Florida Department of Health

Completing the Management Plan for Sponsors of Affiliated Centers (S), Afterschool Meals Program Sponsors (A) and Homeless Children Nutrition Program Sponsors (H)

Bureau of Child Care Food Programs

Florida Department of Health

Florida HEALTH

THE MANAGEMENT PLAN

Florida Department of Health
Child Care Food Program
MANAGEMENT PLAN
(For Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)

Authorization Number:

Sponsoring Organization Name:

List the Florida address(es) where CCFP Records will be maintained:

*** 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, however you may list more than one employee if multiple employees complete the duty. 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	Job Duty	Employee Name
Administrative Oversight		Training	
Bookkeeping		Financial Management	
Checking and Approving Menus		Monitoring	
Compiling Claim Data		Technical Assistance	
Checking and Filing Claims		Classify Free and Reduced Meal Apps (S Only)	
Determining Site Eligibility (A Only)		Maintaining Enrollment Roster (S Only)	

2. Allowable Administrative Salaries/Benefits and Cost Allocation

Instructions: Complete columns A-G for each employee listed above. All employees listed in #1 must be listed in this table and all employees listed in this table must be listed in #1. 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 2,080 which is the maximum number of annual hours for a full time position.

Column H will calculate the allowable amounts of salaries and benefits that can be charged to CCFP funds based on each employee's percentage of time worked on the CCFP. The total administrative costs charged to the CCFP cannot exceed 15% of projected or actual meal reimbursements.

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) Employee Name	(B) Position Title	(C) Hours per Month Spent on CCFP	(D) # of CCFP Operating Months per Year	(E) Total Annual Hours Worked for Employer	(F) Total Annual Salary	(G) Annual Insurance & Other Benefit Costs Paid by Employer	(H) Total Annual Salary & Benefits Allowable to Charge to CCFP	(I) Projected Amount to be Charged to the CCFP	(J) Amount to be Charged to Other Funds (Column H minus Column I)
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	TOTAL $ -	CCFP Funds $ -	Other Funds $ -

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

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- The Management Plan is an Excel spreadsheet. You will complete the information in the green fields. The yellow fields will either autofill or auto-calculate based on the information you provide in the green fields.

- Input your Authorization Number and organization name, and list the Florida address(es) where CCFP Records will be maintained.

- In section 1, provide a complete list of staff who will be responsible for each required administrative duty. If the administrative duty is not applicable for your contractor type (S, A, or H), you can type N/A in the field or leave it blank; however you must identify at least one person responsible for the other duties listed.

Florida Department of Health
Child Care Food Program
MANAGEMENT PLAN
(For Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)

Authorization Number:	S-1234	Sponsoring Organization Name:	City of Pawnee Parks and Recreation

List the Florida address(s) where CCFP Records will be maintained:	123 Lil Sebastian lane Pawnee, FL 55555

*** 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, however you may list more than one employee if multiple employees complete the duty. **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	Job Duty	Employee Name
Administrative Oversight	Ron Swanson, Leslie Knope	Training	Tom Haverford, Leslie Knope
Bookkeeping	Ben Wyatt, Leslie Knope	Financial Management	Ben Wyatt, Ron Swanson
Checking and Approving Menus	Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich	Monitoring	Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich
Compiling Claim Data	Leslie Knope, Ben Wyatt, Andy Dwyer	Technical Assistance	Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford
Checking and Filing Claims	Ben Wyatt, Leslie Knope	Classify Free and Reduced Meal Apps (S Only)	Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford
Determining Site Eligibility (A Only)	N/A	Maintaining Enrollment Roster (S Only)	Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford

Administrative Salaries/Benefits Table

- In #2, complete columns A-E for each employee listed in #1.

- In column C, the maximum number of hours per month is 173.33. This cannot include overtime hours.

- The number of operating months must be entered in column D.

