

## WIC Directors' Planning Calendar of State Required Due Dates

FREQUENCY	ACTION	TO SA?	COMMENTS
Last business day of month following reporting month	FSR    January    1 <sup>st</sup> quarter (Oct., Nov., Dec.) April        2 <sup>nd</sup> quarter (Jan., Feb., Mar.) July          3 <sup>rd</sup> quarter (Apr., May, June) October    4 <sup>th</sup> quarter (July, Aug., Sept.) November* 4 <sup>th</sup> quarter (July, Aug., Sept.)  WIC Invoices (Reimbursement Invoice) for previous month	Y	Submit to <a href="mailto:WICInvoices@hhs.texas.gov">WICInvoices@hhs.texas.gov</a> by the last business day of the month following the reporting month. (AC: 28.0)  *(September Final Invoices and Final FSR - liquidation of all encumbrances are due by December 29 <sup>th</sup> ; 90 days following the contract term)
Monthly	Provide staff training/education	N	Retain documentation at the LA including name of attendees, job title, training topic and date training was completed. (TR:03.0)
	Provide in-service on breastfeeding topics for Breastfeeding Peer Counselors	N	Retain documentation at the LA. (BF: 03.0 & 04.0). Attending Texas WIC Training as available is an option for meeting in-service requirements.
	Reconcile all SA purchased breast pump inventory against Texas MIS system breast pump inventory	N	This should be done monthly, at minimum. (BF: 05.0 & 06.0)
March 1 <sup>st</sup>	Verify permanent business hours in TXIN and submit the <a href="#">Certification of LA Hours of Operation form</a> to the SA	Y	Submit form to <a href="mailto:AnnualPlanforOPS@hhs.texas.gov">AnnualPlanforOPS@hhs.texas.gov</a>
March (During month)	Track expenses by Client Services, Admin, NE and BF. Identify client service expenses separate from Admin expense under Admin voucher.	N	This activity is for the WISE Report due April 30th to the SA (AC: 29.0)
April 30 <sup>th</sup>	WISE Report due	Y	Follow instructions provided in the annual memo (AC: 29.0) Submit to <a href="mailto:Sherv.Gurquis@hhs.texas.gov">Sherv.Gurquis@hhs.texas.gov</a>
May 31 <sup>st</sup>	Update disaster plan and local point-of-contact list with information concerning staff and emergency resources/contacts, conduct/attend disaster training and maintain disaster kit.	N	Must be updated annually in TXIN. Refer to annual Disaster memo for processing disaster victims.
June 15 <sup>th</sup>	Plan to Allocate Direct Costs (PADC) due for the following Fiscal Year.	Y	Submit to Quality Management Branch (QMB) at <a href="mailto:WICPADC@hhs.texas.gov">WICPADC@hhs.texas.gov</a> (AC: 03.0)
Sept 30 <sup>th</sup>	Physical Inventory of Reportable Assets on GC-11 or in WIC Asset Management System (WAMS) Asset Tiger	N	Ensure WAMS or GC-11 is updated with new assets, anything removed (disposed etc.), transferred to another LA, or moved to another site.
	Submit a minimum of 5 continuing education credits/hours every fiscal year to maintain WCS certification	Y	Trainings may include SA trainings, LA trainings or subject appropriate trainings offered by outside entities that fall within the WCS CEC guidelines. Send to <a href="mailto:WCSProgram@hhs.texas.gov">WCSProgram@hhs.texas.gov</a> (CS: 16.0)
	FYXX Outstanding Obligations	N	Retain documentation at the LA (AC: 02.0)
90 calendar days following contract term date (Dec 29 <sup>th</sup> )	Close Out Reports (Final FYXX invoices and FSRs) due	Y	Submit to <a href="mailto:WICInvoices@hhs.texas.gov">WICInvoices@hhs.texas.gov</a> (AC: 32.0)

