

## IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency:** Wisconsin for FY 2020

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 – 246.3(e), 246.4(a)(4) and (24):** 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) and 246.5:** 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.

**IV. ORGANIZATION AND MANAGEMENT**

**A. 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 \_\_\_\_\_ A.1.a \_\_\_\_\_ of this section:**

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-kind</u>	<u>Total FTE</u>
Director	1	_____	1
Nutritionist	10	_____	10
Vendor Specialist	7	_____	7
Program Specialist	4	_____	4
Financial Specialist	2	_____	2
Breastfeeding Coordinator	2	_____	2
(MIS/EBT) Specialist	1	_____	1
Intern	_____	_____	_____
Other (specify): <u>Administration Program Support</u>	1	_____	1
<u>Epidemiologist</u>	1	_____	1
<u>Note: FTEs rounded here; Appendix doc not rounded</u>	_____	_____	_____

**b. The State agency has a WIC organizational chart showing all positions, titles, and staff names.**

Yes     No

**If yes, please attach and/or reference the location of the State agency's WIC organization chart:**  
Appendix A.1.b.

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**c. If available, please attach and/or reference the location of the overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization:**

Appendix A.1.b.

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**d. The State agency has updated position descriptions for each of the above positions.**

Yes     No

**If yes, please attach and/or reference the location of the position descriptions:**

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

Appendix IV.A.1.a., A.1.b., Policy 10.31

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**IV. ORGANIZATION AND MANAGEMENT**

**A. State Staffing**

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

<u>Function</u>	<u>Percent of Total Staff Time</u>
Certification, including nutrition risk determination	6
Breastfeeding training/promotion and support	10
Nutrition education	10
Monitoring of local agencies	12
Fiscal reporting	8
Food delivery system management	10
Vendor management, including vendor training	20
Staff training and continuing education	3
(MIS/EBT) system development and maintenance	7
Civil rights	1
Coordination with and referrals to other assistance programs and social service agencies	5
Other (specify): <u>Support</u>	8
_____	_____
_____	_____
_____	_____
Total	100

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

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**3. Drug-Free Workplace**

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

Yes     No

b. Please attach and/or reference the location of a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix of this section.

Appendix IV.A.3.

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

Appendix IV.A.3.

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## IV. ORGANIZATION AND MANAGEMENT

### B. Evaluation and Selection of Local Agencies

Does not apply because the State agency has only one location. (PROCEED TO NEXT SECTION)

#### 1. Local Agencies Authorized

69 Number of local agencies authorized to provide WIC services last year

69 Number of local agencies planned to provide WIC services this year

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

Appendix IV.B.1.

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#### 2. The State agency accepts applications from potential local agencies:

Annually

Biennially

On an on-going basis

Other (specify) every 5 years, with State agency procurement cycle

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

Policy 10.11

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#### 3. Existing local agencies must reapply and compete with new applicant agencies for authorization:

Annually

Biennially

Not applicable

Other (specify) every 5 years, with State agency procurement cycle

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

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#### 4. Selection 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 Areas	Existing Service Areas	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coordination with other health care providers
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Projected cost of operations/ability to operate with available funds
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Location/participant accessibility
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Financial integrity/solvency
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Relative need in the area
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Range and quality of services
<input type="checkbox"/>	<input checked="" type="checkbox"/>	History of performance in other programs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ability to serve projected caseload
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-smoking facility
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Americans with Disabilities Act (ADA) compliance
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other factors: <u>Federal initiatives, e.g. coordination with community centers, sovereign Indian Nations</u>
<input type="checkbox"/>	<input type="checkbox"/>	Other factors: _____

## IV. ORGANIZATION AND MANAGEMENT

### B. Evaluation and Selection of Local Agencies

b. The State agency conducts studies (provide date of most recent study: \_\_\_\_\_) 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 (Patient Flow Analysis, etc.)
- Staff-to-participant ratios and related staffing analyses
- Comparative analyses of local agency/clinic costs
- Other

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

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5. The State agency enters into a formal written agreement or contract with each local agency.

- Yes (state duration): 1/1/2021-12/31/2021  No

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

Appendix IV.B.5.

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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:
- No
- Not Applicable

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

Policy 10.52

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7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach and/or reference the location of the listing: \_\_\_\_\_

- Location
- Type of site (e.g., hospital, health department, community action program)
- Service area
- Hours of operation
- Days of operation
- Health services provided on-site
- Social services provided on-site
- Participation
- Other (specify): \_\_\_\_\_

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

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## IV. ORGANIZATION AND MANAGEMENT

### C. Local Agency Staffing

Does not apply because the State agency has only one location. (PROCEED TO NEXT SECTION)

#### 1. Staffing Standards

##### a. The State agency prescribes local agency staffing standards that include:

Credentials

Staffing levels

Staff-to-participant ratio standards

Time spent on WIC functions

Other (specify): \_\_\_\_\_

Functions of CPAs

Paraprofessional requirements

Separation of duties to ensure no conflicts of interest

Other (specify): breastfeeding coordinators, breastfeeding peer counselors

Not applicable

##### b. The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards.

Yes     No

##### c. The State agency maintains copies of local agency CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements, recommended criteria, best practices.

Yes     No

##### d. Local agencies follow staffing standards established by unions or local governmental authorities.

Yes     No

If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities? \_\_\_\_\_

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

Policies 10.21, 10.23, 10.25, 10.22

#### 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

By function

At regular intervals

Program management

Monthly

Food delivery

Quarterly

Certification

Annually

Nutrition education

Breastfeeding promotion and support

Other (specify): periodically

Other (specify): \_\_\_\_\_

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### C. Local Agency Staffing

**b. Results 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)

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

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### 3. Local Agency Breastfeeding Staffing Requirement

- a. 69 Number of local agencies with a designated a staff person to coordinate breastfeeding promotion and support activities.
- b. The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the FNS Loving Support Peer Counseling Model.
- Yes     No
- c. 55 Number of local agencies with breastfeeding peer counselors

## IV. ORGANIZATION AND MANAGEMENT

### D. Disaster Plan

1. State agency has developed a WIC disaster plan.

Yes     No

2. The WIC disaster plan is part of a broader Health Department or other State agency disaster plan.

Yes, what agency(ies): \_\_\_\_\_

No

3. The State agency shares the disaster plan with its local agencies and clinics?

Yes     No

4. The Disaster Plan addresses:

Procedures to assess the extent of a disaster and report findings

MIS alternate procedures

Access to program records

Emergency authorization of vendors

Certification and food issuance sites and procedures

Back up computer systems

Food package adjustments

Back up filing systems

Food delivery systems to include electronic benefits transfer

Staffing arrangements

Use of mobile equipment, clinics

Publication notification of variance in program operations

Management Information System (IS) Recovery

Other (describe) \_\_\_\_\_

5. The State agency requires local agencies/clinics to have individual disaster plans.

Yes     No

If yes, such plans are reviewed for compliance and consistency with the State agency disaster plan.

Yes     No

6. The State agency has a designated staff person to coordinate disaster planning.

Yes     No