

WIC Survey

* 1. Please input the number that was assigned to you from your Supervisor.

* 2. Please indicate the city/town where your program is located.

- Bridgeport
- Hartford
- Middletown
- New Haven
- Norwich
- Stamford

* 3. Please list your current job title.

- Program Coordinator
- Program Nutritionist
- Nutritionist
- Nutrition Assistant/Aide
- Other (please specify)

Agency Services Information Sharing

* 4. Did Head Start staff visit your WIC site in ____ to describe HS program services?

- Yes
- No
- I don't know

* 5. Did you visit a Head Start site in ____ to describe WIC services?

- Yes
- No
- Not part of my job duties
- I don't know

* 6. Did you attend a Head Start Advisory Meeting in ____?

- Yes
- No
- Not part of my job duties
- No meeting was held

* 7. In ____, did your WIC site display information for families about Head Start?

- Yes
- No
- I don't know

Referral Questions

* 8. Is referring participants to Head Start part of your job duties?

- Yes
- No
- I don't know

General Referrals

* 9. Did you track the referrals you made to Head Start in the month of ____?

Note: Tracking referrals refers to the process you use to keep track of the referral you make to Head Start. This may be recording the referral on the referral tracking sheet, referral tally sheet, or nutrition log.

Yes

No

* 10. How many referrals did you make to Head Start in ____?

* 11. How many of the referrals you made to Head Start were for high-risk families?

Note: High-risk families refer to families that meet your agency's criteria for high risk. These criteria might include obesity, severe anemia, food allergy, failure to thrive, etc.

Data Sharing

* 12. Does your program have a system (such as an information release form or MOU) for sharing participant-specific information between WIC and Head Start programs?

Note: Participant-specific information refers to participant's contact information (i.e. name, address, phone number) DOB, family ID #, nutrition assessment data, and medical information including anthropometric data and lab results.

- Yes
- No
- I don't know

* 13. If no, do you know if one is being developed?

Yes

No

Not part of my job duties

* 14. In ____, did you share any participant-specific information with Head Start?

Note: Participant-specific information refers to participant's contact information (i.e. name, address, phone number) DOB, family ID #, nutrition assessment data, and medical information including anthropometric data and lab results.

- Yes
- No
- Not part of my job duties

* 15. If yes, did you use an information release form?

Yes

No

* 16. Please describe the participant-specific information that you shared?

Note: Participant-specific information refers to participant's contact information (i.e. name, address, phone number) DOB, family ID #, nutrition assessment data, and medical information including anthropometric data and lab results.

* 17. In ____, how many times did you share participant-specific information with Head Start?

Nutrition Information Sharing

* 18. Did Head Start share its ____ menus with WIC staff?

- Yes
- No
- I don't know

* 19. Did you share nutrition education resources with Head Start in ____?

- Yes
- No
- Not part of my job duties

* 20. If yes, how many nutrition education resources did you share with Head Start in ___?

* 21. Please describe what was shared ex. recipe, handouts, etc.

* 22. Did you discuss providing consistent nutrition messages to participants with Head Start staff in the month of ____?

- Yes
- No
- Not part of my job duties

* 23. If yes, what messages did you discuss?

Co-location questions

* 24. Were any WIC services co-located at a Head Start satellite location in ____?

- Yes
- No
- I don't know
- Not part of my job duties

* 25. If yes, what services were co-located at a Head Start Satellite location in ____? (Please select all that apply)

- WIC enrollment
- WIC recertification
- WIC second contacts (individual)
- WIC group nutrition education
- I don't know

* 26. If yes, how many days in ____ were services offered at a Head Start satellite location?

* 27. If yes, how many participants did you personally serve at the satellite location?

Successes and Barriers to Collaboration

To help us better understand the successes and challenges you have experienced in your attempts to collaborate with the Head Start Program, please answer the following questions with as much detail as possible. Please include a success story or case study of WIC/HS collaboration in action (this may include an experience with staff members or a family).

* 28. In the month of ____ did you experience any successes or accomplishments from collaborating with the Head Start Program? These success stories might include a family enrolling in Head Start, positive interactions with Head Start staff, or increased communication and information sharing between WIC and Head Start.

Yes

No

* 29. Please provide 2-3 sentences explaining the success or experience.

* 30. What challenges did you experience when collaborating with the Head Start Program in ____? For example, not enough time, not enough support, etc.? If there were none state "no challenges."

General Collaboration Questions

* 31. Please describe any other collaboration activities that you participated in with Head Start during the month of ____.

* 32. Please share your suggestions for improving collaboration between WIC and Head Start.

Thank you!

Thank you for completing the survey! Please remember, we will send another survey next month so please keep track of your collaboration activities.

Head Start Survey

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- New Haven
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* 3. Please list your current job title.

- Coordinator
- Director
- Family Service Worker
- Food Service Manager
- Mentor Coach
- Nutritionist
- Nutrition Manager
- Outreach Worker
- Unit Manager
- Other (please specify)

Agency Services Information Sharing

* 4. Did WIC staff visit your Head Start site in ____ to describe WIC program services?

- Yes
- No
- I don't know

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Referral Questions

* 8. Is referring participants to WIC part of your job duties?

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General Referrals

* 9. Did you track the referrals you made to WIC in the month of ____?

Note: Tracking referrals refers to the process you use to keep track of the referrals you make to WIC. This may be recording the referrals on the referral tracking sheet, referral tally sheet, or referral log.

Yes

No

* 10. Please explain your process for tracking the referrals you've made to WIC. (If nothing has changed since last month please write "No changes")

Note: Tracking referrals refers to the process you use to keep track of the referrals you make to WIC. This may be recording the referrals on the referral tracking sheet, referral tally sheet, or referral log.

* 11. How many referrals did you make to WIC in ___?

* 12. How many of the referrals you made to WIC were for high-risk families?

Note: High-risk families refers to families that meet your agency's priority selection/enrollment criteria. These criteria might include homelessness, special needs, single parent household, etc.

Data Sharing

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Yes

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