Organization and management involves the procedures for the documentation of staff time at the State level devoted to the various WIC functions, the evaluation and selection of local agencies, the documentation of local agency staffing standards and data, as well as disaster planning.

- A. State Staffing 246.4(a)(4) and (23): describe the information relating to State level staff requirements and utilization as it relates to WIC Program functions and how the State agency will provide a drug-free workplace.
- **B.** Evaluation and Selection of Local Agencies 246.4(a)(5)(i) and (7): describe the procedures and criteria utilized in the selection and authorization of local agencies.
- C. Local Agency Staffing 246.4(a)(4): describe the State staffing standards which apply to the selection of local agency staff and the means used by the State agency to track and analyze local level staffing data.
- **D.** Disaster Planning describe the disaster plans to be implemented in the event of a disaster.

Α.	State	Staffing	,

1.	State :	Level	Staff

a.	Record below the current total full-time equivalent staff (FTEs)	available for each
	position listed or attach equivalent information in Appendix	of this section:

	<b>Position</b>	FTE WIC	FTE In-kind	Total FTE
	Director	<u>1</u>		1
	Nutritionist	<u>3</u>		<u>3</u>
	Vendor Specialist	<u>6</u>		<u>6</u>
	Program Specialist	<u>3</u>		<u>3</u>
	Financial Specialist	<u>3</u>		<u>3</u>
	Breastfeeding Coordinator	<u>1</u>		<u>1</u>
	ADP Specialist	<u>5</u>		<u>5</u>
	Intern			
	Other (specify):			
	Clerk	2		2
b.	The State agency has a WIC orga staff names.	nizational cha	rt showing all position	ns, titles, and
	⊠ Yes □	No		
	If yes, please attach the WIC orga section.	nnizational cha	art in Appendix D of t	his
c.	If available, attach an overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization in Appendix D of this section.			
d.	The State agency has updated pos	sition descript	ions for each of the ab	ove positions.
	⊠ Yes □	No		
	Please include position descriptions in Appendix D of this section.			

ADDITIONAL DETAIL: Organization & Management Appendix

#### A. State Staffing

and/or Procedure Manual (citation)

2. Estimate below the average percent of State staff time devoted to fulfilling the following functions:

Function	Percent of Total Staff Time
	2.0
Certification, including nutrition risk determination	<u>3.9</u>
Breastfeeding training/promotion	<u>4.5</u>
Nutrition education	4.5 5 3.4
Monitoring of local agencies	<u>3.4</u>
Fiscal reporting	<u>13.6</u>
Food delivery system management	<u>2.3</u>
Vendor management	27.3 .7 29.1
Training	<u>.7</u>
ADP system development and maintenance	<u>29.1</u>
Civil rights	<u>.2</u>
Coordination with other assistance programs	
Other (specify):	
NFMP	.9
Clerks	9.1

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):** 

a.	The State agency has a plan that will enable them to achieve a drug-free workplace

**Drug-Free Workplace** 

3.

b. Attach a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix D of this section.

ADDITIONAL DETAIL: Organization & Management Appendix D and/or Procedure Manual (citation):

		ATION AN and Selection						
	DOES N	OT APPLY	(PROCEE	ED TO N	EXT SECT	ΓΙΟΝ)		
1.	Local Ag	gencies Autl	horized					
	_	umber of loc umber of loc	_				ices last year s this year	
		DETAIL: re Manual	_	on & Ma	nagement A	Appendix		
2.	The Stat	e agency ac	cepts appli	cations fr	om potenti	ial local ag	encies:	
		nnually n an on-goin	g basis		bienniall other (sp	-	n as needed basis	
		DETAIL:		on & Ma	nagement A	Appendix		
3.	Existing local agencies must reapply and compete with new applicant agencies for authorization:			or				
	aı	nnually		bienr	nially	$\boxtimes$	not applicable	
		DETAIL: re Manual		on & Ma	nagement A	Appendix		
4.	Selection	n Criteria						
a.		e agency us d/or in revi		_		_	agencies in new ser reas:	·vice
	New Service Areas	Existing Service Areas	projected of	cost of op			ers ate with available fu	ınds
			financial in relative ne range and history of	ntegrity/so ed in the quality of performan erve proje	olvency area	programs		

