

**Child & Adult Care Food Program
Sponsor Application for 2019 - 2020**

04334-CACFP-36-GM-CS
SAN BERNARDINO CO TAD
662 SOUTH TIPPECANOE AVENUE
SAN BERNARDINO, CA 92415
SAN BERNARDINO
CD:
Vendor #: 223600

Sponsor Description

FEIN	Agreement Type	Sponsor Type
95-6002748	Center Sponsor	Government/Military

1. Private Non-profit and Higher Education Private agencies, select one.
- ☐ This is a faith-based non-profit agency.
- ☐ This is a secular non-profit agency (not faith-based).
2. Are all of your sponsor's CACFP participating centers located at the same physical address? ☐ Yes ☒ No
3. Do all of your sites operate under the same business entity as your agency? ☐ Yes ☒ No

Addresses

Street Address

4. Address 1: 662 SOUTH TIPPECANOE AVENUE
5. Address 2:
6. City: SAN BERNARDINO
7. State: CA Zip: 92415
8. County: SAN BERNARDINO - 36

Mailing Address

9. Address 1: 662 SOUTH TIPPECANOE AVENUE
10. Address 2:
11. City: SAN BERNARDINO
12. State: CA Zip: 92415

Payment Address (Legal IRS Address) To change your payment information, contact your program specialist

13. Agency Name: SAN BERNARDINO CO TAD
14. Address 1: 662 S TIPPECANOE AVE
15. Address 2:
16. City: SAN BERNARDINO
17. State: CA Zip: 92415-0515
18. County:

Authorized Representative

- | | Salutation | First Name | Last Name |
|--------------------|-------------------------|------------|-----------|
| 19. Name: | Mr. | Phalos | Haire |
| 20. Title: | Director | | |
| 21. Email Address: | phaire@psd.sbcounty.gov | | |
| 22. | | | |

Phone: (909) 383-2005 Ext: Fax: (909) 383-2080
(999-999-9999) (999-999-9999)

23. Address 1: 662 SOUTH TIPPECANOE AVENUE

24. Address 2:

25. City: SAN BERNARDINO

26. State: CA Zip: 92415

27. County: SAN BERNARDINO - 36

Program Contact

28. Name: Salutation First Name Last Name
Ms. Cheryl Adams

29. Title: Administrative Manager

30. Email Address: Cheryl.Adams@psd.sbcounty.gov

31. Phone: (909) 383-2017 Ext: Fax: (909) 383-2081
(999-999-9999) (999-999-9999)

Publicly Funded Programs

32. Provide the names of the publicly funded programs that your center(s) operate, the names of the principals in your agency responsible for the management of each program, and the years your agency participated in each program.

Names of Programs	Principals Responsible for Program Management	Calendar Years Your Agency Participated in each Program
1) Head Start 2) State Preschool 3) Early Head Start	Phalos Haire	1) 54 years 2) 54 years 3) 11 years

Certifications

Federal regulations require agency to certify information regarding past business participation and criminal background. Please answer the following questions:

- ☒ Yes ☐ No 1. Has the agency or any of the agency's principals participated in any publicly funded programs within the past seven years?

NOTE: Principal means any individual who holds a management position within or is an officer of the agency, including all members of the agency's board of directors (if that is applicable).

Publicly funded means money that is received from a local, state, or federal governmental agency.

- ☐ Yes ☒ No 2. Within the past seven years, has the agency or any of the agency's principals been declared ineligible to participate in any other publicly funded programs for violating program requirements?

- ☐ Yes ☒ No 3. Has the agency or any of the agency's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity? A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the state agency.

Certification Statement:

- ☒ The Agency certifies that it will participate in the Child and Adult Care Food Program (CACFP) for the upcoming program year. The Agency further certifies that the submitted information and documents are true and correct. We accept final administrative and financial responsibility for the operation of the CACFP. Reimbursement will be claimed only for meals served to enrolled participants during the hours they are in attendance. All participants in attendance will be offered the same meals at no additional charge with no discriminatory physical segregation or other discrimination because of economic need, race, color, national origin, sex, age, or disability. The Agency assures the CDE that it will adhere to all of the requirements and responsibilities as agreed to in the Agreement to Participate and will follow all CDE and United States Department of Agriculture (USDA) policies and guidance. We

understand that the information being given is in connection with the receipt of federal funds and that a deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes and placement of all responsible Principals and the Agency on the USDA's National Disqualified List.

