




Interoffice Memorandum

September 29, 2021

AGENDA ITEM

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

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

FROM: Sonya L. Hill, Manager
Head Start Division
Contact: Sonya L. Hill (407) 836-7409
Sandra Moore (407) 836-8913

SUBJECT: **Consent Agenda Item – October 12, 2021**
Florida Department of Health Child Care Food Program Budget For Sponsors
of Affiliated Sites

The Head Start Division requests Board approval of the Florida Department of Health Child Care Food Program Budget, Management Plan, Projected Earnings Worksheet, Claim Data Summary, and Delegation of Singing 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 \$1,474,522 for meals to eligible children enrolled in the Head Start Program. The term of this program is from October 1, 2021 through September 30, 2022.

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 Signatory Authority for the Child Care Food Program; and approval of 1) Projected Earnings Worksheet for Current Affiliated Sponsors (S-A-H) – FY 2021-2022; and 2) Florida Department of Health Child Care Food Program Claim Data Summary FY 2022 which will reimbursement to Orange County up to an estimated amount of \$1,474,552 for nutritional meals served to eligible children in the Head Start Program from October 1, 2021 through September 30, 2022.

SLH:sr/jamh

Attachments

BCC Mtg. Date: Oct. 12, 2021

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 #:

734

Organization Name:

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

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* | \$1,035,329 | \$0 | \$1,035,329 |
| Food Service Labor and Benefits | \$238,896 | \$0 | \$238,896 |
| Non-Contracted Purchased Services | \$50 | \$0 | \$50 |
| Non-Food Supplies | \$1,000 | \$0 | \$1,000 |
| Food Service Equipment | \$1,000 | \$0 | \$1,000 |
| Transportation | \$0 | \$0 | \$0 |
| Other (Includes Special Cost Items) Describe: | \$0 | \$0 | \$0 |
| FOOD SERVICE (OPERATIONAL) COST TOTALS | \$1,278,275 | \$0 | \$1,278,275 |
| ADMINISTRATIVE COSTS | CCFP FUNDS (List amounts) | NON-CCFP FUNDS (List amounts) | CATEGORY TOTALS (CCFP + Non-CCFP Funds) |
| Administrative Salaries and Benefits** | \$196,777 | \$5,741 | \$202,518 |
| Non-Contracted Purchased Services | \$0 | \$0 | \$0 |
| Training | \$0 | \$0 | \$0 |
| Travel | \$500 | \$0 | \$500 |
| Rent and Utilities | \$0 | \$0 | \$0 |
| Office Supplies | \$1,000 | \$0 | \$1,000 |
| Other (Includes Special Cost Items) Describe: | \$0 | \$0 | \$0 |
| ADMINISTRATIVE COST TOTALS Administrative costs cannot exceed 15% of total projected earnings | \$196,277 | \$5,741 | \$204,018 |
| | CCFP FUNDS*** | NON-CCFP FUNDS | GRAND TOTAL**** |
| BUDGET TOTALS | \$1,474,552 | \$5,741 | \$1,480,293 |

| |
|------------------------------------|
| Total Budget Amount from PEW |
| \$ 1,474,552.00 |
| 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.

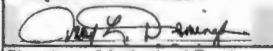
NOTE: Additional documentation may be requested to determine if projected costs are necessary, reasonable, and allowable.

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:



Signature of Authorized Employee

Mayor Jerry L. Demings

Printed Name



10/12/2021

Date

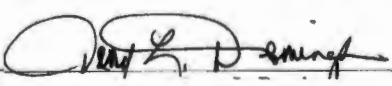

Mayor of Orange County

Title

For DOH USE ONLY:

Approval Signature (Regional Program Specialist)