- Column E can be reduced for employees working less than 2,080 hours. 2,080 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) Employee Name	(B) Position Title	(C) Hours per Month Spent on CCFP	(D) # of CCFP Operating Months per Year	(E) Total Annual Hours Worked for Employer	(F) Total Annual Salary	(G) Annual Insurance & Other Benefit Costs Paid by Employer	(H) Total Annual Salary & Benefits Allowable to Charge to CCFP	(I) Projected Amount to be Charged to the CCFP	(J) Amount to be Charged to Other Funds (Column H minus Column I)
Ron Swanson	Parks and Rec Director	17	10	2080	$ -	$ -	$ -	$ -	$ -
Ben Wyatt	Parks and Rec Financial Manager	87	10	2080	$ -	$ -	$ -	$ -	$ -
Tom Haverford	Parks and Rec Training Manager	35	10	2080	$ -	$ -	$ -	$ -	$ -
Leslie Knope	CCFP Program Manager	173.3	10	2080	$ -	$ -	$ -	$ -	$ -
Donna Meagle	CCFP Program Monitor	173.3	10	2080	$ -	$ -	$ -	$ -	$ -
April Ludgate	CCFP Program Monitor	173.3	10	2080	$ -	$ -	$ -	$ -	$ -
Jerry Gergich	CCFP Program Monitor	173.3	10	2080	$ -	$ -	$ -	$ -	$ -
Andy Dwyer	Parks and Recreation Administrative Support	52	10	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -			

ADMINISTRATIVE SALARIES/BENEFITS TABLE

- Complete columns F-G for the employees listed **only if you are charging their salaries and/or benefits to the CCFP.**

- Column H will calculate the allowable amounts of salaries and benefits that can be charged to CCFP funds based on each employee's percentage of time worked on the CCFP.

- The total administrative costs in column H charged to the CCFP cannot exceed the Sponsor Administrative Cap.

(A) Employee Name	(B) Position Title	(C) Hours per Month Spent on CCFP	(D) # of CCFP Operating Months per Year	(E) Total Annual Hours Worked for Employer	(F) Total Annual Salary	(G) Annual Insurance & Other Benefit Costs Paid by Employer	(H) Total Annual Salary & Benefits Allowable to Charge to CCFP	(I) Projected Amount to be Charged to the CCFP	(J) Amount to be Charged to Other Funds (Column H minus Column I)
Ron Swanson	Parks and Rec Director	17	10	2080	$ 63,000	$ 7,000	$ 5,721	0	$ 5,721
Ben Wyatt	Parks and Rec Financial Manager	35	10	2080	$ 55,000	$ 5,000	$ 10,096	$ -	$ 10,096
Tom Haverford	Parks and Rec Training Manager	25	10	2080	$ 45,000	$ 5,000	$ 6,010	$ -	$ 6,010
Leslie Knope	CCFP Program Manager	173.3	10	2080	$ 45,000	$ 5,000	$ 41,659	$ -	$ 41,659
Donna Meagle	CCFP Program Monitor	173.3	10	2080	$ 37,000	$ 3,000	$ 33,327	$ -	$ 33,327
April Ludgate	CCFP Program Monitor	173.3	10	2080	$ 37,000	$ 3,000	$ 33,327	$ -	$ 33,327
Jerry Gergich	CCFP Program Monitor	173.3	10	2080	$ 37,000	$ 3,000	$ 33,327	$ -	$ 33,327
Andy Dwyer	Parks and Rec Administrative Support	52	10	2080	$ 29,000	$ 1,000	$ 7,500	$ -	$ 7,500
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
		0	0	2080	$ -	$ -	$ -	$ -	$ -
Note: Transfer the columns I and J totals to the applicable columns on the Administrative Salaries & Benefits row of the Budget. ->							**TOTAL** $ 170,966	**CCFP Funds** $ -	**Other Funds** $ 170,966

- You must document how you plan to allocate the total allowable costs for annual salaries and benefits. In its entirety, table #2 provides an accurate methodology to determine the total administrative labor costs for CCFP and to allocate this cost between CCFP funds and other funding sources.

- Why allocate salary costs?

- A sponsoring organization must be able to cover the costs of administering the program to meet the financial viability requirements of the CCFP federal regulations. Column H calculates the projected cost of administrative labor based on the percentage of time worked on the CCFP by each employee.

