

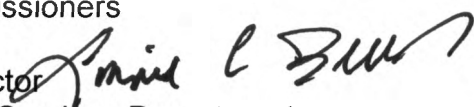


**Interoffice Memorandum**

September 9, 2020

**AGENDA ITEM**

TO: Mayor Jerry L. Demings  
-AND-  
Board of County Commissioners

THRU: Lonnie C. Bell, Jr., Director   
Community and Family Services Department

FROM: Sonya L. Hill, Manager  
Head Start Division  
**Contact: Khadija Pirzadeh, (407) 836-8912**  
**Sonya Hill, (407) 836-7409**

SUBJECT: **Consent Agenda Item – September 22, 2020**  
Florida Department of Health Child Care Food Program Budget

The Head Start Division requests Board approval of the Florida Department of Health Child Care Food Program Budget, Projected Earnings Worksheet for Current Affiliated Sponsors (S-A-H)-FY2020-2021, Management Plan, Claim Data Summary, and Delegation of Signing Authority for the Child Care Food Program.

The Child Care Food Program is a part of the National School Lunch Program, which provides children in public and private schools with balanced meals and snacks to meet the USDA minimum daily nutritional requirements. All grantees must utilize USDA funds as primary payment for meals, as mandated by Head Start Child Nutrition Performance Standard §1304.44 (a)(b). The Florida Department of Health will reimburse Orange County, the Head Start non-federal entity, up to an estimated amount of \$1,822,514 for meals served to eligible children enrolled in the Head Start Program. The term of this program is from October 1, 2020 through September 30, 2021.

**ACTION REQUESTED:** Approval and execution of: 1) Florida Department of Health Child Care Food Program Budget Authorization #734; 2) Management Plan; and 3) Delegation of Signing Authority for the Child Care Food Program; and approval of: 1) Projected Earnings Worksheet for Current Affiliated Sponsors (S-A-H) – FY 2020-2021; and 2) Florida Department of Health Child Care Food Program Claim Data Summary FY 2021 which will allow the CCFP to reimburse Orange County in an estimated amount of \$1,822,514 for nutritional meals served to eligible children in the Head Start Program from October 1, 2020 through September 21, 2021.

SH/kp:jam

Attachment

c: Randy Singh, Deputy County Administrator  
Cristina Berrios, Assistant County Attorney, County Attorney's Office  
John Petrelli, Director, Risk Management and Professional Standards  
Yolanda Brown, Manager, Fiscal Division, Community and Family Services  
Jamille Clemens, Grants Supervisor, Finance Division  
Nanette Melo, Assistant Manager, Office of Management & Budget  
Auria Oliver, Management & Budget Advisor, Office of Management & Budget

Florida Department of Health  
**Child Care Food Program Budget**

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

Refer to the instructions and definitions on the Instructions Tab before completing this form.

Authorization #: \_\_\_\_\_

Organization Name: \_\_\_\_\_

**ORANGE COUNTY HEAD START DIVISION**

1. Complete the table below to document your projected food program costs. Use whole dollars only, no cents.

FOOD SERVICE (OPERATIONAL) COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Food Purchases*	\$1,374,198	\$0	\$1,374,198
Food Service Labor and Benefits	\$238,896	\$0	\$238,896
Non-Contracted Purchased Services	\$0	\$0	\$0
Non-Food Supplies	\$0	\$0	\$0
Food Service Equipment	\$1,500	\$0	\$1,500
Transportation	\$0	\$0	\$0
Other (Includes Special Cost Items) Describe: Self Insurance	\$13,400	\$0	\$13,400
<b>FOOD SERVICE (OPERATIONAL) COST TOTALS</b>	<b>\$1,627,994</b>	<b>\$0</b>	<b>\$1,627,994</b>
ADMINISTRATIVE COSTS	CCFP FUNDS (List amounts)	NON-CCFP FUNDS (List amounts)	CATEGORY TOTALS (CCFP + Non-CCFP Funds)
Administrative Salaries and Benefits**	\$193,970	\$0	\$193,970
Non-Contracted Purchased Services	\$0	\$0	\$0
Training	\$0	\$0	\$0
Travel	\$500	\$0	\$500
Rent and Utilities	\$0	\$0	\$0
Office Supplies	\$50	\$0	\$50
Other (Includes Special Cost Items) Describe:	\$0	\$0	\$0
<b>ADMINISTRATIVE COST TOTALS</b> Administrative costs cannot exceed 15% of total projected earnings	<b>\$194,520</b>	<b>\$0</b>	<b>\$194,520</b>
	<b>CCFP FUNDS***</b>	<b>NON-CCFP FUNDS</b>	<b>GRAND TOTAL****</b>
<b>BUDGET TOTALS</b>	<b>\$1,822,514</b>	<b>\$0</b>	<b>\$1,822,514</b>

Total Budget Amount from PEW	
\$	1,822,514.00
Remainder to Budget for CCFP Funds	
\$	-

\* It is recommended that food purchases equal or exceed 50% of the CCFP Funds Total.

\*\* The CCFP Funds and Non-CCFP Funds for Administrative Salaries and Benefits auto-populate from the totals from table 2 of the Management Plan.

