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY

Q2A. Check the statement that best describes your State agency's residency requirements for WIC participants:

- ☐ WIC participants only need to show that they live somewhere within the State.

- ☐ WIC participants must reside within the service delivery area of the WIC local agency (overseeing the clinic) where she/he resides.
- ☐ The decision about whether a WIC participant must reside within the local agency boundary, or can simply reside in the State, is left to local agencies to decide.
- ☐ WIC participants must be an enrolled member of a recognized Tribal organization.
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

## Household Composition

Q3. What additional guidelines, if any, are given by your State agency to local agencies to help them determine the **family economic unit**, above and beyond the national WIC program definition, which defines it as “a group of related or nonrelated individuals who are living together as one economic unit?”

- ☐ No additional guidelines are given.
- ☐ The following guidelines are given: (PROVIDE SUPPORTING POLICY STATEMENTS AS APPROPRIATE)

\_\_\_\_\_

## Certification Periods

Q4. In your State, when an infant turns 1 year old (or 7 months if not breastfeeding), does his or her current certification remain valid, or does the infant become categorically ineligible and need to be certified again based on criteria used for children?

- ☐ The current certification remains valid.
- ☐ The infant becomes categorically ineligible and needs to be certified again based on criteria used for children.
- ☐ Neither. There is no State agency policy. Discretion is given to local agencies.
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

Q5. Does your State agency use a data month or calendar month for issuance cycles?

- ☐ Calendar month (benefits continue until the end of the month)
- ☐ Data or “rolling” month (benefits continue until next 30-day period of eligibility ends)
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

Q6. What other discretion, if any, does your State agency use or grant to local agencies regarding certification periods?

- ☐ No additional discretion is given
- ☐ Other discretion is given. PLEASE SPECIFY:

## Proxies/Authorized Representatives

Q7. Which of the following actions are individuals who are authorized to represent WIC participants in your State permitted to do? (CHECK ALL THAT APPLY)

|                                                              | Pregnant       |       | Postpartum     |       | Breastfeeding  |       | Infant         |       | Child          |       |
|--------------------------------------------------------------|----------------|-------|----------------|-------|----------------|-------|----------------|-------|----------------|-------|
|                                                              | Authorized Rep | Proxy | Authorized Rep | Proxy | Authorized Rep | Proxy | Authorized Rep | Proxy | Authorized Rep | Proxy |
| Act on behalf of WIC applicant at certification appointments |                |       |                |       |                |       |                |       |                |       |
| Obtain food instruments (vouchers/EBT cards)                 |                |       |                |       |                |       |                |       |                |       |
| Attend educational sessions                                  |                |       |                |       |                |       |                |       |                |       |
| Redeem food instruments (vouchers/EBT cards)                 |                |       |                |       |                |       |                |       |                |       |
| Not Applicable. State agency does not allow proxies          |                |       |                |       |                |       |                |       |                |       |
| Other: PLEASE SPECIFY _____                                  |                |       |                |       |                |       |                |       |                |       |

## Composition of the WIC Application

Q8. Does your State agency require local agencies to use online/electronic WIC applications or are paper applications acceptable as well? (CHECK ALL THAT APPLY)

- ☐ Online/electronic  
☐ Paper  
☐ **[IF ABOVE ARE BOTH CHECKED, GO TO 8A]**

Do not require WIC application: PLEASE EXPLAIN: \_\_\_\_\_ **[GO TO Q10]**

Q8A. Among the local agencies in your State, how many use each of the following options:

\_\_\_\_\_ Online/electronic

\_\_\_\_\_ Paper

\_\_\_\_\_ Both online/electronic and paper

Q8B. Under what circumstances are paper applications used? (CHECK ALL THAT APPLY)

- ☐ Nutrition assessment  
☐ During emergency or disaster situations  
☐ Other: PLEASE SPECIFY \_\_\_\_\_

Q9. Does your State agency provide local agencies with additional guidance on what is included in an acceptable WIC application?

- ☐ Yes
- ☐ No

## Income Determination

Q10. State agencies can set an income standard between 100% and 185% of the federal poverty guidelines to determine eligibility for WIC. What is the income standard in your State for determining WIC eligibility?

\_\_\_\_\_ % of the federal poverty guidelines

Q11. In determining household income, does the State agency exclude any of the following military housing allowances? (CHECK ALL THAT APPLY)

- ☐ Basic Allowance for Housing (BAH) for off-base housing and privatization housing in the U.S.
- ☐ Family Separation Housing (FSH) provided to military personnel for overseas housing
- ☐ Overseas Housing Allowance (OHA) provided to military personnel living overseas
- ☐ Overseas Continental U.S. (OCONUS) cost of living allowance (COLA) provided to active duty uniformed service members in Hawaii, Alaska, and Guam
- ☐ Not sure

Q11A. When adjunctive/automatic eligibility is NOT established, what **sources of income** does your State agency require local agencies to count when determining the income eligibility of an applicant's household? (CHECK ALL THAT APPLY)