- The total cost may exceed the amount of your organization's administrative cap, or your organization may be paying for its administrative salaries with other funding sources. The amounts and sources of other funds used for CCFP administrative labor costs must be disclosed and reflected on the budget.

- Column I

- Cannot be more than the amount in column H.

- Column J

- Calculates the difference between column H and column I.

- **Transfer the columns I and J totals to the applicable columns on the Administrative Salaries and Benefits row of the Budget**

(F) Total Annual Salary	(G) Annual Insurance & Other Benefit Costs Paid by Employer	(H) Total Annual Salary & Benefits Allowable to Charge to CCFP	(I) Projected Amount to be Charged to the CCFP	(J) Amount to be Charged to Other Funds (Column H minus Column I)
$ 63,000	$ 7,000	$ 5,721	$ 1,036	$ 4,685
$ 55,000	$ 5,000	$ 10,096	$ 5,411	$ 4,685
$ 45,000	$ 5,000	$ 6,010	$ 1,325	$ 4,685
$ 45,000	$ 5,000	$ 41,659	$ 36,974	$ 4,685
$ 37,000	$ 3,000	$ 33,327	$ 28,642	$ 4,685
$ 37,000	$ 3,000	$ 33,327	$ 28,642	$ 4,685
$ 37,000	$ 3,000	$ 33,327	$ 28,643	$ 4,684
$ 29,000	$ 1,000	$ 7,500	$ 2,816	$ 4,684
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
		TOTAL $ 170,966	**CCFP Funds** $ 133,489	**Other Funds** $ 37,477

aries & Benefits row of the Budget. ->

#3-5 document that your organization meets monitoring requirements for each of your sites.

- All sponsors must complete #3 and #4

- **Only complete #5 if the number of sites listed in #4 is greater than 25.**

- In #5, complete columns A-D for each employee who performs monitoring activities.

- The activities listed in column B must be specific. See the instructions for examples.

- The totals in column D must match the amounts listed in table 2, column C for each employee.

- The number of full time employees performing monitoring activities is calculated in column E. This number must meet the monitoring ratio of **one FTE for 25-150 sites.**

4. How many sites do you currently sponsor? **50**

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. Employee Name	B. Description of Monitoring Activities	C. # of Hours per Month Spent on Monitoring*	D. Total Hours per Month Spent on CCFP (should be the same number of hours listed in table 2, column C)	E. % of Monthly CCFP Hours Spent Monitoring
Leslie Knope	Supervisory oversight of monitors, planning the review schedule, conducting on site reviews, desk reviews of claim documentation	70	173.33	40.39%
Donna Meagle	Conducting on site reviews, writing review reports, follow-up reviews, preapproval visits, technical assistance	130	173.33	75.00%
April Ludgate	Conducting on site reviews, writing review reports, follow-up reviews, preapproval visits, technical assistance	130	173.33	75.00%
Jerry Gergich	Conducting on site reviews, writing review reports, follow-up reviews, preapproval visits, technical assistance	130	173.33	75.00%
Andy Dwyer	desk reviews of claim documentation	26	52	50.00%
	TOTAL =	**486**	**Number of FTEs =**	**2.80**

* 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.

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6. The sponsor completes training on all required topics at least once a year.   YES [X]   NO [ ]

Required Training Topics	Recommended Training Topics
• Menu Planning & Meal Pattern Requirements • Meal Count Procedures • Claim Review & Submission Procedures • Reimbursement System • Civil Rights Requirements	• 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 [X]   NO [ ]

I certify that all information on the Management Plan is true and correct.

Signature of Authorized Employee

Date: 8/1/2019

Printed Name: Leslie Knope

Title: CCFP Program Manager

- Complete #6-7 to certify compliance with training and record-keeping requirements.

- Print your name, title, and date.

- A handwritten signature is not necessary for renewing contractors.

- Prospective contractors need to follow guidance in the application packet regarding the submission of this workbook.

- Save a completed copy on your computer using the "save as" function where you can easily locate it. Printing a copy for your use when filling out the budget will be helpful.

For any questions, contact:
Bureau of Child Care Food Programs
850.245.4323