

Florida Department of Health

Instructions Worksheet for the Child Care Food Program Claim Data Summary/PEW/Management Plan/Budget

(For Current CCFP Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)

Instructions Notes for Completing the Child Care Food Program (CCFP) Projected Earnings Worksheet and Budget

You will be utilizing the Management Information and Payment System (MIPS) to complete the Projected Earnings Worksheet (PEW), followed by the Management Plan, and finally the Budget. The PEW, Management Plan and Budget each have a separate tab at the bottom of this excel file. When completing the PEW, Management Plan and Budget, you will enter information into the green-shaded fields only, and the worksheet will do the calculations for you. Upload the excel file into the appropriate screen (Budget or Renewal Screen) of MIPS when finished.

Instructions for Completing the Child Care Food Program (CCFP) Claim Data Worksheet

The Claim Data Worksheet has been completed by DOH for each affiliated sponsoring organization by utilizing the affiliated sponsoring organization's Claim Data Summary for the months of July 2024 through June 2025. Months may be excluded if no claim was filed between July 2024 through June 2025. If you feel that your organization's number of attendance, enrolled children by category doesn't reflect accurately, you will need to contact a Policy specialist at 850-245-4323. Once you have contacted your Policy specialist, you will need to submit a justification that will account for your growth in the number of attendance as well as indicate how much you anticipate the attendance to grow (indicate a number and justify that number). The financial specialist will determine if the justification is approvable. If it is approvable they will update the CDS for your organization.

Instructions for Completing the Child Care Food Program (CCFP) Projected Earnings Worksheet

The Projected Earnings Worksheet will autopopulate the results based on the Claim Data Summary. Please review the Sponsor Administrative Cap and the Projected Earnings Rounded for use in the Budget. The "CCFP Funds" column under the Administrative Costs on the Budget cannot exceed the Sponsor Administrative Cap and the sum of "CCFP Funds" column for both the Administrative Costs and Operational Costs cannot exceed the Projected Earnings Rounded for use in the Budget.

Instructions Notes for Completing the Child Care Food Program (CCFP) Management Plan

The instructions for completing the Management Plan are within the Management Plan tab. There are a total of eight sections that must be completed. Within each section there are either instructions on how to complete the section or the section itself asks a question that must be answered or information that must be provided. Be aware that the Projected Amount to be Charged to the CCFP (Column I) and the Amount to be Charged to Other Funds (J) from the table in Section 2 will appear on your budget tab under the Administrative Salaries and Benefits.

Instructions for Completing the Child Care Food Program (CCFP) Budget

- 1) Make sure you have completed and reviewed the Projected Earnings Worksheet (PEW) and the Management Plan before you start to complete this form. The Total Budget Amount from the PEW will be listed in a separate box to the right of the projected food program costs table and the Administrative Salaries and Benefits will be autofilled based on how your organization completed Section 2 (Allowable Administrative Salaries/Benefits and Cost Allocation) of the Management Plan.
- 2) List the name of the individual(s) who worked and completed the CCFP Budget.
- 3) Complete the table in # 1 as follows:
 - a. Verify the amount of "Total Budget Amount from PEW" from your PEW in the Budget Totals/CCFP Funds box at the bottom of the Budget.
 - b. As you complete the rest of the Budget, use whole dollars only, no cents.
 - c. CCFP Funds column – Determine how you will spend your projected earnings on the food program and enter the estimated annual amounts in the appropriate budget categories. Be sure that the amounts listed add up to the CCFP Funds Total amount you entered. It is strongly recommended that at least 50% of your CCFP Funds Total be allocated to food purchases and for sponsoring organizations, the administrative amount cannot exceed the Sponsor Administrative Cap, which can be found on page 2 of the PEW. Refer to the cost category definitions below for examples of allowable food service (operational) and administrative costs. As you enter the estimated annual amounts in the appropriate budget categories, the Remainder to Budget for CCFP Funds (separate box to the right of table #1) will decrease. When, the amount in the Remainder to Budget for CCFP Funds is \$0.00, you will have to put any additional costs into the Non-CCFP Funds column.
 - d. Non-CCFP Funds column – If your projected earnings will not cover the full costs of operating the food program, list the additional amounts you will spend on the program in the appropriate budget categories. Add up the amounts, if any, listed in this column and enter the total in the Budget Totals/Non-CCFP Funds box at the bottom of the Budget.
 - e. Category Totals column and Budget Totals row – For each row going across, add the CCFP Funds amount to the Other Funds amount and enter the total in space provided in the last column. Then go down the column and add up the row totals listed to ensure the amount equals the Budget Totals/Grand Total that you obtained when you added the last row.
- 4) In # 2, list the sources(s) of non-CCFP funds that you included in the budget table, or write N/A if your budget only includes CCFP funds
- 5) In # 3, check one or more sources of funds available to pay for potential over claims of CCFP reimbursement or other unallowable costs. If "other" is checked, identify the source(s) of funds in the space provided.

