IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency:** North Carolina for **FY:** 2025

Organization and management involve 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.

During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

A. State Staffing – 7 CFR 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 – 7 CFR 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 – 7 CFR 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. Plan of Alternate Operating Procedures (Disaster Plan) –7 CFR 246.4(a)(30) the plan of alternate operating procedures in preparation for a disaster and/or public health emergency.

A. State Staffing

1. State Level Staff (7 CFR 246.3(e))

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:

IV_Org and Mgmt_Appendix 1_FTEs_FY2025; IV_Org and Mgt_Appendix 2_CNS Org Chart_FY2025

Note the following when completing this section. State agencies should consider best practices to meet their optimal operating goals:

- **A full-time WIC director is required when monthly participation levels are 1,500 or half-time or equivalent when participation exceeds 500.**
- **A full-time Nutrition Coordinator is required when participation exceeds 1,500 or half-time or equivalent when participation exceeds 500.**
- **A full-time or equivalent Program specialist for each 10,000 participants above 1,500 up to 8 staff.**

Position	FTE WIC	FTE In-Kind	Total FTE
Director			
Nutrition Coordinator			
Vendor Specialist			
Program Specialist			
Financial Specialist			
Breastfeeding Coordinator			
(MIS/EBT) Specialist			
Intern			
Other (specify):			
Other (specify):			
Other (specify):			

b. Does the State agency include a WIC organizational chart showing all positions (including position descriptions, titles, and staff names) in their State Plan?

☒ Yes ☐ No

c. Does the State agency describe the WIC Program's relationship within the State Health Department or Indian Tribal Organization in their State Plan?

☒ **Yes** ☐ **No**

2. Does the State agency estimate the average percent of State staff time devoted to fulfilling the following functions?

☒ Yes ☐ No

Function	Percent of Total Staff Time
Certification, including nutrition risk determination	0
Breastfeeding training/promotion and support	8

Nutrition education	7
State food list	5
Monitoring of local agencies	12
Fiscal reporting	4
Food delivery system management	7
Vendor management, including vendor training	18
Staff training and continuing education	16
(MIS/EBT) system development and maintenance	15
Civil Rights	3
Coordination with and referrals to other assistance programs and social service agencies	5
Other (specify):	
Total staff time	100

3. Drug-Free Workplace (7 CFR 246.4(a)(25))

a. Does the State agency have a plan to achieve a drug-free workplace?

☒ Yes ☐ No

B. Evaluation and Selection of Local Agencies

☐ **Does not apply because the State agency has only one location or no local agency(ies). (PROCEED TO NEXT SECTION)**

1. Local Agencies Authorized

Number of local agencies authorized to provide WIC services last fiscal year 85

Number of local agencies planned to provide WIC services this fiscal year 85

2. When does the State agency accept applications from potential local agencies?

☐ Annually ☐ Biennially

☐ On an on-going basis ☒ Other (specify) All 100 counties served.

3. Does the State agency require existing local agencies to reapply and compete with new applicant agencies for authorization?

☐ Yes ☒ No **If yes, what is the frequency**?

☐ Annually ☐ Biennially

☐ Not applicable ☐ Other (specify)

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: (Check all that apply)

New Service Areas	Existing Service Areas	
☐	☒	Coordination with other health care providers
☐	☒	Projected cost of operations/ability to operate with available funds

☐	☒	Location/participant accessibility
☐	☒	Financial integrity/solvency
☐	☒	Relative need in the area
☐	☐	Range and quality of services
☐	☒	History of performance in other programs
☐	☒	Ability to serve projected caseload
☐	☒	Non-smoking facility
☐	☒	Americans with Disabilities Act (ADA) compliance

Other (specify by typing into the cells below):

☐	☒	Services provided to pregnant women and young children
☐	☐	

b. The State agency conducts studies (provide a link to or copy of the most recent study: N/A Local agencies are autonomous. **of the cost-effectiveness of local agency operations that examine:**

☐ Location and distribution of local agencies in proportion to new applicants/participants
☐ 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

5. Does the State agency have a formal written agreement or contract with each local agency? (7 CFR 246.6)

☒ Yes (list the contract duration): 12 months. 3 FFY and 82 SFY ☐ No

6. Does the State agency have statewide fair hearing procedures for local agency appeals? (7 CFR 246.4(a)(18))

☒ Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below: NC WIC Program Manual, Chapter 14 Administrative Appeals
☐ No

7. Does the State agency maintain a list of clinic sites that include the following information? If available, please attach and/or reference the location of the listing:

North Carolina Local WIC Agency Directory, see link below

☒ 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): Physical address and telephone number

C. Local Agency Staffing

☐ **Does not apply because the State agency has only one location or no local agency(ies). (PROCEED TO NEXT SECTION)**

1. Staffing Standards (7 CFR 246.3(e))

a. Which local agency staffing standards are prescribed by the State agency?