\*\*\* The CCFP Funds Total must equal the amount of "Projected Earnings Rounded for use in the Budget" on the PEW, and will be highlighted in red if it does not.

\*\*\*\* This amount must equal or exceed the amount of "Projected Earnings Rounded for use in the Budget" on the PEW, and will be highlighted in red if it does not.

NOTE: Additional documentation may be requested to determine if projected costs are necessary, reasonable, and allowable.

2. If any amounts were listed under the Non-CCFP Funds column in the table above, list the specific source(s) of the Non-CCFP funds that will be spent on the food program.

3. In the space below, identify which of the following source(s) of funds your organization has available to pay for potential over claims of CCFP reimbursement or other allowable costs: Tuition/Fees, Savings/Checkings, Credit/Loan, Donations or Other. If Other, then describe.

Note: Funds restricted for used in other programs/grants, including other USDA child nutrition programs, cannot be used to pay for CCFP over claims or unallowable costs.

Prospective Contractor: <i>Burns &amp; Burns</i>		<i>23 September 2020</i>
Signature of Authorized Employee <i>JL</i> Honorable Jerry L. Demmings		Date Mayor of Orange County
Printed Name		Title

<b>For DOH USE ONLY:</b>	
Approval Signature (Regional Program Specialist)	Date

Approval Signature (DOH Headquarters)

Date



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).  Yes

A yes answer indicates that the sponsoring organization, at a minimum, conducts unannounced CCFP monitoring reviews as follows:

- 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?

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.

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.**

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 (should be the same number of hours listed in table 2, column C)	% of Monthly CCFP Hours Spent Monitoring
Kerry Ann Smith	Conduct Monitoring visits related to food service operation and Head Start Centers	173.33	173.33	100.00%
Rene Gomez	Conduct Monitoring visits related to food service operation and Head Start Centers	173.33	173.33	100.00%
				0.00%
				0.00%
				0.00%
<b>TOTAL =</b>		<b>346.66</b>	<b>Number of FTEs =</b>	<b>2.00</b>

\* 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.

6. The sponsor completes training on all required topics at least once a year yes or no).  Yes

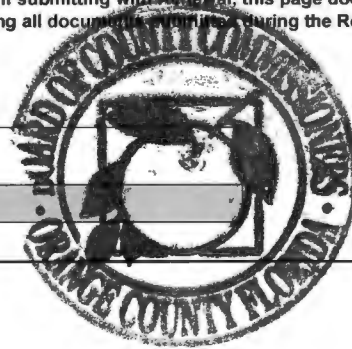
<b>Required Training Topics</b> <ul style="list-style-type: none"> <li>• Menu Planning &amp; Meal Pattern Requirements</li> <li>• Meal Count Procedures</li> <li>• Claim Review &amp; Submission Procedures</li> <li>• Reimbursement System</li> <li>• Civil Rights Requirements</li> </ul>	<b>Recommended Training Topics</b> <ul style="list-style-type: none"> <li>• Food Safety &amp; Sanitation</li> <li>• Nutrition Education</li> </ul>
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\*\*\* 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)  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 documentation during the Renewal Process is true and current)

*Byron W. Burbo*  
Signature of Authorized Employee



*23 September 2020*  
Date

*JL* Mayor Jerry L. Demmings  
Printed Name

Mayor of Orange County  
Title

SEP 22 2020

Orange County Head Start

S-0734

Organization Name

Authorization #

### Delegation of Signing Authority for the Child Care Food Program

**Instructions:** This form is used to delegate the authority to sign Child Care Food Program contracts and certain other documents. **The Delegating Official must hold one of the following positions:** Majority Owner, CEO, President, Executive Director, Board Chairman, Commanding Officer, Head Clergy Member, or School Superintendent.

By means of this letter, I, Jerry L. Demmings (the Delegating Official), delegate the authority herein described to, Byron W. Brooks (my representative), on the following terms and conditions:

1. My representative may sign, on my behalf, any documents pertaining to the Child Care Food Program (CCFP).
2. The designated effective time period of this delegation is as follows:
  - a. For a prospective contractor, this delegation will be in effect from the date that the CCFP application checklist or contract is signed, whichever date occurs earlier, through September 30, 2021 or until revoked in writing by the delegating official, whichever date occurs earlier.
  - b. For a renewing contractor, this delegation will be in effect from the date that the CCFP Annual Information Update and Certification or contract amendment (when applicable) is signed, whichever date occurs earlier, through September 30, 2021 or until revoked in writing by the delegating official, whichever date occurs earlier.
3. The authority delegated herein cannot be sub-delegated without my prior and written consent.
4. I understand that this delegation does not relieve me of responsibility to manage and supervise operation of the CCFP, that I may be liable for repayment of funds received, and that I may be subject to disqualification from future participation in the CCFP should the terms of the contract with DOH for participation in the CCFP not be fulfilled.