- ☐ Wages, salary, fees
- ☐ Social Security
- ☐ Energy assistance
- ☐ Tips and bonuses
- ☐ Private pension
- ☐ Rental assistance
- ☐ Self-employment
- ☐ Disability pension
- ☐ Net rental income
- ☐ Unemployment compensation
- ☐ Workers compensation
- ☐ Medical assistance (any, i.e., Medicaid)
- ☐ Supplemental Security Income – Fed Government
- ☐ Dividends or interest from savings
- ☐ Income from trusts
- ☐ Commissions
- ☐ Income from estates
- ☐ Welfare
- ☐ Net royalties

- ☐ Alimony
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

Q11B. In determining the income of an applicant where unemployment is **not** an issue, does the State agency instruct local agencies to use annual income, to use current income, or is it left up to the judgment of the local agencies? (CHECK ONE)

- ☐ Annual income used (income received by the household during the last year)
- ☐ Current income used (income received by the household during the month [30 days] prior to date of application)
- ☐ Left to local agencies to decide
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

Q11C. What types of proof are acceptable in your State to verify the **sources of income** for WIC applicants? (CHECK ALL THAT APPLY)

- ☐ Most recent tax return (self-employed only)
- ☐ Paycheck or pay stubs
- ☐ Signed statement by employer
- ☐ Statement of benefits by public agency
- ☐ Statement of benefits for child support and alimony
- ☐ Leave and Earnings Statement (LES) for military pay
- ☐ Unemployment letter or notice letter signed by official State/local agency attesting to client's low income
- ☐ Written statement from reliable third party
- ☐ Statement from bank or other financial institution savings (e.g., direct deposit)
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

## Adjunctive/Automatic Income Eligibility

Q12. Which programs establish adjunctive or other automatic income eligibility for a WIC applicant in your State? (CHECK ALL programs that establish eligibility in the left-hand column. Programs that are required by §246.7 of the WIC program regulations are already checked for you.)

|                                     |                                                  | For each item checked in the left column, please indicate what, if any proofs the State agency <u>requires</u> local agencies to collect. (CHECK ALL THAT APPLY) |                         |                   |              |                       |
|-------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|--------------|-----------------------|
| (CHECK ALL THAT APPLY)              |                                                  | No Specific Requirements are Set                                                                                                                                 | Contact Office Directly | Electronic Lookup | Award Letter | Other: PLEASE SPECIFY |
| <input checked="" type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP) |                                                                                                                                                                  |                         |                   |              | _____                 |
| <input checked="" type="checkbox"/> | Medicaid                                         |                                                                                                                                                                  |                         |                   |              | _____                 |
| <input checked="" type="checkbox"/> | Temporary Assistance for Needy Families (TANF)   |                                                                                                                                                                  |                         |                   |              | _____                 |
| <input type="checkbox"/>            | Children's Health Insurance Program (CHIP)       |                                                                                                                                                                  |                         |                   |              | _____                 |
| <input type="checkbox"/>            | Supplemental Security Income (SSI)               |                                                                                                                                                                  |                         |                   |              | _____                 |



|                          |                                                                      | For each item checked in the left column, please indicate what, if any proofs the State agency <u>requires</u> local agencies to collect. (CHECK ALL THAT APPLY) |                         |                   |              |                       |
|--------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|--------------|-----------------------|
| (CHECK ALL THAT APPLY)   |                                                                      | No Specific Requirements are Set                                                                                                                                 | Contact Office Directly | Electronic Lookup | Award Letter | Other: PLEASE SPECIFY |
| <input type="checkbox"/> | Free and Reduced-Meal School Lunch/Breakfast Programs (NSLP and SBP) |                                                                                                                                                                  |                         |                   |              | _____                 |
| <input type="checkbox"/> | Food Distribution Program on Indian Reservations (FDPIR)             |                                                                                                                                                                  |                         |                   |              | _____                 |
| <input type="checkbox"/> | Low Income Home Energy Assistance Program (LIHEAP)                   |                                                                                                                                                                  |                         |                   |              | _____                 |
| <input type="checkbox"/> | Other: PLEASE SPECIFY _____                                          |                                                                                                                                                                  |                         |                   |              | _____                 |
| <input type="checkbox"/> | Other: PLEASE SPECIFY _____                                          |                                                                                                                                                                  |                         |                   |              | _____                 |

Q13. Does your State agency allow local agencies to accept incomplete Verification of Certification (VOC) documents (cards or printed summaries)?

- ☐ Yes: PLEASE EXPLAIN: \_\_\_\_\_  
☐ No

## Denied Applications

Q14. Does the State agency require local agencies to follow any of the listed approaches to notify applicants of certification denials? (CHECK ALL THAT APPLY)

- ☐ Written notification  
☐ Verbal notification (by phone or in-person)  
☐ Local agency discretion. PLEASE EXPLAIN: \_\_\_\_\_

Q15. Does State policy require that local agencies keep information on denied applications?

- ☐ Yes  
☐ No **[GO TO Q17]**

Q16. What information on denied applicants is required to be retained by the State agency? (CHECK ALL THAT APPLY)

- ☐ Name of applicant  
☐ Address  
☐ Phone number  
☐ WIC applicant category  
☐ Reason for denial  
☐ Date of application  
☐ Date of denial  
☐ Other: PLEASE SPECIFY \_\_\_\_\_

Q16A. How is the denied applicant information retained?

- ☐ No specific retention requirements
- ☐ Paper copy only
- ☐ Electronic copy only
- ☐ Both paper and electronic

Q17. Does your State agency review ineligibility determinations to ensure that they were made correctly?