- ☒ Credentials
- ☒ Staff levels
  - ☐ Staff-to-participant ratio standards
  - ☐ Time spent on WIC functions
  - ☒ Other (specify) Designation of WIC DirectorBreastfeeding Coordinator, Vendor Coordinator, Designated Breastfeeding Expert (DBE) Breastfeeding Peer Counseling Manager (as applicable), National Voter Registration Act contact, Section 504 Coordinator (agency with 15 or more employees). and ADA Coordination (agency with 50 or more employees)
- ☒ Functions of CPAs
- ☐ Paraprofessional requirements
- ☒ Separation of duties to ensure no conflicts of interest
- ☐ Other (specify):
- ☐ Not applicable

b. Does the State agency's ensure local agency(ies) credentials are in line with the Nutrition Services Standards?

☒ Yes ☐ No

c. Does the State agency maintain copies of local agency(ies) CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements, recommended criteria, best practices?

☐ Yes ☒ No

d. Do local agency(ies) 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? _____

2. Local Level Staffing Data

a. When/how is data collected and analyzed by the State agency to determine staff-to-participant ratios? (Check all that apply):

- ☒ For each clinic/local agency
- ☒ At regular intervals
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ By function
- ☐ Program management
- ☐ Food delivery
- ☐ Certification
- ☐ Nutrition education
- ☐ Breastfeeding promotion and support
- ☒ Other (specify): Agency Profile Sheet is completed at least annually IV_C

b. Are results of analyses from data collected to determine staff-to-participant ratio reported back to local agency(ies)?

- ☒ No
- ☐ Yes, in a single report comparing all local agencies

☐ Yes, in a local agency-specific report (no comparative data)

3. **Local Agency Breastfeeding Staffing Requirement**

a. **List the number of local agency(ies) with a designated staff person to coordinate breastfeeding promotion and support activities.**

b. 85 **The State agency maintains approved copies of local agency(ies) Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the WIC Breastfeeding Support guide?**

☒ Yes ☐ No

c. **Number of local agencies with breastfeeding peer counselors.** 81

D. Plan of Alternate Operating Procedures (Disaster Plan)

Per 7 CFR 246.4(a)(30), developing a plan of alternate operating procedures, referred to as a Disaster Plan, is required. This is a new requirement beginning with the FY25 State plan submission that must include policies and procedures for operations when regular operations are disrupted, which may include disasters, emergencies, public health emergencies, and supply chain disruptions that can impede delivery of WIC benefits. This section includes questions to guide State agencies in developing their plan of alternate operations prior to a disaster, emergency, public health emergency, and/or supply chain disruption.

1. **Has the State agency developed a WIC disaster plan separate from a broader plan developed by the State agency's administering Department (e.g., Health Department)?**

☒ Yes ☐ No

If yes, attach or list the location of the plan: North Carolina WIC Program Manual, Chapt

2. **Does the State agency have a WIC disaster plan that is part of a broader Health Dept or Indian Health Services plan or have policies that are partnered with other State agency(ies) during disasters?**

☐ If yes, what agency(ies):

☒ No

List the location and sections of the disaster plan that is not part of the WIC disaster plan:

3. **Has the State agency shared the disaster plan(s) with its local agency(ies) and clinics?**

☒ Yes ☐ No

4. **For the purposes of this section, the word "disaster" is used to encompass disaster, emergencies, public health emergencies, supplemental food recalls or supply chain disruptions, unless otherwise specified.**
Under the Implementation of the Access to Baby Formula Act of 2022 and Related Provisions Rule, published December 14, 2023, State agencies are required to develop Alternate Operating Procedures – a disaster plan to submit along with their annual State plan. State agencies must develop a plan to ensure continued WIC services to participants during a disaster. To assist State agencies in this effort, section a-g is provided as a guide for the types of policies and procedures that may be needed during a disaster. Not all items listed will be applicable to each State agency.
For the FY 2025 State plan submission, State agencies have the option to submit previously approved policies that capture disaster-related operations, including amendment(s) as the result of waivers that sufficiently support efforts to meet relevant disaster plan requirements for FY 2025, where applicable. If existing policies or waiver amendment(s) do not fully meet the requirements outlined in the ABFA rule, State agencies can continue developing these policies or amendments to meet the disaster plan requirement for FY 2026. If no policies or waiver amendment(s) currently exist, a policy must be developed for the FY 2025 submission, where applicable.

a. Coordination and Communication during a disaster.

i. Does State agency have a designated emergency contact for disasters?