Definitions of Cost Categories

FOOD SERVICE (OPERATIONAL) COSTS:

Food Purchases: Expenditures for the food used in meals served to enrolled children or program adults. (If catered, you should report your total invoices). It is recommended that the amount listed for this line item is at least 50% of the CCFP Funds Total.

Food Service Labor and Benefits: All of the wages incurred in the preparation, serving and cleaning up of meals. This should include any fringe benefits afforded the employees.

Non-Contracted Purchased Services: Costs of services that are required for program food service operations. This includes services such as laundry of towels and aprons, trash services, insect and rodent control services, janitorial services, and minor repair of food service equipment.

Non-Food Supplies: Includes kitchen equipment costing \$5,000 or less (per item), and paper goods such as paper towels, napkins, plates, cups, and utensils. Also includes cleaning supplies that are used directly for the food service operation, such as dishwashing detergent, hand soap, cleanser, and sanitizing sprays.

Food Service Equipment: Purchases of equipment costing more than \$5,000 (per item) to be used for the food program. Prior approval is required by the Tallahassee DOH office if any CCFP funds will be used to purchase this equipment.

Transportation: Any cost incurred in transporting food or food supplies, such as a mileage rate or the actual costs for gas, maintenance, etc.

Other: Specify any miscellaneous costs not included in one of the categories above. For contracted purchased services (e.g., rental of food service equipment or kitchen or food preparation space, contracted janitorial services, contracted security services, contracted labor, etc.), a contract must exist between the contractor and another party (related or non-related). You must complete the "Supplemental Budget for Special Cost Items" to receive prior approval for these types of cost items.

ADMINISTRATIVE COSTS:

Administrative Salaries & Benefits: Includes the pro-rated portion of salary/wage and benefit costs for employees that perform CCFP administrative duties, such as training, record keeping, reconciliation of claim data and filing of claims, and procurement services.

Non-Contracted Purchased Services: Costs of services, excluding Professional Services, required for the maintenance, repair or upkeep of administrative equipment. The non-contracted cost of purchased security, janitorial or insect control as related to administrative offices or spaces can also be included.

Training: Includes labor hours that are incurred in providing food program training to staff.

Travel: Includes costs for travel to state training workshops.

Rent & Utilities: Includes rental of office space and office equipment (i.e., telephone) that is used exclusively for the food program.

Office Supplies: Includes costs for paper, pens, postage, etc. for food program use only.

Other: Specify any miscellaneous administrative costs not included in one of the categories above. For contracted purchased services (e.g., computer programming, bookkeeping services, and other contracted labor, etc.) a contract must exist between the contractor and another party (related or non-related). You must complete the "Supplemental Budget for Special Cost Items" to receive prior approval for these types of cost items.

Florida Department of Health Child Care Food Program

Claim Data Summary
FY 2026

Legal Name		Orange County Head Start Division									
Auth Type		S		Do you expect the number of attendance to increase?							
Auth Number		734		If yes, by how much?							
Average Percentage of Attendance		78.02%		You must add this number to all your meal served for each month			0				
Claim Month/ Year	Oper. Days	Number Attendance	Enrolled Children by Category			Meals Served					
			Free	Reduced	Nonneedy	Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Eve Snack
Aug-24	15	1366	1366	0	0	17101	0	17152	13937	0	0
Sep-24	19	1484	1484	0	0	22439	0	22659	18443	0	0
Oct-24	19	1496	1496	0	0	24060	0	24418	19346	0	0
Nov-24	15	1495	1495	0	0	19245	0	19559	16058	0	0
Dec-24	15	1493	1493	0	0	19235	0	19443	15900	0	0
Jan-25	18	1486	1486	0	0	22219	0	22644	17914	0	0
Feb-25	19	1479	1479	0	0	24178	0	24697	19556	0	0
Mar-25	15	1476	1476	0	0	18977	0	19305	15315	0	0
Apr-25	22	1462	1462	0	0	27849	0	28533	22438	0	0
May-25	19	1607	1607	0	0	23107	0	23506	18842	0	0
Jun-25	14	739	739	0	0	7267	0	7369	6817	0	0
Total for 12 months	190	15583	15583	0	0	225677	0	229285	184566	0	0
Extrapolation to 10/12 months for Budget	456	37399	37399	0	0	541625	0	550284	442958	0	0
Average Per Month (use on PEW)	17	1417	1417	0	0	20516	0	20844	16779	0	0