- ☐ Yes
- ☐ No

If yes, please briefly describe this process.

## Retention

The next set of questions concern the retention of WIC participants by participant category. We understand that State agencies may use different ways to define retention within the participant categories. Therefore, we will first ask you to explain how you determine retention and then ask for some data on retention over the last 5 federal fiscal years (FYs)<sup>9</sup>.

Q18. Does your State agency determine retention for WIC participants?

- ☐ Yes
- ☐ No **[GO TO Q19]**

Q18A. How does your State agency define retention of WIC participants? Please describe any differences in definitions for infants, children, pregnant women, postpartum women, and breastfeeding women.

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Q18B. How often do you calculate retention? (CHECK ALL THAT APPLY)

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

Q18C. Can your State agency provide retention information by local agency for all the local agencies in your jurisdiction?

- ☐ Yes

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<sup>9</sup> Please note that FY is from October 1<sup>st</sup> – September 30<sup>th</sup>. For example, FY 2014 covers the period from October 1, 2013 to September 30, 2014.

☐ No

Q18D. Now we would like get information to enable us to determine your retention rates. Please complete the following table, which includes information for the past 5 federal FYs. Please enter a number for Total Certified, and either a number or percent for Total Retained **[NOTE: IF YOU HAVE A STANDARDIZED REPORT(S) WITH THIS INFORMATION YOU MAY UPLOAD THAT INFORMATION HERE: {LINK}]**.

|                        | FY 2014<br>(Oct 2013 – Sept 2014) |                                                                     | FY 2015<br>(Oct 2014 – Sept 2015) |                                                                     | FY 2016<br>(Oct 2015 – Sept 2016) |                                                                     | FY 2017<br>(Oct 2016 – Sept 2017) |                                                                     | FY 2018<br>(Oct 2017 – Sept 2018) |                                                                     |
|------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|
| Category               | Total<br>Certified                | Total<br>Retained                                                   | Total<br>Certified                | Total<br>Retained                                                   | Total<br>Certified                | Total<br>Retained                                                   | Total<br>Certified                | Total<br>Retained                                                   | Total<br>Certified                | Total<br>Retained                                                   |
| Infants                |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |
| Children               |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |
| Pregnant<br>Women      |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |
| Postpartum<br>Women    |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |
| Breastfeeding<br>Women |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |

## Operations

The next set of questions concern how many local agencies (or offices), clinics, and sites operate in your State. We understand that States use different terms for these organizations. By **local agency** or local office, we mean offices that maintain administrative data on clients and communicate participation information directly with you. By **clinic or site**, we mean the offices that are sponsored by State or local agencies and provide services to clients. Some of the sites may be temporary (satellite) sites.

Q19. In FY 2017–2018, how many local agencies in your State did not provide services at the location of the local agency?

LOCAL AGENCIES

Q20. In FY 2017–2018, how many local agencies in your State did provide services at the location of the local agency?

LOCAL AGENCIES

Q21. In FY 2017–2018, how many WIC clinics or sites, including satellite and temporary sites, operated in your State? (Please do not include the clinics/sites accounted for in Q20.)

LOCAL CLINICS/SITES

## Manufacturer Rebates

Q22. Does your State have rebate contracts for:

Q22A. Infant cereal

- ☐ Yes
- ☐ No

Q22B. Jarred infant foods

- ☐ Yes
- ☐ No

Q22C. Other foods (SPECIFY: \_\_\_\_\_)

- ☐ Yes
- ☐ No

Q23. What was the total rebate savings in FY 2017–2018 for:

[Programming note: Response options will only appear for “yes” answers in previous question.]

Q23A. Infant cereal: \$ \_\_\_\_\_

Q23B. Jarred infant foods: \$ \_\_\_\_\_

Q23C. Other foods: \$ \_\_\_\_\_

## Record-Keeping and Systems

Q24. Does your record-keeping system (or database) retain electronic records that would permit review and confirmation of participant disqualifications?

- ☐ Yes
- ☐ No
- ☐ Not sure

Q25. Does your record-keeping system (or database) retain records that would permit review and confirmation of denied applicants?

- ☐ Yes, we maintain primarily electronic records that permit review and confirmation.
- ☐ Yes, we maintain electronic and paper records that permit review and confirmation.
- ☐ Yes, we maintain primarily paper records that permit review and confirmation.
- ☐ No
- ☐ Not sure

Q26. Can you match records from other programs' systems (such as TANF or Medicaid) through your WIC database in order to facilitate certification or other record keeping functions?

- ☐ Yes: PLEASE SPECIFY \_\_\_\_\_
- ☐ No
- ☐ Not sure

Q27. With regard to your database of WIC participants, what hardware system do you use to store participant data? (You may need to ask your database manager in order to answer Q27 and Q27A)  
(CHECK ALL THAT APPLY)

- ☐ Mainframe server
- ☐ Unix system
- ☐ Midrange computer
- ☐ PC server
- ☐ Web-based
- ☐ Not sure
- ☐ Other: PLEASE SPECIFY: \_\_\_\_\_

Q27A. What database software systems are used? (CHECK ALL THAT APPLY)

- ☐ Access (MDB)
- ☐ Excel (XLS)
- ☐ Oracle
- ☐ Sybase
- ☐ DB2
- ☐ Microsoft SQL Server
- ☐ CMIS

- ☐ WIC SIS
- ☐ Adabas
- ☐ Informix
- ☐ Not sure
- ☐ Other: PLEASE SPECIFY: \_\_\_\_\_

Thank you for participating in this survey!

