

# CEP Overview and Best Practice 11/9/19 2:45-3:45

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## Where are you at with CEP?

- Exploring
- Committed and nervous
- Committed and ready to rock & roll
- Wondering how I'll get my administration on board / how we're going to make this work




# What is CEP?

1. Ikea box of parts
2. Learn the CEP training manual
3. Direct Cert percentage x's 1.6
4. Goal is to reach at 62.5%=100% free
5. Use calculator tool to run numbers
6. Estimate breakfast and lunch increases to be low for best results.
7. April 1 is the deadline to pull numbers
8. Exhaust all areas for eligible students
9. Final submission is June
10. Expect slow increase for 2 years before leveling out

# Community Eligibility Provision (CEP)

*Planning & Implementation Guidance*



 United States Department of Agriculture  
Food and Nutrition Service  
September 2016



# CEP Estimator

## Community Eligibility Provision (CEP) Monthly Federal Reimbursement Estimator

Use to **estimate** the level of Federal reimbursement received under the CEP

District Name:

Step 1: Calculating the Identified Student Percentage			Step 2: Federal Reimbursement Rates	
If grouping schools, use the grouping calculator to assist in determining 1.1 and 1.2.			Select the current reimbursement rates used for each program (without the \$0.06). The additional \$0.06 is applied in the next box.	
Enter the number of identified students and enrolled students that is reflective of April 1** in 1.1 and 1.2		<a href="#">Click to define Identified Students</a>		
1.1) Enter the number of identified students			<b>Lunch</b>	<b>Breakfast</b>
1.2) Enter the TOTAL student enrollment			Free	\$3.09
Percentage of identified students =			Paid	\$0.31
**This percentage must be at least 40% to be eligible**			0.29	
Percentage of meals reimbursed at the Federal FREE rate =			0.0%	
Percentage of meals reimbursed at the Federal PAID rate =			0.0%	
Step 3: Monthly Meal Data			Select "\$0.06" if the SFA is certified for the additional \$0.06.	
Enter in the number of LUNCHES and/or BREAKFASTS served in a month in 3.1 and 3.2				
3.1) Enter the total number of LUNCHES served in a month:			\$0.06	
3.2) Enter the total number of BREAKFASTS served in a month:				
Total number of MEALS served in a month:			0	
Step 4: Anticipated Participation Change due to serving all FREE meals (for example enter 2 for 2%):			MLSP	SBP
Total number of LUNCHES reimbursed at FREE rate=			0	
Total number of LUNCHES reimbursed at the PAID rate=			0	
Total number of BREAKFASTS reimbursed at FREE rate=			0	
Total number of BREAKFASTS reimbursed at the PAID rate=			0	
CEP Difference:			Estimated CEP Monthly Federal Reimbursements	
This section displays the estimated difference between operating CEP and the current Federal reimbursements and student payments (if applicable). If the differences boxes are green then CEP will generate the same or more Federal revenue, if the box is red then current procedures generate higher Federal Revenue			Reimbursement for LUNCH =	\$0.00
			Reimbursement for BREAKFAST =	\$0.00
			Total Reimbursement Level=	\$0.00
			Federal Reimbursement per LUNCH=	\$3.09
			Federal Reimbursement per BREAKFAST=	\$1.99
			Optional Comparison: Enter current monthly Federal reimbursements and student payment revenue	
			LUNCH=	
			BREAKFAST=	
			LUNCH Difference=	Total Difference
			BREAKFAST difference=	



