

IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency:** South Dakota 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.

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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 _____ of this section:

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-kind</u>	<u>Total FTE</u>
Director	1		
Nutritionist	1		
Vendor Specialist	1		
Program Specialist	3		
Financial Specialist	0.4		
Breastfeeding Coordinator	1		
(MIS/EBT) Specialist	1		
Intern	0.022		
Other (specify): Social Media/Breastfeeding	0.2		
Clerical support for State Office Staff	0.04		
Office of Child and Family Services Administrator	0.25		

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:

Please see attached appendix within Section 3 State Policy/Procedure IV Organization and Management

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 within Section 3 State Policy/Procedure IV Organization and Management

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:

Assistant Director and Program Integrity Position - Section 3 IV. Organization and Management

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

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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	<u>1</u>
Breastfeeding training/promotion and support	<u>5</u>
Nutrition education	<u>5</u>
Monitoring of local agencies	<u>20</u>
Fiscal reporting	<u>15</u>
Food delivery system management	<u>20</u>
Vendor management, including vendor training	<u>20</u>
Staff training and continuing education	<u>20</u>
(MIS/EBT) system development and maintenance	<u>20</u>
Civil rights	<u>1</u>
Coordination with and referrals to other assistance programs and social service agencies	<u>1</u>
Other (specify): _____	_____
_____	_____
_____	_____
Total	<u>128</u>

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

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.

See appendix Section 3 IV Organization and Management

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

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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

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

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

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

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

Annually Biennially

On an on-going basis Other (specify) _____

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

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

Annually Biennially

Not applicable Other (specify) _____

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

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coordination with other health care providers
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Projected cost of operations/ability to operate with available funds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Location/participant accessibility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Financial integrity/solvency
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Relative need in the area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Range and quality of services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	History of performance in other programs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ability to serve projected caseload
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Non-smoking facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Americans with Disabilities Act (ADA) compliance
<input type="checkbox"/>	<input type="checkbox"/>	Other factors: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other factors: _____

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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):

See Affirmative Action Plan Appendix Section 3 IV Organization and Management

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

- Yes (state duration): _____ No

ADDITIONAL DETAIL: Organization & Management Appendix and/or 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:
- No
- Not Applicable

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

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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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): _____
- 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):

2. Local Level Staffing Data

a. The State agency gathers and analyzes data to determine staff-to-participant ratios (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> For each clinic/local agency | <input type="checkbox"/> By function |
| <input type="checkbox"/> At regular intervals | <input type="checkbox"/> Program management |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Food delivery |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Certification |
| <input type="checkbox"/> Annually | <input type="checkbox"/> Nutrition education |
| <input type="checkbox"/> Breastfeeding promotion and support | <input type="checkbox"/> Other (specify): _____ |
| | <input type="checkbox"/> 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):

3. Local Agency Breastfeeding Staffing Requirement

- a. _____ **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-developed curriculum.**
- Yes No
- c. _____ **Number of local agencies with breastfeeding peer counselors**

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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:

- | | |
|--|---|
| <input type="checkbox"/> Procedures to assess the extent of a disaster and report findings | <input type="checkbox"/> MIS alternate procedures |
| <input type="checkbox"/> Access to program records | <input type="checkbox"/> Emergency authorization of vendors |
| <input type="checkbox"/> Certification and food issuance sites and procedures | <input type="checkbox"/> Back up computer systems |
| <input type="checkbox"/> Food package adjustments | <input type="checkbox"/> Back up filing systems |
| <input type="checkbox"/> Food delivery systems to include electronic benefits transfer | <input type="checkbox"/> Staffing arrangements |
| <input type="checkbox"/> Management Information System (IS) Recovery | <input type="checkbox"/> Use of mobile equipment, clinics |
| <input type="checkbox"/> Other (describe) _____ | <input type="checkbox"/> Publication notification of variance in program operations |

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