Civil Rights Information

04334-CACFP-36-GM-CS

SAN BERNARDINO CO TAD

662 SOUTH TIPPECANOE AVENUE

SAN BERNARDINO, CA 92415

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Civil Rights Information

CACFP benefits are available to organizations that provide day care services and do not discriminate on the basis of color, race, sex, age, disability or national origin. The following questions are about your organization's nondiscrimination policies.

1. Indicate the name of your agency's Civil Rights Compliance Officer.

Mr. Mark DeBoer

2. List the towns, neighborhoods or communities served by your organization.

The County of San Bernardino

3. List the ways you let your community know your day care services are open to all. For example, advertisements in newspapers, or posters in community locations.

Public Media announcements: Radio, Flyers in the communities surrounding each site, Recruitment by Program Generalists, Newspaper advertisement

4. Have any complaints or lawsuits been filed against your organization, or any facility under your administration, based on discrimination by color, race, sex, age, disability, or national origin within the last three years? ☒ Yes ☐ No

If yes, explain:

1)

Lawsuits

1) Disability Discrimination (D. Delano) filed 2/6/17

5. Has any federal or state agency advised your organization, or any facility under your administration, that they were not in compliance with the Civil Rights Act of 1964 within the last three years? ☐ Yes ☒ No

If yes, explain:

6. Has any federal or state agency denied assistance to your organization, or any facility under your administration, because of noncompliance with the Civil Rights Act of 1964 within the last three years? ☐ Yes ☒ No

If yes, explain:

7. Has a civil rights compliance review been conducted for your organization, or any facility under your administration, within the past two years? ☐ Yes ☒ No

If yes, explain:

8. What number of participants in care at your sites fall into each ethnic category?	Count
HISPANIC OR LATINO - A person of Cuban, Mexican, Puerto Rican, South or Central South American, or other Spanish culture or origin, regardless of race.	3,786
NOT HISPANIC OR LATINO	1,910

9. **How many participants attend the sites from each racial category?** **Count**

AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliations or community attachment (includes Central America).	53
ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes China, Japan, Korea, India and the Philippine Islands.	121
BLACK OR AFRICAN AMERICAN - A person having origins in any of the black racial groups of Africa.	1,038
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.	18
WHITE - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.	4,466

10. ☒ - The agency understands all written material for public distribution that mentions the USDA food program must contain a nondiscrimination statement.
- The agency is in compliance with civil rights requirements.
- ☐ Check here if your Emergency / Homeless Shelters do not issue a public release because of client confidentiality.

Responsible Principals List for 2019-2020

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662 SOUTH TIPPECANOE AVENUE
SAN BERNARDINO, CA 92415
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Version: Original			
Action	Name	Position	Phone
View Modify	Curt Hagman San Bernardino County Government Center 385 N. Arrowhead Avenue, Fifth Floor San Bernardino, CA 92415-0110 DOB: 01/01/1960	Highest Agency Official	(909) 387-4866

Certification

- ☒ By checking here I certify that the above Responsible Principals information is correct for this program year, and the institutions and its principals are not on the National Disqualified List [226.6(b)(1)(xii)].

Child & Adult Care Food Program Agency Budget for 2019-2020

04334-CACFP-36-GM-CS
SAN BERNARDINO CO TAD
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Budget Version: Original

	Expense Amount	Income: CACFP Funding Amount	Income: Other Income Amount
Administrative Costs and Income			
State the estimated administrative costs (Expense Category and Expense Amount) and the expected income to pay for these costs (CACFP Funding Amount and Other Income Amount) according to each expense category. Administrative costs include claims preparation, monitoring, and training.			
NOTE: Sponsor administrative costs cannot exceed 15% of the CACFP reimbursement.			
Administrative Labor and Payroll Taxes	\$ 136,887	\$ 8 2,764	\$ 54,123
Benefits	\$ 64,278	\$ 38,863	\$ 25,414
Other	\$ 0	\$ 0	\$ 0
Total Administrative	(A1) \$201,165	(B1) \$121,627	(C1) \$79,537