Projected Earnings Worksheet for Current Affiliated Sponsors (S-A-H) - FY 2025-2026

Auth #

734

Organization Name

Orange County Head Start Division

Please answer these Questions

Enrollment

1417	Number of children eligible for free meals
0	Number of children eligible for reduced meals
0	Number of children eligible for non-needy meals
1417	Total Number of enrolled children (a+b+c)

Average Attendance per day

1417	(Cannot exceed total number of enrolled children and must be calculated using the Claim Data Summary.)
------	--

Days Operating

17	Total number of days operating per month
12	Total number of months operating per year

Meal Types (Put a "Y" in each category that applies:

Y	Claiming Breakfast (Br)?
	Claiming Morning Snack (Snacks)?
Y	Claiming Lunch (Lu)?
Y	Claiming Afternoon Snack (Snacks)?
	Claiming Supper (Su)?
	Claiming Evening Snack (Snacks)?

Total Number of Meals Served in Month to Eligible Children

- Please read the Instructions tab for further details on how to complete the cells below.

20,516	Breakfast
-	Morning Snack
20,844	Lunch
16,779	Afternoon Snack
-	Supper
-	Evening Snack

**PLEASE NOTE: The cash-in-lieu-of commodity payments received by an institution shall be used only to purchase food products that are produced in the United States for use in the program. Institutions must maintain sufficient records to document the proper use of these payments.*

Rates

July 1, 2025- June 30, 2026

Breakfast		Lunch/Supper		Snacks		Cash-in-Lieu
Free (F)	\$ 2.46	Free (F)	\$ 4.60	Free (F)	\$ 1.26	\$ 0.3050
Reduced (R)	\$ 2.16	Reduced (R)	\$ 4.20	Reduced (R)	\$ 0.63	
Non-needy (N)	\$ 0.40	Non-needy (N)	\$ 0.44	Non-needy (N)	\$ 0.11	

1) Calculation to Determine Percentage

Divide the number of eligible children in each category by the total number of children enrolled.

a) Number F	1417	/	Total Enrolled	1417	=	100.00%
b) Number R	0	/	Total Enrolled	1417	=	0.00%
c) Number N	0	/	Total Enrolled	1417	=	0.00%

2) Calculation to Determine Free/Reduced Distribution for each Meal Type

Multiply the category percentage calculated in Step 1 by the number of meals served for each meal type and then by the current reimbursement rates and then by the assigned meal reimbursement rate.

Br	Category %		# Meals Served	=	# meals by category	Rate	=	Reimbursement Amount
a) F %	100.00%	x	20516	=	20516	x \$ 2.46	=	\$ 50,469.36
b) R %	0.00%	x	20516	=	0	x \$ 2.16	=	\$ -
c) N %	0.00%	x	20516	=	0	x \$ 0.40	=	\$ -
Total Number of Breakfast Claimed					20516			\$ 50,469.36

Lu/Su	Category %		# Meals Served	=	# meals by category	Rate	=	Reimbursement Amount
a) F %	100.00%	x	20844	=	20844	x \$ 4.60	=	\$ 95,882.40
b) R %	0.00%	x	20844	=	0	x \$ 4.20	=	\$ -
c) N %	0.00%	x	20844	=	0	x \$ 0.44	=	\$ -
Total Number of Lunch/Supper Claimed					20844			\$ 95,882.40

Snacks	Category %		# Meals Served	=	# meals by category	Rate	=	Reimbursement Amount
a) F %	100.00%	x	16779	=	16779	x \$ 1.26	=	\$ 21,141.54
b) R %	0.00%	x	16779	=	0	x \$ 0.63	=	\$ -
c) N %	0.00%	x	16779	=	0	x \$ 0.11	=	\$ -
Total Number of Snacks Claimed					16779			\$ 21,141.54