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Ongoing	IPE Quarterly Project Tracking March 31st June 30th September 30th	Y	Complete the IPE Tracking spreadsheet in the 2022 folder on the Local Agency Sharing SharePoint Site. For questions, contact Kara Nemethy at <a href="mailto:kara.nemethy@hhs.texas.gov">kara.nemethy@hhs.texas.gov</a>
	Complete 504 Checklist for all new sites, sites that have changed location or have been remodeled	N	Retain documentation at the LA for three years plus current year. (CR: 06.0) <a href="#">Directors - 504 Checklist</a>
	Renew CLIA Certificate of Waiver when needed	N	The CLIA Certificate of Waiver or copy must be kept on file at the LA. (GA: 16.0). A Certificate of Waiver is valid for two years.
	Email permanent clinic hour changes to the State Agency by listing the new clinic hour changes in the body of the email and completing and attaching the <a href="#">Certification of LA Hours of Operation form</a>	Y	Submit to <a href="mailto:AnnualPlanforOPS@hhs.texas.gov">AnnualPlanforOPS@hhs.texas.gov</a> . Remember to list the new clinic hours in the body of the email.
	Email temporary clinic hour changes or closures to the State Agency (staff meetings, holidays, emergencies, etc.)	Y	Submit to <a href="mailto:WICClinics@hhs.texas.gov">WICClinics@hhs.texas.gov</a>
	Submit disposition of assets in WIC Asset Management System (WAMS) – Asset Tiger requiring SA approval. Complete Data Sanitization form, if appropriate on GC-11 until LA transitions to WAMS.	Y	Submit to <a href="mailto:WICLARequests@hhs.texas.gov">WICLARequests@hhs.texas.gov</a> (AC: 36.0 & AUT: 9.0) Complete in WAMS or complete Data Sanitization (stock #13-06-15208) if dispose/transfer/surplus computers or devices on GC-11 until transfer to WAMS.
	Submit Clinic Site Justification Form to SA for approval when opening, closing or relocating a clinic	Y	Submit to <a href="mailto:ClinicSiteRequests@hhs.texas.gov">ClinicSiteRequests@hhs.texas.gov</a> . (GA: 21.0). Form found at <a href="#">WIC Directors   Texas Health and Human Services</a> Site Justification Forms
	Maintain up-to-date local resource list of healthcare/drug/substance abuse counseling/treatment	N	Retain documentation at the LA. (CS: 21.0)
	Maintain update-to-date all required LA policies and plans. <a href="#">WIC Director webpage - WIC Required LA Policies</a>	Y	Submit policies requiring SA approval to LA's State Agency Partner (SAP) prior to implementation. Retain approvals and waivers at the LA.
	Submit amendments to PADC as they become effective	Y	Submit changes to health & insurance rates, travel rates, and other activities. Submit to QMB at <a href="mailto:WICPADC@hhs.texas.gov">WICPADC@hhs.texas.gov</a> . (AC: 03.0)
	Calibrate scales and hemoglobin/hematocrit equipment as needed per manufacturers' instructions	N	Retain documentation of calibration at the LA. (CS: 17.0 and Guidelines for Nutrition Assessment)
	For an existing WCS Program, submit changes to WCS Plan (CS: 16.0)	Y	Submit changes and names of new WCS candidates for SA approval prior to beginning the WCS Training Program to <a href="mailto:WCSProgram@hhs.texas.gov">WCSProgram@hhs.texas.gov</a>
	Ensure the LA has designated NE, BF, Training, 504 Coordinators (504 if 15 or more employees) and a NVRA Liaison	Y	The names of the NE, BF, and Training coordinators need to be submitted to Nutrition Services with NE & BF Plans. (NE:02.0, BF:02.0, TR:03.0, CR: 06.0 & GA:19.0).
	New employees complete required trainings. Refer to <a href="#">Training Requirements Chart</a> . Current staff complete revised Modules as instructed by the SA.	N	Retain documentation for new employees. (AUT: 08.0, BF: 01.0, BF: 04.0, CR: 08.0, GA:24.0 and TR: 03.0). Retain documentation of completion dates.
	Breastfeeding Coordinator, CA staff and staff who issue pumps receive breast pump training within 6 months of employment or prior to issuing pumps	N	Retain documentation at the LA. (BF: 04.0)
	Within one year, Breastfeeding Coordinator must complete Peer Counselor Management course	N	Retain documentation at the LA. (BF: 02.0)
	CAs complete one of the HHSC BF trainings within 12 months of employment & repeat no less than every 5 years	N	Retain documentation at the LA. (BF: 04.0)
	Staff who issue nipple shields receive training prior to issuing shields	N	Retain documentation at the LA. (BF: 04.0)
	Ensure new employees have current registration/licensure and existing employees maintain current licensure	N	Retain documentation at the LA. May use these websites for verification: Nurses <a href="http://www.bon.texas.gov/olv/verification.html">www.bon.texas.gov/olv/verification.html</a> ; RDs <a href="http://www.cdrnet.org/">www.cdrnet.org/</a> ; LDs <a href="http://www.dshs.texas.gov/dietitian/default.shtm">www.dshs.texas.gov/dietitian/default.shtm</a> and LCs <a href="https://iblce.org/public-registry/">https://iblce.org/public-registry/</a>