☒ Yes ☐ No ☐ Other: Specify: North Carolina State Director, Special

If yes, please list designee's contact information: maryanne.burghardt@dhhs.nc.gov or 91

ii. Does State agency coordinate with the following organizations to support data informed approaches when responding to a disaster? (Select all the apply.)

☐ No
☒ State/Local emergency operation centers (EOC)
☐ Relief organizations (such as Red Cross, Southern Baptist, Salvation Army, etc.)
☐ Federal Emergency Management Agency (FEMA)
☐ Other Organizations

iii. Does the State agency have a communication plan with its local agencies? (7 CFR 246.4a(30)(vii))

☒ Yes ☐ No
If yes, attach or list the location of the plan. IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Pro

iv. Does the State agency have a communication plan with its vendors? (7 CFR 246.4a(30)(vii))

☒ Yes ☐ No
If yes, attach or list the location of the plan. IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Pro

v. Does the State agency have a communication plan with its FNS Regional Office? (7 CFR 246.4A(30)(viii))

☒ Yes ☐ No

If yes, select the information shared with the Regional Office after a disaster?

☐ Call down roster
☒ Clinic Damage Assessment ☒ Status/Number of Participants impacted
☒ Clinic location ☒ Open Shelters ☐ Feeding Organizations ☒ Clinic closure
☒ Alternate clinic sites ☒ Request for Program assistance (waiver request)
☐ Other operating procedures

vi. Does the State agency have a communication plan to notify participants and other stake holders of alternate operations? (7 CFR 246.4a(30)(vii))

☒ Yes ☐ No
☐ Other

If yes, attach or list the location of the plan. IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Pro

vii. Does the State agency have a plan to inform receiving State agencies of where they may obtain a verification of certification for displaced participants?

☒ Yes ☐ No ☐ Other: Specify:
If yes, attach or list the location of the plan. North Carolina WIC Program Manual, Chapter 6E: Certif

viii. Does the State agency provide participants with instructions for obtaining their verification of certification?

☒ Yes ☐ No

If yes, attach or list the location of the plan. North Carolina WIC Program Manual, Chapter 6D: Participant

ix. Does the State agency have a plan to determine if an emergency period or supply chain disruption as declared by the Secretary of Agriculture exists? An emergency period is defined as (1) a presidentially declared major disaster as defined under Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act, 42 U.S.C. 5121 et seq.), (2) a presidentially declared emergency as defined under the Stafford Act, (3) a public health emergency declared by the Secretary of Health and Human Services under Section 319 of the Public Health Service Act (42 U.S.C. 247d), or (4) a renewal of such a public health emergency.

☒ Yes ☐ No

If yes, attach or list the location of the plan. IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Pro

x. Does the State agency have a plan for how it would determine if a waiver is necessary to continue WIC services?

☒ Yes ☐ No

If yes, attach or list the location of the plan. IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Pro

b. Continuation of Benefits

When a disaster strikes, State agencies must continue to serve participants. This section lays out a plan to collect required information from participants.

i. The State agency will continue to serve participants during a disaster by: (Select all that apply)

☒ Remote certification for new applicants and recertification for current participants
☒ Physical presence exemption, if applicable
☐ Temporary certification for applicants temporarily displaced
☐ Temporary certification for applicants eligible for Disaster Supplemental Nutrition Assistance Program (DSNAP) benefits
☐ Expedited certification for displaced participants
☒ Issue VOC (verification of certification) to applicants that must evacuate (7 CFR 246.7(k))
☒ Issue VOC (verification of certification) to evacuees returning to the originating State
☒ Alternate clinic locations (within the disaster area, if possible)
☒ Mobile clinics or satellite clinics (grassroot organizations, etc.)
☐ Provide participants access to program records to relocate
☐ Provide nutrition assessments and referrals to other organizations when clinic operations are disturbed
☐ Other

Describe or attach a plan for each method the State agency plans to implement during a disaster:

IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

ii. The **State agency has alternate procedures to collect the following during program disruptions (Select all that apply)**

☒ Anthropometric data (7 CFR 246.7(e)(1))