Commodities Reimbursement*

a) Lunch	20844	x	\$ 0.3050	\$6,357.44
b) Supper	0	x	\$ 0.3050	\$0.00
Projected Commodity Reimbursement (1 yr)				\$76,289.28

Projected Meals Earning (1yr)	\$ 2,009,919.60	Total Projected Earnings (1yr)	\$ 2,086,208.88
Sponsor Administrative Cap	\$ 301,487.94	Projected Earnings Rounded for use in the Budget	\$ 2,086,209.00

**Florida Department of Health
Child Care Food Program
MANAGEMENT PLAN**

(For Current CCFP Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)

Authorization Number: 734

Sponsoring Organization Name: Orange County Head Start Division

List the Florida address(s) where CCFP records will be maintained: 2100 East Michigan St. Orlando, FL 32806

*** The green areas require your input. The yellow areas will auto-populate based on the information you provide in the green areas.

1. Required Administrative Duties

Instructions: List all employees who perform each of the following required administrative duties. Each duty must be completed by at least one staff member. List all employees necessary for the job duties completed by multiple employees. Ensure that the Program Manager is listed for the duties he/she performs.

Job Duty	Employee Name(s)
Administrative Oversight	Kerry-Ann Smith/Nancy Villalobos
Bookkeeping	Kerry-Ann Smith/Nancy Villalobos
Checking and Approving Menus	Kerry-Ann Smith/Leonor Cuevas/Regina Temple
Compiling Claim Data	Nancy Villalobos/ Kerry-Ann Smith
Checking and Filing Claims	Nancy Villalobos/ Kerry-Ann Smith
Determining Site Eligibility (A Only)	

Job Duty	Employee Name(s)
Training	Kerry-Ann Smith/Leonor Cuevas/Regina Temple
Financial Management	Sandra Ruff / Doug Roska
Monitoring	Kerry-Ann Smith/Leonor Cuevas/Regina Temple
Technical Assistance	Kerry-Ann Smith/Leonor Cuevas/Regina Temple
Classifying Free and Reduced Meal Apps (S Only)	Kerry-Ann Smith
Maintaining Enrollment Roster (S Only)	

2. Allowable Administrative Salaries/Benefits and Cost Allocation

Instructions: Complete columns A-I for each employee listed above. All employees listed in #1 must be listed in this table. Please note that the number of hours listed in column E can be reduced to reflect the actual number of annual hours worked by each employee, however this number may not exceed 2,076 which is the maximum number of annual hours for a full time position.

Columns I and J document the allocation of the total allowable costs for annual salary and benefits. Complete column I by inputting the portion of the total allowable salary and benefit amount for each employee that will be paid with CCFP funds. The amount in column I cannot be more than the amount listed in column H. The total amount listed in column I cannot exceed the 15% sponsor administrative cap listed on the PEW, and must match the amount listed on the budget for administrative salaries and benefits in the CCFP Funds column. The difference between the total allowable salary and benefits (H) and the amount to be charged (I) is calculated in column J. The total calculated at the bottom of column J must match the amount listed on the budget for administrative salaries and benefits in the Other Funds column.

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Employee Name	Position Title	Hours per Month Spent on CCFP	# of CCFP Operating Months per Year	Total Annual Hours Worked for Employer	Total Annual Salary	Annual Insurance & Other Benefit Costs Paid by Employer	Total Annual Salary & Benefits Allowable to Charge to CCFP	Projected Amount to be Charged to the CCFP	Amount to be Charged to Other Funds (Column H minus Column I)
Nancy Villalobos	Sr Fiscal Coordinator	8	12	2076	\$ 78,665	\$ -	\$ 3,638	\$ -	\$ 3,638
Leonor Cuevas	Assistant Nutrition Coordinator	173	12	2076	\$ 77,526	\$ -	\$ 77,526	\$ 77,526	\$ -
Regina Temple	Assistant Nutrition Coordinator	173	12	2076	\$ 77,223	\$ -	\$ 77,223	\$ 77,223	\$ -
Sonya Hill	Division Manager	2	12	2076	\$ 158,522	\$ -	\$ 1,833	\$ -	\$ 1,833
Sandra Ruff	Program Manager	8	12	2076	\$ 127,753	\$ -	\$ 5,908	\$ -	\$ 5,908
Kerry Ann Smith	Nutrition Coordinator	8	12	2076	\$ 90,760	\$ -	\$ 4,197	\$ -	\$ 4,197
Doug Roska	Fiscal Officer	8	12	2076	\$ 90,482	\$ -	\$ 4,184	\$ -	\$ 4,184
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -
		0	0	2076	\$ -	\$ -	\$ -	\$ -	\$ -