Operating Costs

State the estimated operating costs (Expense Category and Expense Amount) and the expected income to pay for these costs (CACFP Funding Amount and Other Income Amount).			
Food – Self-Prep or Vended	\$ 2,371,345	\$ 1,433,757	\$937,588
Food Service Supplies	\$ 22,876	\$ 13,832	\$ 9,045
Food Service Labor and Taxes	\$ 750,481	\$ 453,754	\$296,727
Benefits	\$409,620	\$ 247,664	\$161,957
Equipment	\$ 0	\$ 0	\$ 0
Rent/Lease	\$0	\$ 0	\$ 0
Other	\$ 0	\$ 0	\$ 0
Total Operating	(A2) \$3,554,322	(B2) \$2,149,007	(C2) \$1,405,317

Total Program Costs and Income

Administrative Expense (A1) and Total Operating Costs (A2) = Total Costs	\$ 3,755,487
CACFP Funding (B1&B2) + Other Income(C1&C2) used for Food Program = Total Income	\$ 3,755,487

Section VI - Verification of Program Administrative Costs Charged to the CACFP - 15% Limitation

Did your organization charge administrative costs to the program during the prior program year? ☒ Yes ☐ No

If yes, complete the following (enter whole dollars only):

Program reimbursement received for the prior program year:	\$ 2,226,161
Total Administrative Costs Charged to CACFP for the prior program year:	\$ 166,893
Percentage of Costs to Reimbursement:	8 %

Document Attachments

Actions	File Designation	Budget Version	Uploaded By
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2019-2020 Child & Adult Care Food Program Management Plan

04334-CACFP-36-GM-CS

SAN BERNARDINO CO TAD

662 SOUTH TIPPECANOE AVENUE

SAN BERNARDINO, CA 92415

SAN BERNARDINO

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Management Plan Version: Original

Section I - Financial Viability

An agency participating in the CACFP must be financially viable. Program funds must be expended and accounted for in accordance with Title 7, *Code of Federal Regulations* (7 CFR), Part 226, 2 CFR, Part 200, and Food and Nutrition Service (FNS) Instruction 796-2, Revision 4.

A. Fiscal Resources and Financial History

1. The monthly claim must be documented (eligibility, meal counts, etc.), accurate (edit checks of each site's claims), and filed within 60 days after the claim month. Describe how your organization ensures claims are documented, accurate, and timely.

The monthly claims are based on HS eligibility or meal benefit and the number of meals that are served at approved sites. Information is received monthly from the sites in a timely manner immediately following end of the month. An Accountant II summarizes and reconciles the meal counts to the source documents and prepares analysis and the monthly claim. A Supervisor oversees the process and reviews meal count analysis to confirm claims are complete, accurate, and submitted on time.

2. Describe your organization's procedures for comparing program costs to program reimbursement so that your organization maintains a nonprofit food service operation.

Fiscal staff are responsible for keeping track of food program expenses and compare these costs to program reimbursement on a monthly basis to maintain a nonprofit food service operation.

3. Does your organization plan to increase the number of centers under its sponsorship during the upcoming program year? ☒ Yes ☐ No

If yes, describe your plan for program expansion.

Preschool Services Department received additional funding from the Administration of Children and Families to provide extended services and is in the process of opening two centers in the upcoming 10 months.

Section II - Administrative Capability

A sponsor must be administratively capable. Appropriate and effective management practices must be in place to ensure that the program operates in accordance with federal regulations (7 CFR 226).

A. Organizational Structure and Staffing

Describe your organization's outside-employment policy. Such employment should not interfere with an employee's program duties nor present a conflict of interest, whether real or apparent.

