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.

A. State Staffing

b.

c.

d.

1.	State	Level	Staff
1.	State	Level	Staff

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

position listed or attach equivalent information in Appendix of this section:					
Position	FTE WIC	FTE In-kind	Total FTE		
Director	<u>1</u>		<u>1</u>		
Nutritionist	<u>11</u>		<u>11</u>		
Vendor Specialist	<u>3</u>		<u>3</u>		
Program Specialist	<u>47</u>		<u>47</u>		
Financial Specialist			<u>6</u>		
Breastfeeding Coordinator	<u>1</u>		<u>1</u>		
ADP Specialist	<u>15</u>		<u>15</u>		
Intern			<u>varies</u>		
Other (specify):			<u>51</u>		
Mgr Admin Trainer Media Specialist	12 18 7 14		12 18 7 14		
The State agency has a Wistaff names.	IC organizational ch	art showing all po	sitions, titles, and		
	☐ No				
If yes, please attach the WIC organizational chart in Appendix "Nutrition Services Organization Chart" of this section.					
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 "DSHS Organization Chart" of this section.					
The State agency has upda	ated position descrip	tions for each of th	ne above positions.		
Yes	☐ No				

A. State Staffing

Please include position descriptions in Appendix "Available for review on file at SA - as approved by SWR office" of this section.

ADDITIONAL DETAIL: Organization & Management Appendix 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
Certification, including nutrition risk determination	<u>1</u>
Breastfeeding training/promotion and support	<u>4</u>
Nutrition education	<u>4</u>
Monitoring of local agencies	<u>4</u>
Fiscal reporting	<u>5</u>
Food delivery system management	<u>9</u>
Vendor management, including vendor training	<u>6</u>
Staff training and continuing education	<u>14</u>
ADP system development and maintenance	<u>12</u>
Civil rights	<u>1</u>
Coordination with and referrals to other assistance	1
programs and social service agencies	1 20
Other (specify):	<u>39</u>

Director, administration, local agency coordination, EBT program development, contract management, purchasing, inventory control, client 1-800 line, policy development, marketing, video production, statistical support.

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

3.	Drug	-Free Workplace		
a.	The S	State agency has a pla	ın that v	will enable them to achieve a drug-free workplace
		Yes		No

b. Attach a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix "see HHSC Human Resources Manual, Chapter 3, section O on a Drug Free Workplace at http://hhscx.hhsc.state.tx.us/hr/hrm/contents.htm" of this section.

A. State Staffing

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

			ND MANAGE on of Local A				
	DOES	NOT APPLY	Y (PROCEEI	TO NI	EXT SEC	TION)	
1.	Local Agencies Authorized						
			cal agencies at cal agencies p		-		
		L DETAIL: ure Manual	Organization (citation):	ı & Mar	agement	Appendix	
2.	The Sta	ate agency ac	ccepts applica	tions fr	om poten	tial local ag	encies:
		annually on an on-goin	ng basis		biennial other (s	lly pecify) As no	eeded
		L DETAIL: ure Manual	Organization (citation):	ı & Mar	agement	Appendix	
3.		Existing local agencies must reapply and compete with new applicant agencies for authorization:					
		annually		bienn	ially		not applicable
		L DETAIL: ure Manual	Organization (citation):	ı & Mar	agement	Appendix	
4.	Selection	on Criteria					
a.	The State agency uses the following criteria in selecting local agencies in new service areas and/or in reviewing applications from existing service areas:						
	New Service <u>Ar</u> eas	Existing Service Areas					
				st of ope	erations/ab accessibili	• •	ers ate with available funds
			relative need range and qu history of pe ability to ser	uality of erforman	services ce in othe		
			other factors	S:			