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Ongoing	<p>Your WIC Experience (real-time client satisfaction survey currently in Qualtrics)</p> <p>TexasWIC.org Apply Now (mini online WIC application in Qualtrics requiring staff follow up)</p>	N	<p>For all Qualtrics account requests, contact WICclinics@hhs.texas.gov.</p> <p>Document the required follow-up details (corrective action plan) in Qualtrics tickets, submit and close tickets within 2 business days (best practice) and no more than 3 business days. Discrimination tickets must be addressed in 1 business day. Monitoring by QMB. (GA: 25.0)</p> <p>Questions related to Your WIC Experience client satisfaction survey, contact <a href="mailto:andrea.mitchell@hhs.texas.gov">andrea.mitchell@hhs.texas.gov</a>.</p> <p>Respond to client online applications (Qualtrics tickets) in 3 business days. (not in a State policy)</p> <p>Questions about Qualtrics surveys, tickets, and dashboards, contact <a href="mailto:debbie.lehman@hhs.texas.gov">debbie.lehman@hhs.texas.gov</a>.</p>
Twice per Fiscal Year	Conduct multi-disciplinary quality management committee meetings	N	Retain documentation at the LA (QA 02.0)
Bi-annually	Distribute outreach information to potentially eligible persons	N	Retain documentation at the LA. (OR: 01.0)
Annually	NE and BF Plans must be submitted to the State Agency	Y	Submit as instructed per annual memo. The due date will be provided in the plan. (NE: 03.0)
	Conflict of Interest statements to be signed by each employee	N	Retain documentation at the LA. (GA: 20.0)
	Complete Civil Rights, Cybersecurity Awareness (replaces Security Awareness and Computer Usage training), Hospitality, Human Trafficking and Intimate Partner Violence training, for all employees	N	Retain documentation at the LA including attendees name and job title, training topic and date training was completed. (AUT: 08.0, CR: 08.0 & TR: 03.0) DIR website <a href="#">Statewide Cybersecurity Awareness Training   Texas Department of Information Resources</a>
	BF Coordinator to attend the Texas Nutrition/Breastfeeding (NBF) Conference	N	Retain documentation at the LA. (BF: 02.0) BF Coordinator may attend other conferences/training in lieu of the NBF conference with SA approval.
	NE Coordinator to attend the Texas Nutrition/Breastfeeding (NBF) Conference	N	Retain documentation at the LA. NE Coordinator may attend other conferences/training in lieu of the NBF conference with SA approval. (NE: 02.0)
	Annual breastfeeding update for all employees	N	Retain documentation at the LA (BF: 04.0).
	Maintain up-to-date outreach plan and submit to the State Agency with NEBF Plan	Y	Submit as instructed per annual memo. (OR: 1.0)
	Contact each homeless facility where current WIC participants reside to verify that required conditions are still being met.	N	Only applicable if LA or Clinic has a homeless facility in the area served. (OR: 01.0)
	Fire extinguishers inspected	N	Occupational Safety and Health Administration <a href="#">e-cfr for portable fire extinguishers</a>

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<b>Once Per Fiscal Year</b>	Conduct QA evaluation of facility at all sites using the facility section of the <a href="#">Local Agency Self-Audit Clinical Monitoring Tool</a>	N	If errors are identified, a Corrective Action Plan must be developed. Retain documentation of self -audit and corrective actions electronically at the LA. If LA uses a different form/checklist, they must include all review criteria listed on current fiscal year Quality Management checklists (QA: 02.0)
	Conduct Food Delivery self-audit at all clinic sites using <a href="#">SA worksheets FDA-1 and FDA-2</a>	N	If errors are identified, a Corrective Action Plan must be developed. Retain documentation of self -audit and corrective actions electronically at the LA. If LA uses a different form/checklist, they must include all review criteria listed on current fiscal year Quality Management checklists (QA: 02.0)
<b>Biennially</b>	Conduct clinical self-audits using the <a href="#">Local Agency Self-Audit Administrative and Clinical Monitoring Tools and Record Review worksheets</a>	N	If errors are identified, a Corrective Action Plan must be developed. Retain documentation of self-audits and corrective actions electronically at the LA. If LA uses different form/checklist for self-audits, they must include all review criteria listed on current fiscal year Quality Management Monitoring Tools. (QA 02.0)
	Conduct financial management self-audit using the <a href="#">Local Agency Self-Audit Fiscal Monitoring Tool and worksheet FA-1</a>	N	If errors are identified, a Corrective Action Plan must be developed. Retain documentation of self-audits and corrective actions electronically at the LA. If LA uses different form/checklist for self-audits, they must include all review criteria listed on current fiscal year Quality Management Monitoring Tools. (QA 02.0)
<b>Every 5 Years</b>	BF Coordinator and all CAs/WCS are required to retake HHSC BF training	N	Retain documentation at the LA. (BF: 04.0)