See the following excerpt from Standards for Employee Conduct – San Bernardino County, December 2009. II. CONFLICT OF INTEREST

The standard governing conflict of interest for Human Services (HS) employees is as follows:

"No employee shall engage in any business or transaction or shall have a financial or other personal interest or association which is in conflict with the proper discharge of assigned duties or would tend to impair independence of judgment or action in the performance of these duties. Personal, as distinguished from financial, interest includes an interest arising from blood or marriage relationships or close business, personal, or political association. This section shall not serve to prohibit independent acts or other forms of enterprise during those hours not covered by active County employment providing such acts do not constitute a conflict of interest as defined herein. No employee shall grant any special consideration, treatment or advantage to any person beyond that which is available to every other person in similar circumstances." (Refer to San Bernardino County Personnel Rule I)

Examples of activities that may be considered a conflict of interest include, but are not limited to:

A. Having a second job or activity/enterprise outside the department, which adversely affects job performance and the ability to fulfill all responsibilities to the department, or which would reflect negatively upon the department if known.

B. Referring, recommending, or "suggesting" that a client obtain requested goods or services from a business concern owned fully or in part by the employee, a spouse, relative, friend or acquaintance.

C. Referring, recommending, or "suggesting" that a client obtain requested goods or services from private enterprises/companies that are not County and/or Department approved/sanctioned.
D. Referring a client for private counseling to the employee's firm or private business, or to an associate of a private counseling agency of which the employee is a co-partner or has any personal or business interest.
E. Entering into a business or personal relationship with a client that may result in a conflict of interest for the employee, or grants special consideration or treatment to the client.
F. Arranging for two or more clients to enter into a business relationship.
G. Directly providing and/or authorizing, or attempting to unduly influence the receipt of public goods or services for relatives, friends and/or any other members of the public who have a relationship to the employee outside of the workplace.

B. Staffing Plan

- Complete the following CACFP Organization Staffing Pattern, naming the lead person or lead staff position for the listed administrative and operational program functions.

Note: An agency may not contract out for the management of the CACFP.

Administrative Labor

CACFP Duties	Name	Title	Who Double Checks?
Overall CACFP Management	Phalos Haire	Director	N/A
Maintenance of Financial Records	Cheryl Adams	Admin Manager	Director
Eligibility Determination	Joy Anderson	Program Manager	Deputy Director
Claims Preparation	Chris Flores	Accountant II	Accountant III
Monitoring	Venerice Carter	Program Quality Specialist	Disabilities Svs Mgr
Training	Venerice Carter	Program Quality Specialist	Disabilities Svs Mgr
Payroll	John Trepp	Staff Analyst II	Admin. Manager
Other			

Operating Labor

CACFP Duties	Name	Title	Who Double Checks?
Menu Production Records	See attached	Food Service Workers	Program Quality Specialist
Food Purchasing	See attached	Food Service Workers	Program Quality Specialist
Food Preparation	See attached	Food Service Workers	Program Quality Specialist
Food Transport	Food Vendors	Food Vendors	Food Service Workers
Meal Counts	See attached	Site Teaching Staff	Admin / Fiscal Staff
Other			

- Are CACFP duties included in employee job descriptions? ☒ Yes ☐ No

Section III - Program Accountability

A sponsor must have internal controls and other management systems in effect to ensure fiscal accountability and program operation in accordance with the 7 CFR 226 requirements.

All private non-profit agencies must complete the Board of Directors/Owners List form for each Executive Director and Board Officer. All private for-profit agencies must complete the Board of Directors/Owners List form for each Owner and principal stockholder.

Note: An agency may not contract out for the management of the CACFP.

A. Governing Board for Private, Nonprofits or Owners/Principals for Private, For-Profits.

Describe the Board's/Stockholders' role in approving fiscal actions, policy decisions, and other administrative actions.

N/A

B. Fiscal Accountability

Program costs must be documented. Who is responsible for maintaining the necessary receipts and invoices? Where are they kept: On-site at the centers or at the central office?

Administrative staff maintain receipts, invoices, and supporting documents for the CACFP costs. These are

maintained at the Central Office.

Describe your organization's financial management/accounting system.

Preschool Services Department utilizes SAP for accounting. This system is used to keep track of revenues and expenditures by program and by site. SAP is also used for budgeting assistance, recording financial transactions, monitoring, and reporting on an on-going basis.