**B.** Evaluation and Selection of Local Agencies

b. The State agency conducts studies (provide date of most recent study: 2004 cost-effectiveness of local agency operations that examine:		
	location and distribution of local agencies in proportion to participants/potential eligibles	
	clinic procedures to optimize participant access/service (PFA, etc.)  staff-to-participant ratios and related staffing analyses comparative analyses of local agency/clinic costs other	
	DITIONAL DETAIL: Organization & Management Appendix for Procedure Manual (citation):	
5.	The State agency enters into a formal written agreement or contract with each local agency.	
	Yes (state duration): Oct 1-Sept 30 each year No	
	OITIONAL DETAIL: Organization & Management Appendix for Procedure Manual (citation):	
6.	The State agency has established statewide fair hearing procedures for local agency appeals.	
	Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below:	
	<ul><li>No</li><li>Not Applicable</li></ul>	
	DITIONAL DETAIL: Organization & Management Appendix for Procedure Manual (citation): 1.17	
7.	The State agency maintains a listing of clinic sites that includes the following information. If available, please attach the listing in Appendix of this section:	
	<ul> <li>Location</li> <li>Type of site (e.g., hospital, health department, community action program)</li> <li>Service area</li> <li>Hours of operation</li> <li>Days of operation</li> <li>Health services provided on-site</li> <li>Social services provided on-site</li> <li>Participation</li> <li>Other (specify):</li> </ul>	

ADDITIONAL DETAIL: Organization & Management Appendix

**B.** Evaluation and Selection of Local Agencies

and/or Procedure Manual (citation):

	ORGANIZATION AND MA Local Agency Staffing	ANAGEMENT	Γ	
	DOES NOT APPLY (PRO	OCEED TO NI	EXT SECTION)	
1.	Staffing Standards			
a.	The State agency prescrib	oes local agency	y staffing standards that inclu	ude:
	time	C-to-participant r spent on WIC f r (specify): quirements		
b.		rvices Standar	ng that local agency credential rds, i.e., federal requirements ices (BP).	
	⊠ Yes		No	
c.	_ ·	rition Services	cal agency CPA position descr Standards, i.e., federal requir practices (BP).	-
	⊠ Yes		No	
d.	Local agencies follow staf governmental authorities		s established by unions or loca	ıl
	Yes		No	
	If yes, how many of the to unions or local governme	_	cies are currently authorized les?	by

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

 $\boxtimes$ 

 $\boxtimes$ 

b.

Yes

Yes

Loving Support Peer Counseling Model.

C. Local Agency Staffing 2. **Local Level Staffing Data** The State agency gathers and analyzes data to determine staff-to-participant a. ratios (check all that apply): for each clinic/local agency at regular intervals monthly quarterly annually other (specify): Monitoring Review by function program management food delivery certification nutrition education breastfeeding promotion and support other (specify): b. Results of analyses are reported back to local agencies. Yes, in a single report comparing all local agencies Yes. in a local agency-specific report (no comparative data) ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (cite): 3. **Local Agency Breastfeeding Staffing Requirement** a. The local agency has designated a staff person to coordinate breastfeeding promotion and support activities.

No

No

The State agency maintains approved copies of local agency Breastfeeding

Coordinator and Peer Counselor position descriptions as outlined in the FNS

# D. Disaster Plan

1.	State agency has developed a WIC disaster plan			
		Yes		No
2.		VIC disaster plan is p y disaster plan	art of a	broader Health Department or other State
		Yes, what agency/ies	: DHH	R & MIS
3.	The S	tate agency shares th	e disast	ter plan with its local agencies and clinics?
		Yes		No
4.	The D	isaster Plan addresse	es:	
		Access to program re Certification and food Food package adjusts Food delivery system Information System I IS alternate procedur Emergency authoriza Back up computer sy Back up filing system Staffing arrangement Use of mobile equipm Other (describe)	ecords d issuar ments ns Recover es ation of estems ns es ment, cl	vendors inics
5.	The Si	tate agency requires	local ag	gencies/clinics to have a individual disaster
		Yes		No
		such plans are review disaster plan.	ed for c	ompliance and consistency with the State
	$\boxtimes$	Yes		No
6.	The Si	~ .	ignated	staff person to coordinate disaster
	$\boxtimes$	Yes		No