B. Evaluation and Selection of Local Agencies

b.		The State agency conducts studies (provide date of most recent study: "as needed") of the 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						
		AL DETAIL: Organization & Management Appendix edure Manual (citation):						
5.	The S	State agency enters into a formal written agreement or contract with each local cy.						
		Yes (state duration): Federal fiscal Year No						
		AL DETAIL: Organization & Management Appendix edure Manual (citation):						
6.	The S	State agency has established statewide fair hearing procedures for local agency als.						
		Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below:						
		No Not Applicable						
Proce http:/ &sch	edures //info.se =C&rl	AL DETAIL: Organization & Management Appendix "Fair Hearing can be found in the Texas Administrative Code at: os.state.tx.us/pls/pub/readtac\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=31=Y - Select rule 31.36" edure Manual (citation):						
7.		State agency maintains a listing of clinic sites that includes the following mation. If available, please attach the listing in Appendix of this section:						
	\boxtimes	Location						
		Type of site (e.g., hospital, health department, community action program)						
		Service area						
	X	Hours of operation Days of operation						
		Health services provided on-site						
		Social services provided on-site						
		Participation						
		Other (specify):						

B. Evaluation and Selection of Local Agencies

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

	IV. ORGANIZATION AND MANAGEMENT C. Local Agency Staffing					
	DOES	NOT APPLY	(PROCEED T	ΓΟ ΝΕ	XT SECTION)	
1.	Staffir	ng Standards				
a.	The St	tate agency pro	escribes local a	igency	staffing standards	that include:
b.	line w	other (specify) not applicable tate agency has	nal requirement o: s a plan for eng on Services Sta	WIC fu s s suring andard	that local agency c	
		Yes	•		No	
с.	classif		Nutrition Ser	vices S	al agency CPA posi standards, i.e., fede ractices (BP).	
		Yes			No	
d.		agencies follov nmental author	_	dards e	established by unio	ns or local
		Yes		\boxtimes	No	
	•	how many of t s or local gover		_	es are currently aut?	thorized by

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

IV. ORGANIZATION AND MANAGEMENT C. Local Agency Staffing

C. L	ocai Aş	gency Starring			
2.	Local	Level Staffing Data			
a.	The State agency gathers and analyzes data to determine staff-to-participant ratios (check all that apply):				
		for each clinic/local agency at regular intervals monthly quarterly annually other (specify): As needed			
		by function program management food delivery certification nutrition education breastfeeding promotion and support other (specify): all functions, as needed			
b.	Result	ts of analyses are reported back to local agencies.			
		No Yes, in a single report comparing all local agencies Yes, in a local agency-specific report (no comparative data)			
		AL DETAIL: Organization & Management Appendix dure Manual (cite):			
3.	Local	Agency Breastfeeding Staffing Requirement			
a.	The local agency has designated a staff person to coordinate breastfeeding promotion and support activities.				
	\boxtimes	Yes No			
b.	Coord	tate agency maintains approved copies of local agency Breastfeeding linator and Peer Counselor position descriptions as outlined in the FNS g Support Peer Counseling Model.			

No

 \boxtimes

Yes

D. Disaster Plan

1.	State	e agency has de	veloped a W10	C disas	ter plan
		Yes		No	
2.		WIC disaster p cy disaster pla	_	a broad	ler Health Department or other State
	exter				rtment of State Health Services, to the he department's plan.
3.	The	State agency sh	nares the disas	ter pla	n with its local agencies and clinics?
		Yes		No	
4.	The ?	Disaster Plan a	ddresses:		
5.		Access to pro Certification Food package Food delivery Information S IS alternate p Emergency a Back up com Back up filin Staffing arran Use of mobil Other (descri	ogram records and food issuant e adjustments y systems System (IS) Recordedures uthorization of puter systems g systems ngements e equipment, cl	covery vendor	
	plans		\square	No	
	•	Yes s, such plans are cy disaster plan			nce and consistency with the State
		Yes		No	
6.	The plan		as a designated	d staff _l	person to coordinate disaster
		Yes		No	

D. Disaster Plan