[SUBMIT]

**End Survey**

## LOCAL AGENCY SURVEY

**INTRO:** Thank you for participating in the Third National Survey of WIC Participants. This survey is sponsored by the United States Department of Agriculture Food Nutrition Service and administered by 2M Research Services. Please refer to the accompanying cover letter for full details of the research effort.

This survey—along with surveys of State agencies and participants—is designed to provide FNS with additional information on policies and program operations, beyond those available from existing program sources.

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 0584-0641. The time required to complete this information collection is estimated to average 60 minutes (1 hour) 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 Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0641\*). Do not return the completed form to this address.

### Certification Policies

#### IDENTITY

Q1. What types of documentation does your local agency accept as proofs of identity for a WIC applicant either electronically and/or physically? (CHECK ALL THAT APPLY)

- ☐ Letter from government agency (including WIC) w/name form/letter
- ☐ Driver's license, State ID
- ☐ Work, school, or bus pass ID w/photo & name
- ☐ Military ID
- ☐ Social Security card
- ☐ Voter's registration card
- ☐ Foster placement letter
- ☐ Passport or immigration records
- ☐ Marriage license
- ☐ Birth certificate
- ☐ Crib card, hospital discharge papers, or hospital ID bracelet
- ☐ Immunization record
- ☐ Employment paystubs
- ☐ Medicaid card
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY



**RESIDENCY**

Q2. What types of documentation does your local agency accept to verify the residency of a WIC applicant either electronically and/or physically? (CHECK ALL THAT APPLY)

- ☐ Driver's license
- ☐ Current utility/tax bill, rent receipt, mortgage receipt, or lease receipt with name and address on it
- ☐ Letter from government agency (including WIC) w/name and address
- ☐ State or Tribal-issued license or ID w/name and address
- ☐ Postmarked mail from reliable third party with name and address
- ☐ Checkbook, bank statement
- ☐ Signed statement by applicant that he/she is victim of loss or disaster, or is homeless, a migrant person, or military personnel.
- ☐ Shelter documentation
- ☐ Vehicle registration
- ☐ Recent paystub
- ☐ Property tax bill
- ☐ Hospital/clinic receipt or record
- ☐ Income tax return/W2 form
- ☐ Social Security statement
- ☐ Medicaid document
- ☐ TANF document
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY
- ☐ Other: PLEASE SPECIFY: \_\_\_\_\_

**INCOME**

Q3. Which of the following documents satisfy the income documentation requirements of your local agency? Among those documents, rank the top three most-often provided documents (where "1" is most often provided, "2" is the second most often provided and "3" is the third most often provided):

| Document                                                                                               | Satisfies Document Requirement<br>(CHECK ALL THAT APPLY) | Three Most Frequently Provided Documents<br>(RANK 1, 2, or 3) |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
| a. 1 <sup>st</sup> Paystub/earnings statement                                                          |                                                          |                                                               |
| b. W-2 form                                                                                            |                                                          |                                                               |
| c. IRS tax return                                                                                      |                                                          |                                                               |
| d. Business records                                                                                    |                                                          |                                                               |
| e. Unemployment compensation (letter, check stub, copy of check)                                       |                                                          |                                                               |
| f. Workers compensation (award statement, check stub, copy of check, statement from insurance company) |                                                          |                                                               |

| Document                                                                                                                | Satisfies Document Requirement<br>(CHECK ALL THAT APPLY) | Three Most Frequently Provided Documents<br>(RANK 1, 2, or 3) |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
| g. Social Security benefits (award letter, statement of benefits, check stub, copy of check)                            |                                                          |                                                               |
| h. State SSI or State disability insurance (notice of benefits, check stub, copy of check)                              |                                                          |                                                               |
| i. Public assistance or TANF (notice of benefits, check stub, copy of check)                                            |                                                          |                                                               |
| j. Energy assistance (notice of benefits, check stub, copy of check)                                                    |                                                          |                                                               |
| k. Alimony or child support (copy of check, agreement, divorce/separation decrees, court order)                         |                                                          |                                                               |
| l. Any government or private pension, annuity, or survivor's benefits (notice of benefits, check stub or copy of check) |                                                          |                                                               |
| m. Estate or trust earnings statement                                                                                   |                                                          |                                                               |
| n. Interest or dividends statement                                                                                      |                                                          |                                                               |
| o. Savings account earnings statement                                                                                   |                                                          |                                                               |
| p. Veteran's payments (notice of benefits, check stub, copy of check)                                                   |                                                          |                                                               |
| q. Military pay (leave and earnings statement, check stub, copy of check)                                               |                                                          |                                                               |
| r. Letter from employer                                                                                                 |                                                          |                                                               |
| s. Foster care placement letter                                                                                         |                                                          |                                                               |
| t. Scholarship/financial aid letter                                                                                     |                                                          |                                                               |
| u. SNAP letter showing current eligibility                                                                              |                                                          |                                                               |
| v. Other documents _____                                                                                                |                                                          |                                                               |
| w. Other documents _____                                                                                                |                                                          |                                                               |
| x. Other documents _____                                                                                                |                                                          |                                                               |
| y. Other documents _____                                                                                                |                                                          |                                                               |