C. Operations

1. Training: Sponsors must provide all sites with program training a minimum of one time per year. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties. Training documents must be maintained reflecting the dates, location, names of participants, and CACFP training topic(s).

Training topics are to include:

- Meal patterns
- Record keeping requirements
- Meal counts
- Reimbursement system
- Claim submission and review procedures
- Civil Rights compliance

a) Describe your organization's proposed staff training for the upcoming program year.

Agency provides all Teaching Staff with training on Point of Service (POS) documentation and CACFP Infant and Child Meal Pattern Requirements in July and August, and intermittently as new staff are hired. All Food Service Staff are trained in September, and intermittently as new staff are hired, on both Infant and Child Meal Pattern Requirements, Food Temperatures, Food Specs, Kitchen Safety, Freezer Monitoring, Product Yields and Special Diets. Eligibility and Enrollment Staff will attend Civil Rights training in the CACFP between August and January.

b) Describe how your organization ensures that appropriate staff attends or participates in mandatory CACFP trainings held by the California Department of Education.

When the California Department of Education mandates a CACFP training, Phalos Haire, Director of Preschool Services Department, in conjunction with the agency's management team, assigns appropriate staff to attend training. Management staff determines based upon the duties of the staff which trainings are most appropriate. Staff is then scheduled to attend the trainings. Staff must provide proof of attendance and the Training and Technical Assistance staff keeps track of the trainings.

c) Describe how your organization addresses on-going staff training needs and communicates CACFP changes and organizational policies and procedures to staff at all sites.

On-going staff training needs are identified through site visits or monitors. These training needs are usually addressed immediately or a future training date is scheduled with appropriate staff. New hire staff are given a CACFP overview prior to reporting to the site and participate in on-the-job training the first day they report to the center with a Program Quality Specialist. Follow-up training is provided as needed. Any new CACFP mandated changes and new organizational policies and procedures are presented and discussed monthly at the Program Services meetings. Urgent CACFP notices are immediately sent to all Site Supervisors via e-mail with follow-up discussion occurring at the Program Services Meeting.

d) Describe how your organization provides program training to the staff of a new center. If no new center is planned, indicate N/A.

New staff will be trained at their New Employee Orientation, at the site prior to opening and during the first week of the center opening.

2. Monitoring

Sponsoring organizations must adhere to annual monitoring requirements. Each site must be visited three times per year. Two of the reviews must be unannounced. One of the unannounced reviews must include observation of a meal service. No more than six months may elapse between reviews, and the sponsor must review each site type within the first four weeks of operation. Additionally, the sponsor must vary the timing of unannounced reviews so that they are unpredictable to the sites. Should the monitor note any finding(s), they must be documented on the monitoring report with follow-up verification of corrective action. Sponsoring Organizations are required to vary the timing of unannounced monitoring reviews to ensure they are unpredictable to facilities.

a) Referring to the above monitoring requirements, describe how your organization routinely meets its monitoring obligations. Note: If review averaging is used, describe how it is applied to your sites.

All centers are monitored a minimum of three (3) times per year. Visits are unannounced with no more than six months between reviews. Site monitoring includes meal observations of a breakfast, lunch and snack for all sites appropriately. New sites given a Pre-Approval Site visit and each site type is monitored in the first four weeks of Operation.

b) Monitors must assess program compliance with menus, eligibility, enrollment, meal counts with a five-day reconciliation, and licensing. Describe how monitors are trained to conduct and document site visits.

Food Service Monitors have completed the Mandatory Second Interim Rule training and are currently using the format of NSD 2071 CACFP Monitoring Report Requirements Form. Copies of Site Monitoring Reports are kept at the site and Central Office. CACFP Monitoring Staff are required to attend Mandatory CACFP trainings conducted by CDE. Trainings attended include PIN (Promoting Integrity Now), Civil Rights in the CACFP, Recordkeeping for Reimbursement Claims, Eligibility and Enrollment Requirements, Civil Rights, Second Interim Rule and Five Day Meal Count Reconciliation training. Copies of course completion are kept on file. PSD also maintains active membership with CACFP Roundtable and requires staff participation in the annual conference. New USDA Guidance and Regulation updates are forwarded to staff in both hard copy format and email alerts. Any questions on new USDA or CDE policies are directed to the CDE Child Nutrition Consultant assigned to our Agency for further clarifications. If training is offered, staff attends.

c) Sponsors with 25 or more centers only: A sponsor with 25 or more centers is required to employ the equivalent of one full-time (monitoring) staff person for each 25 to 150 centers it sponsors. Identify the percentage of time and hours per month per position to meet this requirement.