# How To Start

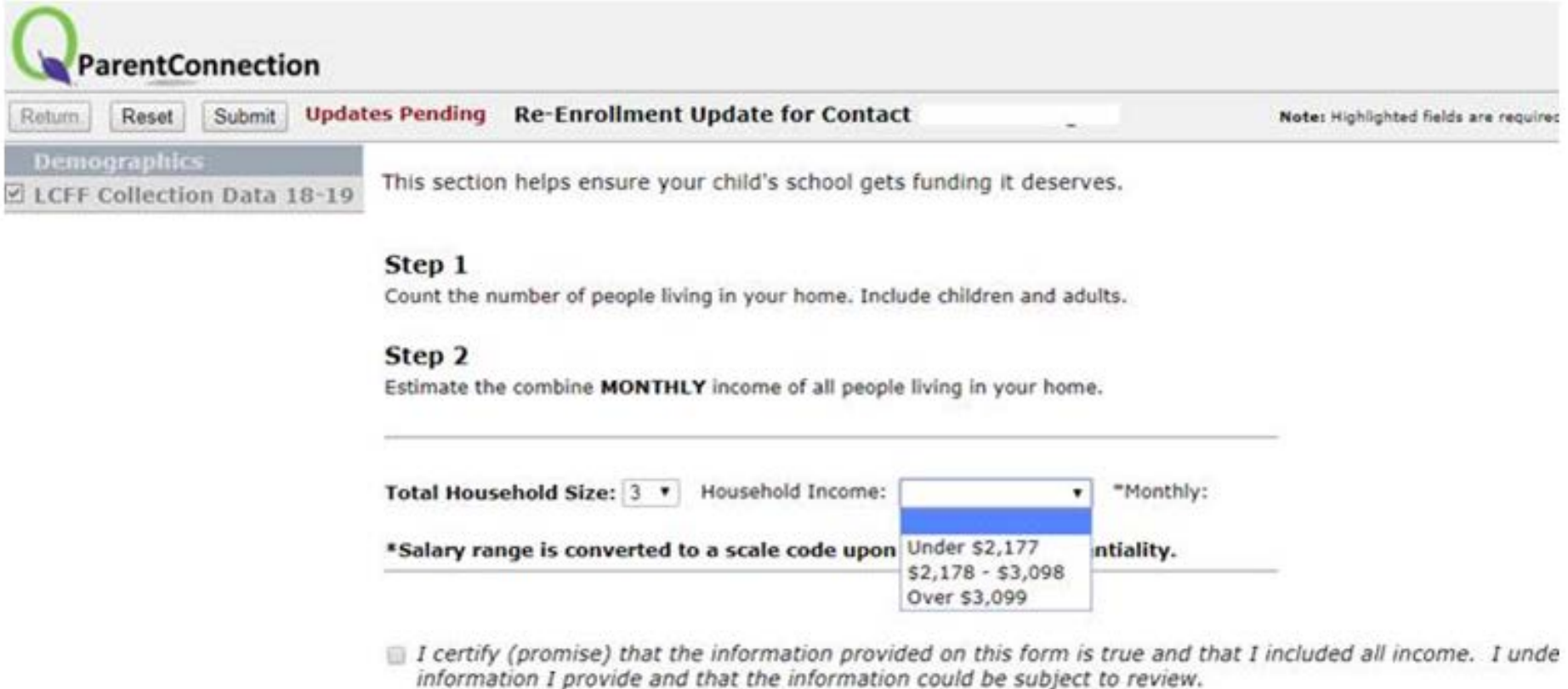
1. Start early with planning
2. Meet with stakeholders
3. Make sure all players know what will change
4. Who relies on your Free/Reduced percentages
5. Have everyone on your side and make sure you have 100% support
6. Make sure there are no surprises
7. Redundancy is vital for success
8. Partial or entire district/Mixed Districts Grouping



# Now what do you do?

1. Establish how your going to capture needed information.
2. Alternate income form?
3. On-line registration?
4. How to maintain accurate numbers for funding
5. The district needs to be the driving force
6. Separation from the district for %'s
7. AP testing, Grant info, Scholarships, etc.

# Capture Needed Info



**ParentConnection**

**Updates Pending** **Re-Enrollment Update for Contact**

**Notes:** Highlighted fields are required

**Demographics**

LCFF Collection Data 18-19

This section helps ensure your child's school gets funding it deserves.

**Step 1**  
Count the number of people living in your home. Include children and adults.

**Step 2**  
Estimate the combine **MONTHLY** income of all people living in your home.

Total Household Size:  Household Income:  \*Monthly:

\*Salary range is converted to a scale code upon  ntiality.

Under \$2,177  
\$2,178 - \$3,098  
Over \$3,099

I certify (promise) that the information provided on this form is true and that I included all income. I unde information I provide and that the information could be subject to review.