Q4. Which of the following satisfy the program participation documentation requirements for **automatic** or **adjunctive** eligibility of your local agency? Among those documents, rank the top three most-often method used (where "1" is most often, "2" is the second most often, and "3" is the third most often).

| Document                              | Satisfies Documentation Requirement<br>(CHECK ALL THAT APPLY) | Three Most Frequently Method Used<br>(RANK 1, 2, or 3) |
|---------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|
| a. Valid program or member ID card    |                                                               |                                                        |
| b. Award letter or notice of benefits |                                                               |                                                        |
| c. Electronic access                  |                                                               |                                                        |
| d. Other: PLEASE SPECIFY: _____       |                                                               |                                                        |

**BREASTFEEDING**

Q5. In your estimation, at what ages are infants being certified to receive “fully” (rather than “partially”) breastfeeding food packages? An estimate or best guess is okay if the information is not readily available.

| Infant Age at Certification | Percentage of Infant Certifications in the past 12 months                                 |
|-----------------------------|-------------------------------------------------------------------------------------------|
| 1-3 months                  |                                                                                           |
| 4-6 months                  |                                                                                           |
| 7-9 months                  |                                                                                           |
| 10-12 months                |                                                                                           |
| <b>Total</b>                | <b>100% (all infants who were certified to receive fully breastfeeding food packages)</b> |

**DENIED APPLICANTS**

Q6. Does your local agency keep information on denied applicants?

- ☐ Yes  
☐ No: PLEASE EXPLAIN: \_\_\_\_\_ **[GO TO Q8]**

Q7. What information on denied applicants do you retain and how is it retained? (ANSWER B. AND C. ONLY IF A. IS CHECKED.)

| <b>a. Information Retained<br/>(CHECK ALL THAT APPLY)</b> | <b>b. How Retained<br/>(CHECK ONE)</b>                                                                                                 | <b>c. Where Retained (Readily<br/>accessible to the....)<br/>(CHECK ALL THAT APPLY)</b> |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Name of applicant                                         | <input type="radio"/> Paper copy only<br><input type="radio"/> Electronic copy only<br><input type="radio"/> Both paper and electronic | WIC State Agency<br>Your Local Agency<br>Sites/Clinics                                  |
| Address                                                   | <input type="radio"/> Paper copy only<br><input type="radio"/> Electronic copy only<br><input type="radio"/> Both paper and electronic | WIC State Agency<br>Your Local Agency<br>Sites/Clinics                                  |
| Phone number                                              | <input type="radio"/> Paper copy only<br><input type="radio"/> Electronic copy only<br><input type="radio"/> Both paper and electronic | WIC State Agency<br>Your Local Agency<br>Sites/Clinics                                  |
| WIC applicant category                                    | <input type="radio"/> Paper copy only<br><input type="radio"/> Electronic copy only<br><input type="radio"/> Both paper and electronic | WIC State Agency<br>Your Local Agency<br>Sites/Clinics                                  |
| Reason for denial                                         | <input type="radio"/> Paper copy only<br><input type="radio"/> Electronic copy only<br><input type="radio"/> Both paper and electronic | WIC State Agency<br>Your Local Agency<br>Sites/Clinics                                  |
| Date of application                                       | <input type="radio"/> Paper copy only<br><input type="radio"/> Electronic copy only<br><input type="radio"/> Both paper and electronic | WIC State Agency<br>Your Local Agency<br>Sites/Clinics                                  |
| Date of denial                                            | <input type="radio"/> Paper copy only                                                                                                  | WIC State Agency                                                                        |

| <b>a. Information Retained<br/>(CHECK ALL THAT APPLY)</b> | <b>b. How Retained<br/>(CHECK ONE)</b>                                                        | <b>c. Where Retained (Readily<br/>accessible to the....)<br/>(CHECK ALL THAT APPLY)</b> |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|                                                           | <input type="radio"/> Electronic copy only<br><input type="radio"/> Both paper and electronic | Your Local Agency<br>Sites/Clinics                                                      |

Q8. Of applicants **new** to your WIC agency, what percentage in the past 12 months was denied certification? (SELECT ONE)

- ☐ ≤1%  
☐ 2 – 4%  
☐ 5 – 7%  
☐ 8 – 10%  
☐ >10%

Q8A. How confident are you in the range entered here?

- ☐ Very confident  
☐ Somewhat confident  
☐ Not very confident (i.e., a lot of guesswork involved)

Q9. Of current WIC participants seeking **certification (or recertification)** at your WIC agency, what percentage in the past 12 months was denied certification? (SELECT ONE)

- ☐ ≤1%  
☐ 2 – 4%  
☐ 5 – 7%  
☐ 8 – 10%  
☐ >10%

Q9A. How confident are you in the range entered here?