- ☒ Medical documentation (7 CFR 246.10(d))
- ☒ Bloodwork data (7 CFR 246.7(e)(1)(i)(B))
- ☒ Income documentation (7 CFR 246.7(d))
- ☒ Residency documentation (7 CFR 246.7(c))
- ☒ Adjunct or Automatic eligibility documentation 7 CFR 246.7(d)(2)(v)(A))
- ☒ Verification of certification (VOC) documentation (7 CFR 246.7(k))
- ☒ Signature for Rights and Obligations and other required documentation (7 CFR 246.7(i)
- ☐ Other :

Describe or attach a plan for each method the State agency plans to implement during a disaster:

North Carolina WIC Program Manual, Chapter 1: Introduction to WIC, IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

iii. The State agency allows the certification of participants affected by a disaster to submit for certification: (Select all the apply) (7 CFR 246.7(d)(2)(v)(C))

- ☒ A signed statement
- ☐ Letter from the employer
- ☐ Other:

iv. How will the State agency collect information from participants when using remote certification? (Select all the apply)

- ☒ Secure website upload
- ☒ Mobile device screen share
- ☒ Mail
- ☒ Secure email
- ☒ Video conference
- ☐ Other:

Describe or attach a plan for each method the State agency plans to implement during a disaster:

IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

v. The State agency has a Memorandum of Understanding/Agreement with WIC-affiliated agencies (such as Medicaid) to collect WIC eligible documentation during a disaster?

☐ Yes ☒ No ☐ Not applicable

c. Benefit Issuance and Redemption.

i. How will the State agency issue Food Instruments (i.e., EBT cards) during a disaster? (Select all that apply)

- ☒ Clinic pickup
- ☐ Certified Mail
- ☒ Other: Regular mail via FIS call center.

Describe or attach a plan on how the State agency will issue Food Instruments during a disaster:

IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

ii. Does the State agency have a reciprocal agreement to accept EBT cards with bordering States?

☐ Yes ☒ No
☐ Other

iii. Does the State agency have a plan to replace lost, stolen, or damaged Food Instruments during

a disaster? 7 CFR 246.4(a)(14)(xix)

☒ Yes ☐ No ☐ Not applicable

Describe or attach a plan on how the State agency will replace Food Instruments during a disaster:

North Carolina WIC Program Manual, Chapter 1: Introduction to WIC, IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

Does the State agency keep replacement Food Instruments on hand?

☐ Yes ☐ No ☒ Not applicable

iv. Does the State agency have a policy to replace a participant's supplemental foods if destroyed during a disaster?

☒ Yes ☐ No

Describe or attach the policy on how the State agency will replace destroyed supplemental food(s) for participants:

Affidavit Attesting to Food Benefit Loss, see WPM, Chapter 1, Attachment 3, IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

v. Does the State agency have a direct distribution or home delivery system in place as an alternative to using the retail food delivery system during normal program operations?

☐ Yes ☒ No

If yes, does the direct distribution and home delivery system include provisions reasonable to institute during recalls and/or supplemental food shortages?

☐ Yes ☐ No

Describe or attach the policy on direct distribution or home delivery systems:

N/A

vi. Does the State agency have a policy to implement direct distribution to participants during disasters?

☐ Yes ☐ No ☒ Not applicable

Does the State agency have a policy to implement direct home food delivery during disasters?

☐ Yes ☐ No ☒ Not applicable

vii. Does the State agency have a policy to implement direct distribution of ready-to-feed, liquid concentrate, or powder infant formula to participants?

☐ Yes ☐ No ☒ Not applicable

Describe or attach a plan on how the State agency will implement direct distribution of ready-to-feed, liquid concentrate, or powder infant formula:

d. Vendor Management Requirements., 246.4(a)(14)(xv).

i. Does the State Agency have a plan to adjust vendor minimum stocking requirements (MSR) for the variety and quantity of supplemental foods during a disaster? (7 CFR 246.12(g)(3)(i)

☒ Yes ☐ No ☐ Not applicable

Describe or attach the policy on how the State agency will implement MSR:

IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

ii. Does the State agency have a plan to adjust authorization requirements for new vendor applicants and/or authorized vendors during a disaster?

☒ Yes ☐ No ☐ Not applicable

If yes, which parts of the selection criteria will the State agency adjust?