Note: Transfer the columns I and J totals to the applicable columns on the Administrative Salaries & Benefits row of the Budget. ->

TOTAL	CCFP Funds	Other Funds
\$ 174,509	\$ 154,749	\$ 19,760

Authorization Number:	734	Sponsoring Organization Name:	Orange County Head Start Division	
Instructions: Mark "Yes" or "No" for questions 3, 6 and 7 below by placing an X in the cell. Complete the remaining questions as specified.				
3. The sponsor conducts MONITORING REVIEWS at least as often as required by 7 CFR, Part 226.16(d)(4)(iii) (yes or no). <input checked="" type="checkbox"/> Yes				
A yes answer indicates that the sponsoring organization, at a minimum, conducts unannounced CCFP monitoring reviews as follows: <ul style="list-style-type: none"> • Each new site is reviewed within the first four weeks of CCFP operations. • Each existing site is reviewed three times yearly with not more than a six-month lapse between reviews. If using review averaging, contractor meets review averaging requirements. • Follow-up reviews are conducted within 30 days of issuing a disallowance and/or identifying areas of noncompliance. 				
4. How many sites do you currently sponsor? <input type="text" value="23"/>				
5. MONITORING STAFF - Complete this section only if your organization sponsors 25 or more sites or if you anticipate sponsoring 25 or more sites during this fiscal year.				
<small>In column A below, list all employees who perform monitoring activities, and describe the specific activities each employee performs in column B. Monitoring activities include, but are not limited to, conducting on-site reviews, planning the review schedule, travel for reviews, supervisory oversight of monitors, writing review reports, follow-up reviews, pre-approval visits, household contacts, technical assistance, and desk reviews of claim documentation. For each employee listed, indicate the number of hours per month spent on monitoring in column C, and the total monthly hours spent on the CCFP in column D (refer back to table 2, column C). The percentage of each employee's monitoring time will auto-calculate in column E, and the total number of FTEs performing monitoring activities will be calculated in the bottom row. Please Note: Monitoring ratios for sponsors must equal at least one FTE (2080 hours/year or 173.33 hours/month) for 25 to 150 sites.</small>				
A.	B.	C.	D.	E.
Employee Name	Description of Monitoring Activities	# of Hours per Month Spent on Monitoring*	Total Hours per Month Spent on CCFP <small>(should be the same number of hours listed in table 2, column C)</small>	% of Monthly CCFP Hours Spent Monitoring
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
		TOTAL =	0	Number of FTEs =
				0.00
<small>* Sponsors with twenty-five (25) or more sites are required to employ at least one full time equivalent (FTE) monitor per 25-150 sites. However, to ensure adequate monitoring, there should be approximately one FTE monitor for not more than 85 sites. An FTE equals one staff year (2080 hours) or a staff month (173.33 hours) and could be one full time staff person who monitors full time; two half time staff who spend all of their time monitoring; two full time staff who spend half of their time monitoring; three full time staff, one of whom monitors 40% of the time, with the other two each spending 30% of their time monitoring, etc.</small>				
6. The sponsor completes training on all required topics at least once a year yes or no). <input checked="" type="checkbox"/> Yes				
Required Training Topics <ul style="list-style-type: none"> • Menu Planning & Meal Pattern Requirements <ul style="list-style-type: none"> • Meal Count Procedures • Claim Review & Submission Procedures <ul style="list-style-type: none"> • Reimbursement System • Civil Rights Requirements 		Recommended Training Topics <ul style="list-style-type: none"> • Food Safety & Sanitation • Nutrition Education 		
*** Note: A sign-in sheet and agenda must be maintained for each training session.				
7. The sponsor REVIEWS ALL CCFP RECORDS for accuracy and compliance (yes or no) <input checked="" type="checkbox"/> Yes				
I certify that all information on the Management Plan is true and correct (if submitting with Renewal, this page does not need to be signed because when you certify the Renewal Screen in MIPS, your organization is certifying all documents submitted during the Renewal Process is true and current)				
Signature of Authorized Employee			Date	
Printed Name			Title	