- ☐ Very confident  
☐ Somewhat confident  
☐ Not very confident (i.e., a lot of guesswork involved)

Q10. Please specify the percentage of denials reported above that are attributable to the following eligibility problems. It is possible the percentages may sum to more than 100%, as applicants may be denied for more than one reason.

| <b>Reason for Denial</b>                                                    | <b>Percentage Distribution<br/>for New Applicants</b> | <b>Percentage<br/>Distribution for<br/>Certification</b> |
|-----------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| a. Lack of documentation provided for identity                              |                                                       |                                                          |
| b. Income ineligibility (over income limit)                                 |                                                       |                                                          |
| c. Lack of documentation provided for residency                             |                                                       |                                                          |
| d. Categorical ineligibility (i.e., not pregnant, child over 5 years, etc.) |                                                       |                                                          |
| e. Other: PLEASE SPECIFY _____                                              |                                                       |                                                          |

Q10A. How confident are you in the responses that were entered here?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not very confident (i.e., a lot of guesswork involved)

Q11. Does your agency provide an official letter of denial to applicants who are determined ineligible for WIC?

- ☐ Yes
- ☐ No
- ☐ Other: PLEASE SPECIFY: \_\_\_\_\_

Q12. Can an applicant be screened and determined ineligible by telephone?

- ☐ Yes
- ☐ No [GO TO Q14]

Q13. IF Q11=YES AND Q12=YES

What is the percentage of denials through screening phone calls versus formal, in-person applications in the past 12 months?

|                               | Percentage of Denials |
|-------------------------------|-----------------------|
| Screening phone calls         |                       |
| Formal in-person applications |                       |

#### LOCATION OF CERTIFICATION

Q14. Does your agency offer or provide certification at alternative sites (e.g., satellite, mobile, or off-site clinics at a hospital, school, etc.)?

- ☐ Yes
- ☐ Yes, only during disaster/emergency situations
- ☐ No [GO TO Q16]

Q14A. Which of the following WIC categories does your agency offer certification at alternative sites? (CHECK ALL THAT APPLY)

- ☐ Pregnant woman
- ☐ Postpartum woman
- ☐ Breastfeeding woman
- ☐ Infant
- ☐ Child
- ☐ None

Q15. Under what circumstances is certification provided at an alternative site such as a satellite clinic, mobile clinic, or off-site clinics at hospitals, schools and other locations? What is your agency's policy toward providing certifications at an alternative site?

---

#### CERTIFICATION STAFFING

Q16. Does your staff receive cross-training on ALL of the certification-related tasks shown below?

- Assess categorical eligibility criteria
  - Assess residential eligibility criteria
  - Assess nutritional risk criteria
  - Assess income/adjunctive income eligibility
  - Issue benefits (vouchers/EBT cards)
- ☐ Yes, we have certification staff who are cross-trained on ALL of those tasks.
- ☐ No, our certification staff specializes in one or more of those tasks. [\[GO TO Q17\]](#)

Q16A. What percentage of your certification staff is cross-trained on ALL of those tasks?

\_\_\_ %

Q17. Among all full-time staff in your jurisdiction who conduct certification, what is their average monthly caseload?

\_\_\_\_\_ participants

## Operations

#### ADMINISTRATION

Q18. Is your local agency... (CHECK ONE)

- ☐ part of the State agency
- ☐ a local government entity administering the WIC program
- ☐ a tribal entity/organization administering the WIC program
- ☐ a non-profit organization that has been contracted to run the WIC program
- ☐ not a local agency, but rather a clinic under a local agency
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

#### PHYSICAL SPACE

Q19. Which description most closely fits the structure in which your local agency is located? (CHECK ONE)

- ☐ Health department or medical clinic
- ☐ Social services office or agency
- ☐ Full service hospital

- ☐ School
- ☐ Head Start
- ☐ Community center
- ☐ Mobile clinic (van)
- ☐ Migrant health center and/or camp
- ☐ Indian Health Service facility
- ☐ Religious center
- ☐ Standalone WIC clinic
- ☐ Nonprofit
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

Q20. Of the spaces available at WIC clinics in your jurisdiction, how adequate would you rate the following spaces for optimally delivering WIC services to your participants at this time? Please rate each type of room. [rooms marked “somewhat adequate” or “not at all adequate,” go to q20a]

| Type of Room                                                  | Completely Adequate | Mostly Adequate | Somewhat Adequate | Not at All Adequate | N/A |
|---------------------------------------------------------------|---------------------|-----------------|-------------------|---------------------|-----|
| Large waiting rooms/reception areas (greater than 15x15 feet) |                     |                 |                   |                     |     |
| Small waiting rooms/reception areas (15x15 feet or smaller)   |                     |                 |                   |                     |     |
| Rooms, offices, or cubicles where clients are seen            |                     |                 |                   |                     |     |
| Separate breastfeeding rooms                                  |                     |                 |                   |                     |     |
| Large training/conference/multipurpose rooms                  |                     |                 |                   |                     |     |
| Small training/conference/multipurpose rooms                  |                     |                 |                   |                     |     |
| Administrative offices (no clients seen)                      |                     |                 |                   |                     |     |
| Administrative cubicles (no clients seen)                     |                     |                 |                   |                     |     |
| Laboratory (height/weight taking areas)                       |                     |                 |                   |                     |     |
| Other: PLEASE SPECIFY _____                                   |                     |                 |                   |                     |     |

Q20A. Please explain why you selected [response from q20: “SOMEWHAT ADEQUATE” OR “NOT AT ALL ADEQUATE”] for the following rooms [type of room associated with “somewhat adequate” or “not at all adequate” response]:

---

Q21. How would you rate the physical security of your local agency’s location (for example, protection from natural disasters such as fire, earthquake; burglary or vandalism of the site; unauthorized visitors; etc.)?