Total number of sites sponsored: 31

Position	Number of Hours Worked per Month	Percentage of Time For CACFP	Number of Hours per Month for CACFP
Program Quality Specialist	160	85	136
Program Quality Specialist	160	85	136
Registered Dietitian	160	75	120

d) If a monitor observes meals that do not meet the meal pattern requirements (including vended meals), how does your organization ensure that such meals are not claimed for reimbursement?

If a monitor observes a noncompliant meal, it is documented on either a Field Visit or a CACFP Site Monitoring Report form. The meal count is immediately adjusted in permanent ink with documentation on the meal count form explaining the reason for the noncompliant meal. The information is then forwarded to the Central Office, Finance Section via email to ensure that meal is not claimed for reimbursement. The vendor is also notified if indicated.

e) If a monitor discovers program problems during a site visit, how is corrective action implemented and what is the follow-up to ensure compliance with the corrective action?

Problems are documented on the field visit or CACFP Site Monitoring Report form with the Corrective Action described in detail and forwarded to the appropriate Supervisor for follow-up. If follow-up includes necessary training by Monitor staff, a date is selected and all materials for training are kept on file at both the site and Central Office. Sites are generally given 3-5 business days for corrective action to be completed depending on the problem. An unannounced follow-up visit occurs within 30 days to monitor implementation and completion of corrective action.

3. Recordkeeping

a) Where are program records maintained: At the centers or at the central office? List all addresses where records are maintained.

Current Menu Production Records, Trainings and Site Monitoring Reports are stored at the Administrative Office:
662 S. Tippecanoe Avenue
San Bernardino, CA 92415
Previous years' records are stored at
4280 N. Hallmark Parkway
San Bernardino, CA 92407

b) How does your organization ensure that adequate amounts of food items are purchased, prepared, and served according to the CACFP meal patterns?

Menus are written and approved by the Dietitian to ensure that all meals meet CACFP Meal Pattern Requirements. Food orders reflect the approved menu and preparation is based on individual site enrollment and attendance. Administrative staff then reviews delivery slips, food invoices, order sheets, inventory, meal counts and menu production records to ensure that meals meet CACFP Meal Pattern Requirements. Site supervisors and monitoring staff conduct reviews/visits during meal time to verify that meals are served according to established patterns.

c) Does your organization claim meals served to participants in need of food substitutions ☒ Yes ☐ No or food texturing modifications for required CACFP meal components?

If yes, describe how you identify these participants and how your staff knows which participants must have food substitutions or food texturing modifications.

Children are identified during the enrollment process where the parent is given the NSD Request Special Meals and/or Accommodation Form to be completed by a recognized Medical Authority. Once completed, the parent returns the information to the site and then the information is forwarded to the Agency Dietitian where a diet plan is created. Diet instructions are then forwarded to the Site Supervisor, child's teacher and food service worker for implementation. Copies of diet instruction are on file in the kitchen, classroom and Central Office.

d) Describe how your centers count meals prior to the end of the meal service and how they ensure that no more than two meals and one snack or two snacks and one meal per participant per day are claimed for reimbursement.

Note: An At Risk Sponsor should describe how the meal count method will ensure that the Sponsor will claim no more than one snack and one meal per child, per day.

Homeless or Emergency Shelter Programs may skip this question.