☒ **State agency business integrity requirements**
☒ **State agency minimum stocking requirements**
☐ **Competitive price selection criteria and/or maximum allowable reimbursement levels**
☐ **Other State agency-imposed criteria (please list):**

iii. Does the State agency have a plan to meet the annual vendor routine monitoring and compliance investigation requirements during a disaster? 7 CFR 246.4(a)(14)(iv)

☒ Yes ☐ No ☐ Not applicable

e. Nutrition Services. (7 CFR 246.4(a)(30)(ii), 246.7(j)(2)(iii), 246.10(d), 246.10(i), 246.10(e) **and** 246.16a(5).

i. Does the State agency have a designated emergency contact to address the needs of participants with qualifying conditions receiving Food Package III?

☒ Yes ☐ No ☐ Other: Specify: _____

If yes, please list the designee's contact information: WIC Nutrition Unit Manager,sherry.ebner@dhhs.nc.gov

ii. Does the State agency have a plan to support participants within the following groups? (Select all the apply.)

☒ Participants in rural areas
☐ Tribal populations
☒ Medically fragile participants (i.e., participants with documented qualifying conditions receiving Food Package III)
☐ Other _____

Describe or attach a plan on how the State agency will support medically fragile participants, participants in rural areas, tribal populations, and other priority populations, as applicable:

IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

iii. Does the State agency have a plan to review and update supplemental foods authorized by their program at least annually for reasons including, but not limited to: ensuring continued marketplace availability of authorized foods in package sizes that provide the maximum monthly amount and being responsive to evolving participant needs?

☒ Yes ☐ No

iv. Does the State agency have a plan to make food package adjustments that do not require waivers when the maximum food benefit cannot be offered to participants (includes informing participants, vendors, etc.)?

☒ Yes ☐ No

v. **Does the State agency have a plan to support breastfeeding participants during a disaster? Support would include, but not limited to: Supporting participants with breastfeeding initiation, relactation, and breastfeeding challenges as well as assisting with breast pump acquisition. This support may include referrals outside of WIC.**

☒ Yes ☐ No

Describe or attach a plan on how the State agency will implement breastfeeding support during a disaster. IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

vi. **Does the State agency have a plan for implementing infant formula cost containment contract remedies during an infant formula recall?**

☒ Yes ☐ No ☐ Not applicable

Describe or attach a plan on how the State agency will implement infant formula cost containment remedies during an infant formula recall

IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

f. **Allowable Cost.** (7 CFR 246.14(d)) **and** (7 CFR 246.14(c)(1)(i))

i. **Does the State agency have a plan to request the necessary health and safety equipment needed during disasters (e.g., Personal Protect Equipment)?**

☒ Yes ☐ No ☐ Not applicable

ii. **Does the State agency plan to use State/local agency staff to support disaster recovery efforts?**

☐ Yes ☒ No ☐ Not applicable

If yes, describe how the staff will be used:

iii. **Does the State agency have a cost sharing agreement with other agencies to use staff during a disaster?**

☐ Yes ☐ No ☒ Not applicable

g. **Alternate Procedures. State agencies should consider any policies and procedures necessary to continue Program operations. For instance, certain policies may generate Management Information System (MIS) changes. Planning is key. The State agency's disaster plan should support any request for Program flexibilities that impact their MIS.**

i. **Does the State agency have a plan to monitor local agency(ies) during a disaster?**

☐ Yes ☒ No ☐ Not applicable

ii. **Does the State agency have a plan for MIS recovery?**

☒ Yes ☐ No ☐ Not applicable

iii. **Does the State agency have a plan for MIS backup filing system?**

☒ Yes ☐ No ☐ Not applicable

iv. **Does the State agency have a plan to backup computer systems?**

☒ Yes ☐ No ☐ Not applicable

v. Does the State agency have a plan to manage alternate procedures in the MIS?

☒ Yes ☐ No ☐ Not applicable

☐ Other (describe):

vi. Does the State agency have a plan for a backup power system?

☐ Yes ☒ No ☐ Not applicable

Describe or attach a plan for each method the State agency plans to implement during a disaster:

IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

5. **At what frequency will the State agency plan to train staff and test the readiness of their approved disaster plans?** *State agencies that do not encounter disasters regularly should test their plan at a minimum every two years to learn about any MIS updates. For example: State agencies can test readiness by requesting to participate in State-lead (emergency operating centers) disaster exercises that would include the Health Department or Indian Health Services.*

☐ Semi-annually ☐ Annually ☒ Every 2 years

☐ Other

Please describe or attach how the State agency plans to conduct its readiness testing:

IV_Org_ and Mgt_Appendix 4_Plan of Alternate Operating Procedures

6. Does the State agency require 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

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

Each local agency is autonomous. During each annual review, a local agency disaster plan is reviewed by state staff (onsite