- ☐ Very safe (no incidents) [\[go to Q22\]](#)
- ☐ Safe (occasional minor incidents) [\[go to q22\]](#)
- ☐ Unsafe (occasional major incidents or frequent minor incidents)
- ☐ Very unsafe (frequent major incidents)

Q21A. Please explain why you selected [response from q21: “unsafe” or “very unsafe”]:

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**SERVICES ADMINISTRATION**

Q22. Please enter the **number** of WIC sites that operate under the authority of this local agency, by type.

\_\_\_\_\_ **Clinics** (defined as a permanent location assigned to the WIC program; include main clinic)

\_\_\_\_\_ **Satellites** (defined as a location such as a school, church or town hall that is only temporarily assigned the WIC program. WIC staff must carry their own files and equipment to the site each visit)

\_\_\_\_\_ **Mobile Units** (a vehicle assigned to the WIC program that may make multiple stops to conduct certifications)

Q23. To what extent are the following services provided by your local agency at the various sites you specified in the previous question? [WEB SURVEY WILL SHOW CLINICS, SATELLITES AND/OR MOBILE UNITS COLUMN ONLY IF RESPONDENT HAS ANSWERED >0 IN Q22]

|                                                                    | Local Agency     | Clinics               |                       |                       | Satellites            |                       |                       | Mobile Units          |                       |                       |
|--------------------------------------------------------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                                                    | Agency does this | All can do            | Some can do           | None can do           | All can do            | Some can do           | None can do           | All can do            | Some can do           | None can do           |
| Conduct certifications                                             |                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Perform blood testing                                              |                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Take anthropometric measurements for height, weight, and body mass |                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conduct nutrition counseling                                       |                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Offer other educational seminars (e.g., on breastfeeding)          |                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide food instruments (vouchers/EBT cards)                      |                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide referrals to other services                                |                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access WIC participant records electronically                      |                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q24. Across all of the clinics under your local agency, on average, how many days per week, is the clinic open to clients/applicants? DAYS

Q25. Across all of the clinics under your local agency, on average, how many hours per week, is the clinic open to clients/applicants? (You may divide the total number of hours that all clinics are open by the number of clinics.) HOURS

Q26. Across all of the clinics under your local agency, provide the opening and closing hours (hours open to the public) for a **typical clinic** (your most common clinic) in a typical week of operations in the table below.

| Operating Hours | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------------|--------|---------|-----------|----------|--------|----------|
| Opening         |        |         |           |          |        |          |
| Closing         |        |         |           |          |        |          |



Q26A. Do your clinics typically close to the public for lunch or other reasons during clinic hours?

- ☐ Yes  
☐ No

## STAFFING

Q27.

| Across all of the clinics under your local agency, please provide the following information for each position listed below. [PLEASE GIVE NUMBER] | Number of <b>full-time</b> staff (working more than 32 hours/wk) | Number of <b>part-time</b> staff (working less than 32 hours/wk) | Of the total combined full and part-time staff, how many have worked at one of your clinics 12 months or less? | Of all of the employees who have held this position in the past 12 months, how many have left your agency (are not working at any of your clinics)? | Across all of the clinics under your local agency, how many of these positions are currently vacant? |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| a. WIC Director or Clinic Supervisor                                                                                                             |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| b. Office Manager                                                                                                                                |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| c. Administrative Support Staff (e.g., clerks)                                                                                                   |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| d. Certification Specialist                                                                                                                      |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| e. Registered Dietitian                                                                                                                          |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| f. Degreed/Licensed Nutritionist                                                                                                                 |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| g. Trained Nutrition Paraprofessional                                                                                                            |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| h. Registered Nurse/Physician Assistant                                                                                                          |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| i. Physician                                                                                                                                     |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| j. Social Worker/ Psychologist/ Therapist                                                                                                        |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| k. Other Professional (e.g., breastfeeding peer counselors, IBCLC)                                                                               |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| l. Other: PLEASE SPECIFY _____                                                                                                                   |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |
| <b>TOTAL STAFF</b>                                                                                                                               |                                                                  |                                                                  | _____                                                                                                          | _____                                                                                                                                               | _____                                                                                                |

[Programming note: Total Staff row will be calculated automatically so respondent can see totals]

Q27A. From your answers above, we estimate that your full-time equivalent (FTE) number of employees is approximately \_\_\_\_\_. (Note:, we counted every two part-time as one FTE.) Do you agree with this estimate?

- ☐ Yes, GO TO Q28
- ☐ No

Q27B. What is your estimate of FTE number of employees across all clinics in your jurisdiction?

\_\_\_\_\_ FTE

Q28. Across all clinics under your local agency, what percentage of all staff are bilingual or multilingual?