The Site Clerk at the beginning of every month prepares the meal count sheet. The Site Clerk identifies the children in each program; either in Head Start or in State Preschool Program on the meal count sheet. Then the meals count sheets are distributed to the Teachers. The Teachers then record the meal counts at the point of service. At the end of the month, the Site Clerk reviews the meal counts for accuracy and completeness and then is submitted to Administration for auditing. Administrative staff will compare the meal counts to attendance data to ensure the accuracy of meal counts before submitting the monthly reimbursement claim. In addition, part of the random monitoring is to visit sites during meal times to ensure procedures are being followed.

e) Describe your edit check process prior to the submission of the monthly reimbursement claim.

A sponsor must edit the monthly claims of each sponsor's center to ensure that the number of claimed total meals does not exceed the maximum number of meals that may be claimed.

At the end of month, the site clerk verifies and tallies each class meal count. Meal counts are forwarded to Administrative Office where they are checked, compiled and compared to attendance records before they are reported on the monthly reimbursement claim. Specific checks include (a) verification that the Average Daily Participation reported is not greater than total enrollment; and (b) verification that the number of meals by type do not exceed the product of the Average Daily Participation multiplied by the Days of Operation for the month.

4. Eligibility

a) Child Care Centers: Describe how your center ensures that the participant's meal benefit forms are properly completed and approved.

Note: Head Start Centers, Even Start Centers, Migrant Centers, At-Risk Snack, Homeless, or Emergency Shelter Programs may skip this question.

Participant meal benefit forms are completed by parents in October and must all have an original signature. The Program Generalist(s) calculates the monthly income to determine and record each State child's eligibility classification. The agency uses an MS EXCEL Income Worksheet to initially compute free, reduced, and base categories. Generalists sign and date the meal benefit forms to indicate approval. Program Supervisor(s) subsequently review the forms and calculations and compare recorded data with the eligibility files to ensure forms have original signatures and are completed correctly. All applications are stored in a locked file cabinet.

b) Adult Care Centers: Describe how your center uses alternative documentation (if applicable) and how your center ensures that Meal Category/Eligibility Forms are properly completed and approved.

N/A

c) How does your agency maintain the confidentiality of eligibility information concerning individual households?

Family Children's files are maintained in locked file cabinets and electronic data is limited to staff on a need-to-know basis by use of assigned access/permission rights.

Section IV - Certifications and Signatures

- ☒ We certify that the Agency will abide by this Management Plan and that all applicable State and Federal regulations and policies will be observed. We certify that information submitted is true to the best of our knowledge; that reimbursement will be claimed only for eligible meals served to enrolled, eligible participants; and that information is being given in connection with the receipt of federal funds.

Agency Comments

Vendor/Central Kitchen Information

04334-CACFP-36-GM-CS

SAN BERNARDINO CO TAD

662 SOUTH TIPPECANOE AVENUE

SAN BERNARDINO, CA 92415

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CD:

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Vendor/Central Kitchen Information

1. Select the food preparation type: Vended
2. Is the annual aggregate value of this vending agreement/contract:
☐ Under \$150,000 ☒ \$150,000 or more ☐ N/A
3. Vendor/Central Kitchen Site Name: Preferred Meal Systems, Inc
Address 1: 5240 St. Charles Road
Address 2:
City: Berkeley
State: IL Zip: 60163
Site Contact Name: Willie Ruffin, District Manager
4. If vended by school district, enter the vendor name:
If school district is not using the CACFP Meal Pattern, enter the meal planning option:
5. Adult center only: If vended by a sheltered workshop, enter the vendor name:
6. If vended by a commercial food service vendor or senior nutrition program, enter the vendor name. Preferred Meal Systems, Inc
7. If meals will be vended, indicate whether the agency is using its own contract forms or using CDE contract/agreement forms. (CDE agreements are found in the Download Forms.)
☐ I will be using the CDE, Nutrition Division's (NSD) agreement or contract and Invitation For Bid (IFB)
☒ I will be using the agency's contract forms
8. Which meals are covered by the agreement/contract?
☒ Breakfast
☒ AM Snack
☒ Lunch
☒ PM Snack
☐ Supper
☐ Evening Snack
9. What is the cost for each vended meal?