Date

| | | | | |
|--|---|--|---|--|
| Authorization Number: | 734 | Sponsoring Organization Name: | ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS | |
| 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 228.16(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="22"/> | | |
| 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 (should be the same number of hours listed in table 2, column C) | % of Monthly CCFP Hours Spent Monitoring |
| Marjorie Bernadel | Conduct Monitoring visits related to food service operations for each Head Start Site | 173.33 | 173.33 | 100.00% |
| Leonor Cuevas | Conduct Monitoring visits related to food service operations for each Head Start Site | 173.33 | 173.33 | 100.00% |
| | | | | 0.00% |
| | | | | 0.00% |
| | | | | 0.00% |
| TOTAL = | | 346.66 | Number of FTEs = | 2.00 |
| <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 65 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 • Meal Count Procedures • Claim Review & Submission Procedures • 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 | |  | | |
| Printed Name Mayor Jerry L. Demings | | Date 10/12/2021 Title Mayor of Orange County | | |

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

TM

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

2100 East Michigan Street, 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.

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) |
|---|--|
| Training | Daisy Flores/ Marjorie Bernadel / Lenor Cuevas |
| Financial Management | Sonye Hill/ Daisy Flores / Sandra Ruff |
| Monitoring | Daisy Flores/ Marjorie Bernadel / Lenor Cuevas |
| Technical Assistance | Daisy Flores |
| Classifying Free and Reduced Meal Apps (S Only) | N/A |
| Maintaining Enrollment Roster (S Only) | Daisy Flores |

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.

[illegible]

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

BCC Mtg. Date: Oct. 12, 2021

Organization Name: Orange County Head Start Authorization #: S-0734

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. Demings (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, 2022 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, 2022 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.)

Jerry L. Demings
Signature (Delegating Official)

Jerry L. Demings

Printed Name

Mayor of Orange County

Title

10/12/2021

Date



Acknowledged and Agreed by Representative:

(Must be an employee of the organization.)

Byron W. Brooks
Signature (Representative)

Byron W. Brooks

Printed Name

County Administrator

Title

10/12/2021

Date

Projected Earnings Worksheet for Current Affiliated Sponsors (S-A-H) - FY 2021-2022

Auth #

734

Organization Name

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

Please answer these Questions

Enrollment

| | |
|------|---|
| 1346 | Number of children eligible for free meals |
| 0 | Number of children eligible for reduced meals |
| 0 | Number of children eligible for non-needy meals |
| 1346 | Total Number of enrolled children (a+b+c) |

Average Attendance per day

| | |
|------|--|
| 1346 | (Cannot exceed total number of enrolled children and must be calculated using the Claim Data Summary.) |
|------|--|

Days Operating

| | |
|----|---|
| 19 | 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 calls below.

| | | |
|--------|-----------------|---|
| 17,922 | Breakfast | APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS BCC Mtg. Date: Oct. 12, 2021 |
| - | Morning Snack | |
| 18,588 | Lunch | |
| 14,708 | 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, 2021 - June 30, 2022

| Breakfast | | Lunch/Supper | | Snacks | | Cash-in-Lieu |
|---------------|---------|---------------|---------|---------------|---------|--------------|
| Free (F) | \$ 1.97 | Free (F) | \$ 3.66 | Free (F) | \$ 1.00 | \$ 0.2600 |
| Reduced (R) | \$ 1.67 | Reduced (R) | \$ 3.26 | Reduced (R) | \$ 0.50 | |
| Non-needy (N) | \$ 0.33 | Non-needy (N) | \$ 0.35 | Non-needy (N) | \$ 0.09 | |

