IV. ORGANIZATION AND MANAGEMENT

(Please indicate) State Agency: _______________ Puerto Rico WIC Program _____ for FY _____2019____

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 the section’s Appendix noted here:

<table>
<thead>
<tr>
<th>Position</th>
<th>FTE WIC</th>
<th>FTE WIC</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritionist</td>
<td>143</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vendor Specialist</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Specialist</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Specialist</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding Coordinator</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(MIS/EBT) Specialist</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify by typing into the cells below):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerks, Administrative Staff, Regional Directors</td>
<td>309</td>
<td></td>
<td>614</td>
</tr>
<tr>
<td>Manpower Staff</td>
<td>140</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Total 614

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:

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:

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:

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:

<table>
<thead>
<tr>
<th>Function</th>
<th>Percent of Total Staff Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification, including nutrition risk determination</td>
<td>0%</td>
</tr>
<tr>
<td>Breasftfeeding training/promotion and support</td>
<td>9%</td>
</tr>
<tr>
<td>Nutrition education</td>
<td>18%</td>
</tr>
<tr>
<td>Monitoring of local agencies</td>
<td>18%</td>
</tr>
<tr>
<td>Fiscal reporting</td>
<td>8%</td>
</tr>
<tr>
<td>Food delivery system management</td>
<td>6%</td>
</tr>
<tr>
<td>Vendor management, including vendor training</td>
<td>18%</td>
</tr>
<tr>
<td>Staff training and continuing education</td>
<td>8%</td>
</tr>
</tbody>
</table>
IV ORGANIZATION AND MANAGEMENT

| (MIS/EBT) system development and maintenance | 8% |
| Civil rights | 2% |
| Coordination with and referrals to other assistance programs and social service agencies | 3% |

**Other (specify by typing into the cells below):**

| Infrastructure Support | 2% |

**TOTAL (please add and type here):** 100%

**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.

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

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**
   - Number of local agencies authorized to provide WIC services last year
   - 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):

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>(MIS/EBT) system development and maintenance</td>
<td>8%</td>
</tr>
<tr>
<td>Civil rights</td>
<td>2%</td>
</tr>
<tr>
<td>Coordination with and referrals to other assistance programs and social service agencies</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Other (specify by typing into the cells below):**

| Infrastructure Support | 2% |

**TOTAL (please add and type here):** 100%
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:

<table>
<thead>
<tr>
<th>New Service Areas</th>
<th>Existing Service Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Coordination with other health care providers</td>
<td></td>
</tr>
<tr>
<td>☐ Projected cost of operations/ability to operate with available funds</td>
<td></td>
</tr>
<tr>
<td>☐ Location/participant accessibility</td>
<td></td>
</tr>
<tr>
<td>☐ Financial integrity/solvency</td>
<td></td>
</tr>
<tr>
<td>☐ Relative need in the area</td>
<td></td>
</tr>
<tr>
<td>☐ Range and quality of services</td>
<td></td>
</tr>
<tr>
<td>☐ History of performance in other programs</td>
<td></td>
</tr>
<tr>
<td>☐ Ability to serve projected caseload</td>
<td></td>
</tr>
<tr>
<td>☐ Non-smoking facility</td>
<td></td>
</tr>
<tr>
<td>☐ Americans with Disabilities Act (ADA) compliance</td>
<td></td>
</tr>
</tbody>
</table>

Other (specify by typing into the cells below):

b. The State agency conducts studies (provide date of most recent study: Click here to enter a date.) 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 (specify):

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

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.
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☐ 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): Phone and Fax numbers of local WIC Clinics

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

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
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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  [x] No

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

[ ] Yes  [x] 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):

[ ] 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): Staffing Formula
[ ] Other (specify):

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.

1

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. Number of local agencies with breastfeeding peer counselors. 66

D. Disaster Plan

1. State agency has developed a WIC disaster plan.

[ ] Yes  [ ] No
IV ORGANIZATION AND MANAGEMENT

2. The WIC disaster plan is part of a broader Health Department or other State agency disaster plan.
   ☑ Yes, what agency(ies): Puerto Rico Department of Health
   ☐ No

3. The State agency shares the disaster plan with its local agencies and clinics?
   ☑ Yes  ☐ No

4. The Disaster Plan addresses:
   ☑ Procedures to access the extent of a disaster and report findings
   ☑ Access to program records
   ☑ Certification and food issuance sites and procedures
   ☑ Food package adjustments
   ☑ Food delivery systems to include electronic benefits transfer (EBT)
   ☑ Management Information System (MIS) Recovery
   ☑ Staffing arrangements
   ☑ Use of mobile equipment, clinics
   ☐ Publication notification of Variances in program operations
   ☐ 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