\_\_\_\_\_ % of staff

Q29. What languages, other than English, are spoken by staff at one or more of the clinics under your local agency to assist in providing WIC services? (CHECK ALL THAT APPLY)

|                    |            |                |
|--------------------|------------|----------------|
| NONE               | Hmong      | Spanish        |
| Arabic             | Khmer      | Swahili        |
| Cambodian          | Korean     | Tamil          |
| Cantonese/Mandarin | Laotian    | Tagalog        |
| Farsi              | Portuguese | Urdu           |
| French/Creole      | Punjabi    | Vietnamese     |
| Fulani             | Russian    | Other: SPECIFY |
| Hindi              | Somali     |                |

Q30. What difficulties does your local agency face in retaining, recruiting, and hiring staff? (CHECK ALL THAT APPLY)

- ☐ Salaries not competitive
- ☐ Salaries not commensurate with level of job duties
- ☐ Benefits not competitive
- ☐ Minimal training and job growth offered
- ☐ Workload too great
- ☐ Location of local agency unsafe
- ☐ Location of local agency hard to get to
- ☐ Physical space occupied by local agency crowded
- ☐ Low employee morale throughout agency
- ☐ Lack of support for WIC program from State
- ☐ Limited career path or opportunities for promotion
- ☐ Required skillset lacking in prospective employees
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_
- ☐ None of the above

#### CASELOAD

Q31. Currently, approximately how many clients are served by all of the clinics under your local agency combined **per month**?

\_\_\_\_\_ CLIENTS/MONTH

**TECHNOLOGY**

Q32. Does the typical clinic under your local agency have on-site the necessary technology, equipment, supplies, etc., to do the following tasks?

|                                                                                              | Yes                   | No                    | Don't Know            |
|----------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Enter/access client certification information via a computer?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Perform hematological tests?                                                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Take anthropometric measurements for weight and height, and to calculate BMI (body mass)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**RETENTION**

The next set of questions concern the retention of WIC participants by participant category. We understand that local agencies may use different ways to define retention within the participant categories. Therefore, we will first ask you to explain how you determine retention and then ask for some data on retention over the last five Federal fiscal years (FYs)<sup>10</sup>.

Q33. Does your local agency determine retention for WIC participants?

- ☐ Yes
- ☐ No, determined by State agency [\[GO TO Q34\]](#)
- ☐ No, not determined at all [\[GO TO Q34\]](#)
- ☐ Not sure [\[GO TO Q34\]](#)

Q33A. How does your Local Agency define retention of WIC participants? Please describe any differences in definitions for infants, children, pregnant women, postpartum women, and breastfeeding women.

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Q33B. How often do you calculate retention? (CHECK ALL THAT APPLY)

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

Q33C. Now we would like get information to enable us to determine your retention rates. Please complete the following table, which includes information for the past 5 Federal fiscal years (FY). Please enter a number for Total Certified, and either a number or percent for Total Retained [Note: if you have a standardized report(s) with this information you may upload that information here: [{link}](#)]

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<sup>10</sup> Please note that FY is from October 1<sup>st</sup> – September 30<sup>th</sup>. For example, FY 2014 covers the period from October 1, 2013 to September 30, 2014.

|                        | FY 2014<br>(Oct 2013 – Sept 2014) |                                                                     | FY 2015<br>(Oct 2014 – Sept 2015) |                                                                     | FY 2016<br>(Oct 2015 – Sept 2016) |                                                                     | FY 2017<br>(Oct 2016 – Sept 2017) |                                                                     | FY 2018<br>(Oct 2017 – Sept 2018) |                                                                     |
|------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|
| Category               | Total<br>Certified                | Total<br>Retained                                                   | Total<br>Certified                | Total<br>Retained                                                   | Total<br>Certified                | Total<br>Retained                                                   | Total<br>Certified                | Total<br>Retained                                                   | Total<br>Certified                | Total<br>Retained                                                   |
| Infants                |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |
| Children               |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |
| Pregnant<br>Women      |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |
| Postpartum<br>Women    |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |
| Breastfeeding<br>Women |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |                                   | <input type="checkbox"/> Number<br><input type="checkbox"/> Percent |

Q34. Does your local agency attempt to contact pregnant women who miss their first appointment (to apply for participation in the program) in order to reschedule the appointment?

- ☐ Yes
- ☐ No

Q35. Does your local agency, or any of the clinics under your local agency, do any of the following to increase WIC participant retention rates? (CHECK ALL THAT APPLY)

- ☐ Advertise via traditional delivery channels (including on television, movie theaters, internet, print publication materials, radio, gas stations, etc.)
- ☐ Post social media advertisements (Facebook, Pinterest, Twitter, Instagram, etc.)
- ☐ Send first birthday card to WIC caregivers on child's first birthday
- ☐ Text message appointment reminders
- ☐ Provide transportation to and from sites
- ☐ Provide childcare onsite
- ☐ Encourage current participants to invite eligible family and friends to enroll and remain active
- ☐ Encourage healthcare professionals (doctors, nurses, midwives, etc.) to inform eligible women to enroll and remain active
- ☐ Other: PLEASE SPECIFY \_\_\_\_\_

**[SUBMIT]**

**END SURVEY**

Thank you for participating in this survey!

**Prepared by Capital Consulting Corporation (CCC) and 2M Research Services for the USDA Food and Nutrition Service (Project Officer: Karen Castellanos-Brown)**

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