1) Calculation to Determine Percentage

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

| | | | | | | |
|-------------|------|---|----------------|------|---|---------|
| a) Number F | 1346 | / | Total Enrolled | 1346 | = | 100.00% |
| b) Number R | 0 | / | Total Enrolled | 1346 | = | 0.00% |
| c) Number N | 0 | / | Total Enrolled | 1346 | = | 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 | 17922 | = | 17922 | x \$ 1.97 | = | \$ 35,306.34 |
| b) R % | 0.00% | x | 17922 | = | 0 | x \$ 1.67 | = | \$ - |
| c) N % | 0.00% | x | 17922 | = | 0 | x \$ 0.33 | = | \$ - |
| Total Number of Breakfast Claimed | | | | | 17922 | | | \$ 35,306.34 |

| Lu/Su | Category % | | # Meals Served | = | # meals by category | Rate | = | Reimbursement Amount |
|--------------------------------------|------------|---|----------------|---|---------------------|-----------|---|----------------------|
| a) F % | 100.00% | x | 18588 | = | 18588 | x \$ 3.66 | = | \$ 68,032.08 |
| b) R % | 0.00% | x | 18588 | = | 0 | x \$ 3.26 | = | \$ - |
| c) N % | 0.00% | x | 18588 | = | 0 | x \$ 0.35 | = | \$ - |
| Total Number of Lunch/Supper Claimed | | | | | 18588 | | | \$ 68,032.08 |

| Snacks | Category % | | # Meals Served | = | # meals by category | Rate | = | Reimbursement Amount |
|--------------------------------|------------|---|----------------|---|---------------------|-----------|---|----------------------|
| a) F % | 100.00% | x | 14708 | = | 14708 | x \$ 1.00 | = | \$ 14,708.00 |
| b) R % | 0.00% | x | 14708 | = | 0 | x \$ 0.50 | = | \$ - |
| c) N % | 0.00% | x | 14708 | = | 0 | x \$ 0.09 | = | \$ - |
| Total Number of Snacks Claimed | | | | | 14708 | | | \$ 14,708.00 |

Commodities Reimbursement*

| | | | | |
|-----------|-------|---|-----------|------------|
| a) Lunch | 18588 | x | \$ 0.2600 | \$4,832.93 |
| b) Supper | 0 | x | \$ 0.2600 | \$0.00 |

Projected Commodity Reimbursement (1 yr)

\$57,995.16

| | | | |
|-------------------------------|-----------------|--|-----------------|
| Projected Meals Earning (1yr) | \$ 1,416,557.04 | Total Projected Earnings (1yr) | \$ 1,474,552.20 |
| Sponsor Administrative Cap | \$ 212,483.56 | Projected Earnings Rounded for use in the Budget | \$ 1,474,552.00 |

BCC Mtg. Date: Oct. 12, 2021

Florida Department of Health Child Care Food Program

Claim Data Summary
FY 2022

| Legal Name | | ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS | | | | | | | | | |
|---------------------------------------|---------------|---|-------------------------------|---------|---|--------------|------------------|--------|--------------------|--------|-----------|
| Auth Type | | S | | | Do you expect the number of attendance to increase? | | | | | | |
| Auth Number | | 734 | | | If yes, by how much? | | | | | | |
| Average Percentage of Attendance | | 68.17% | | | 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 |
| Jan-21 | 18 | 1339 | 1339 | | | 18585 | | 17010 | 13337 | | |
| Feb-21 | 19 | 1356 | 1356 | | | 18235 | | 18854 | 14672 | | |
| Mar-21 | 17 | 1361 | 1361 | | | 18685 | | 17376 | 13411 | | |
| Apr-21 | 22 | 1387 | 1387 | | | 21555 | | 22399 | 18121 | | |
| May-21 | 17 | 1289 | 1289 | | | 18570 | | 17302 | 13999 | | |
| Total for 5 months | 93 | 6732 | 6732 | 0 | 0 | 89610 | 0 | 92941 | 73640 | 0 | 0 |
| Extrapolation to 12 months for Budget | 223 | 16157 | 16157 | 0 | 0 | 215864 | 0 | 223953 | 178496 | 0 | 0 |
| Average Per Month (use on PEW) | 19 | 1346 | 1346 | 0 | 0 | 17922 | 0 | 18588 | 14708 | 0 | 0 |

Approval Signature (DOH Headquarters)

Date