Delegating Official:  
(Must be one of the positions listed in the instructions)

Acknowledged and Agreed by Representative:  
(must be an employee of the organization)

Jerry L. Demmings  
Signature (Delegating Official)

Byron W. Brooks  
Signature (Representative)

Jerry L. Demmings  
Printed Name

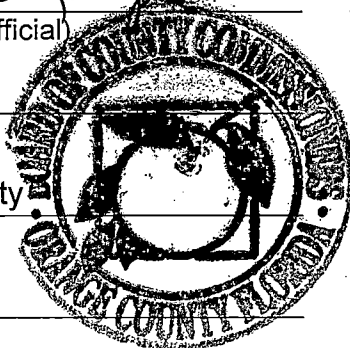
Byron W. Brooks  
Printed Name

Mayor of Orange County  
Title

County Administrator  
Title

9/24/20  
Date

23 September 2020  
Date



# Projected Earnings Worksheet for Current Affiliated Sponsors (S-A-H) - FY 2020-2021

<b>Auth #</b>	734	<b>Organization Name</b>	ORANGE COUNTY HEAD START DIVISION
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Please answer these Questions

<b>Enrollment</b>	
1543	Number of children eligible for free meals
0	Number of children eligible for reduced meals
0	Number of children eligible for non-needy meals
1543	Total Number of enrolled children (a+b+c)

**Average Attendance per day**  
 1543 (Cannot exceed total number of enrolled children and must be calculated using the Claim Data Summary.)

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 BY ORANGE COUNTY BOARD  
 OF COUNTY COMMISSIONERS  
**SEP 22 2020**

**Days Operating**

18	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.

23,237	Breakfast
-	Morning Snack
23,780	Lunch
19,442	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, 2020 - June 30, 2021							
Breakfast		Lunch/Supper		Snacks		Cash-in-Lieu	
Free ( F )	\$ 1.89	Free ( F )	\$ 3.51	Free ( F )	\$ 0.96	\$ 0.2450	
Reduced ( R )	\$ 1.59	Reduced ( R )	\$ 3.11	Reduced ( R )	\$ 0.48		
Non-needy ( N )	\$ 0.32	Non-needy ( N )	\$ 0.33	Non-needy ( N )	\$ 0.08		

1) Calculation to Determine Percentage  
 Divide the number of eligible children in each category by the total number of children enrolled.

a) Number F	1543	/	Total Enrolled	1543	=	100.00%
b) Number R	0	/	Total Enrolled	1543	=	0.00%
c) Number N	0	/	Total Enrolled	1543	=	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	23237	=	23237	x	\$ 1.89	= \$ 43,917.93
b) R %	0.00%	x	23237	=	0	x	\$ 1.59	= \$ -
c) N %	0.00%	x	23237	=	0	x	\$ 0.32	= \$ -
<b>Total Number of Breakfast Claimed</b>								<b>\$ 43,917.93</b>

Lu/Su	Category %		# Meals Served	=	# meals by category	Rate	=	Reimbursement Amount
a) F %	100.00%	x	23780	=	23780	x	\$ 3.51	= \$ 83,467.80
b) R %	0.00%	x	23780	=	0	x	\$ 3.11	= \$ -
c) N %	0.00%	x	23780	=	0	x	\$ 0.33	= \$ -
<b>Total Number of Lunch/Supper Claimed</b>								<b>\$ 83,467.80</b>

Snacks	Category %		# Meals Served	=	# meals by category	Rate	=	Reimbursement Amount
a) F %	100.00%	x	19442	=	19442	x	\$ 0.96	= \$ 18,664.32
b) R %	0.00%	x	19442	=	0	x	\$ 0.48	= \$ -
c) N %	0.00%	x	19442	=	0	x	\$ 0.08	= \$ -
<b>Total Number of Snacks Claimed</b>								<b>\$ 18,664.32</b>

<b>Commodities Reimbursement*</b>							
a) Lunch	23780	x	\$	0.2450			<b>\$5,826.10</b>
b) Supper	0	x	\$	0.2450			<b>\$0.00</b>
<b>Projected Commodity Reimbursement (1 yr)</b>							<b>\$69,913.20</b>

Projected Meals Earning (1yr)	<b>\$ 1,752,600.60</b>	Total Projected Earnings (1yr)	<b>\$ 1,822,513.80</b>
Sponsor Administrative Cap	<b>\$ 262,890.09</b>	Projected Earnings Rounded for use in the Budget	<b>\$ 1,822,514.00</b>



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 OF COUNTY COMMISSIONERS  
SEP 22 2020

# Florida Department of Health Child Care Food Program

Claim Data Summary  
 FY 2021

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		80.55%		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
Oct-19	21	1551	1551			27950		28519	23136		
Nov-19	16	1535	1535			20680		21168	17610		
Dec-19	15	1540	1540			19416		19721	16183		
Jan-20	18	1541	1541			23300		23955	19612		
Feb-20	19	1550	1550			24838		25537	20671		
Total for 5 months	89	7717	7717	0	0	116184	0	118900	97212	0	0
Extrapolation to 10/12 months for Budget	214	18521	18521	0	0	278842	0	285360	233309	0	0
Average Per Month (use on PEW)	18	1543	1543	0	0	23237	0	23780	19442	0	0