Breakfast	1.28
AM Snack	0.70
Lunch	2.39
PM Snack	0.70
Supper	
Evening Snack	
10. Start date of contract with Food Service Vendor (FSV): 07/01/2018
11. End date of contract with Food Service Vendor (FSV): 06/30/2021
12. Number of renewal years specified in the contract: 0
13. Current extension number: 0

Vendor/Central Kitchen Information

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CD:

Vendor #: 223600

Vendor/Central Kitchen Information

1. Select the food preparation type: Vended
2. Is the annual aggregate value of this vending agreement/contract:
☐ Under \$150,000 ☒ \$150,000 or more ☐ N/A
3. Vendor/Central Kitchen Site Name: Unified Nutrimeals
Address 1: 4767 East 49th St
Address 2:
City: Vernon
State: CA Zip: 90058
Site Contact Name: Shabir Kashyap, President
4. If vended by school district, enter the vendor name:
If school district is not using the CACFP Meal Pattern, enter the meal planning option:
5. Adult center only: If vended by a sheltered workshop, enter the vendor name:
6. If vended by a commercial food service vendor or senior nutrition program, enter the vendor name. Unified Nutrimeals
7. If meals will be vended, indicate whether the agency is using its own contract forms or using CDE contract/agreement forms. (CDE agreements are found in the Download Forms.)
☒ I will be using the CDE, Nutrition Division's (NSD) agreement or contract and Invitation For Bid (IFB)
☐ I will be using the agency's contract forms
8. Which meals are covered by the agreement/contract?
☒ Breakfast
☒ AM Snack
☒ Lunch
☒ PM Snack
☐ Supper
☐ Evening Snack
9. What is the cost for each vended meal?

Breakfast	1.08
AM Snack	0.63
Lunch	2.03
PM Snack	0.63
Supper	
Evening Snack	
10. Start date of contract with Food Service Vendor (FSV): 07/01/2018
11. End date of contract with Food Service Vendor (FSV): 06/30/2021
12. Number of renewal years specified in the contract: 0
13. Current extension number: 0

CACFP Checklist Summary

04334-CACFP-36-GM-CS

SAN BERNARDINO CO TAD

662 SOUTH TIPPECANOE AVENUE

SAN BERNARDINO, CA 92415

SAN BERNARDINO

CD:

Vendor #: 223600

Please submit the documents listed in this section via fax, email, or mail:

Fax: 916-323-1952

Email: cacfp@cde.ca.gov

Mail: CACFP

California Department of Education

Nutrition Services Division

1430 N Street, Ste. 1500

Sacramento, CA 95814

Agency	Total Items	Submitted Items	Approved Items
SAN BERNARDINO CO TAD	0	0	0

Child & Adult Care Food Program Sites	Total Items	Submitted Items	Approved Items
ADELANTO HEAD START	0	0	0
APPLE VALLEY HEADSTART PRE	0	0	0
Baker Family Learning Center	0	0	0
BARSTOW STATE PRESCHOOL	0	0	0
BOYS & GIRLS CLUB HS CENTER	0	0	0
CHINO H.S.STATE PRESCHOOL	0	0	0
CRESTLINE HEAD START	0	0	0
CUCAMONGA HEAD START	0	0	0
DEL ROSA HEAD START	0	0	0
HESPERIA HEAD START	0	0	0
HIGHLAND HEADSTART	0	0	0
MILL CHILD DEVELOPMENT	0	0	0
Northgate Head Start / State Preschool	0	0	0
ONTARIO HEAD START CENTER	0	0	0
PSD RIALTO WILLOW HEAD START	0	0	0
PSD VICTOR VALLEY COLLEGE	0	0	0
PSD/FONTANA CITRUS HEADSTART	0	0	0
PSD/WESTMINSTER HEAD START	0	0	0
Redlands Valencia Grove	0	0	0
RENAISSANCE HEAD START	0	0	0
RIALTO EUCALYPTUS	0	0	0
SAN BERNARDINO PARK/REC.	0	0	0
SOUTH REDLANDS HEAD START	0	0	0
TWENTY-NINE PALMS HEADSTART	0	0	0
UPLAND HEAD START	0	0	0
VICTORVILLE HEAD START/STATE	0	0	0
WATERMAN GARDENS	0	0	0
YUCAIPA HEAD START	0	0	0