# Savings

1. High ISP means more reimbursement
2. No money transactions
3. Less time doing deposits
4. Little to no money pick up
5. Lines go quicker
6. No meal application processing, mailings, temps
7. Time savings for employees
8. Increase use of commodity entitlements

# Costs

1. Allow more labor in the beginning
2. Increased food costs
3. More storage needed
4. More trash dumpsters needed
5. More frequent trash pick-ups
6. More trash can liners
7. Monitor lunch time allotment by Admin
8. May need more time to serve or increase POS locations-Max out service capacity
9. Identify areas of greatest increase and address sites individually



# Marketing

1. Be sure to advertise in different ways and be repetitive
2. Be sure to outreach to those high paid sites
3. There is no free lunch, this is a "No Cost Meal Program"
4. Monitor attendance vs. participation and address those high variances
5. Advertise "Supplement" for those high paid sites
6. Outreach to coaches, clubs, teachers

# Communication Considerations

- Message to families: Keep it high level, keep it simple
- Consider parent/caregiver language /literacy /lack of understanding of USDA or LCFF universe
- Demonstrate connection to THEIR child's education
- Clear messaging and process for families with children at both CEP and non-CEP schools
- Make it EASY for families to return form
- “Educational Benefit” Form vs. “Alternate Income” Form



# Advocates & Opportunities

- Invest in communication with principals
  - Your link to parents/caregivers
  - Your link to other principals
  - Individual outreach, relationship development is key
- Don't forget front office staff
- Incentivize form return
- Consider venues for ease of return
  - End of summer meal program event, ELAC, Back to School night, drop off/pick-up
- Who will do follow-up



# Sample Materials



**CEP**  
*makes school meals as easy as*  
**ABC**

Fill out your child's form today!

Great news! XXXX Unified School District is participating in a new provision that allows this school to offer breakfast and lunch to **all** students **at no charge**. Students are not required to participate but this new opportunity, called the Community Eligibility Provision (CEP), takes away the hassle of meal applications or online accounts. CEP makes it easy to ensure that all of our students have access to nutritious food to stay healthy and ready to learn.

***We need your help with one thing.***



# Additional Resources

- Food Research and Action Center Resources:

- CEP: Making it Work with Lower ISPs

<https://www.frac.org/wp-content/uploads/making-cep-work-with-lower-isps.pdf>

- Starting a Breakfast in the Classroom Program

<http://frac.org/wp-content/uploads/how-to-start-a-breakfast-after-the-bell-program.pdf>

- Making CEP work in California [webinar](#)

- California Food Policy Advocates Resources:

<https://cfpa.net/school-meal-enrollment/>

**2018 - 2019 REDLANDS UNIFIED SCHOOL DISTRICT - Educational Benefit Form**

This form helps ensure your child's school gets funding it deserves. Your child will continue to receive free meals at this school.

**STEP 1 STUDENT INFORMATION - Print the birth date, name, grade and school of EACH child who will attend school this year.**

Place a check in the box if a student is a foster child.

SCHOOL USE ONLY	Student's Birth Date	Student's First Name	Student's Last Name	Grade	School Name	Foster Child
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**STEP 2 Do any Household Members (including you) have a CalFresh, CalWORKS or FDIPIR Case Number?**

If YES > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3)  
 If NO > Complete STEP 3

Mark Which Benefit Received  
 CALFRESH  CALWORKS  FDIPIR

CASE NUMBER:   
 Write only one case number in this space.

**STEP 3 Count People Living in Home and Fill In Total Monthly Household Income**

- Count the number of people living in your home. Include children and adults.
- Estimate the combined monthly income of all people living in your home.
- Find the box below that matches the number of people living in your home.
- In that box, fill in the bubble above the range that matches the combined monthly income of all people living in your home. Fill in only one bubble.

Alternatively, write the number of people living in your home and total monthly household income below.

Number of People Living in Home (adults and children):  Total Monthly Income: \$

**MARKING INSTRUCTIONS**

- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.


CORRECT: ● INCORRECT: ✓ ✗ ☉ ○

<b>2 People Living in Home</b> Total monthly income is <input type="radio"/> \$0 - \$1,784 <input type="radio"/> \$1,785 - \$2,538 <input type="radio"/> \$2,539 or more	<b>5 People Living in Home</b> Total monthly income is <input type="radio"/> \$0 - \$3,188 <input type="radio"/> \$3,189 - \$4,536 <input type="radio"/> \$4,537 or more	<b>8 People Living in Home</b> Total monthly income is <input type="radio"/> \$0 - \$4,592 <input type="radio"/> \$4,593 - \$6,534 <input type="radio"/> \$6,535 or more
<b>3 People Living in Home</b> Total monthly income is <input type="radio"/> \$0 - \$2,252 <input type="radio"/> \$2,253 - \$3,204 <input type="radio"/> \$3,205 or more	<b>6 People Living in Home</b> Total monthly income is <input type="radio"/> \$0 - \$3,656 <input type="radio"/> \$3,657 - \$5,202 <input type="radio"/> \$5,203 or more	<b>9 People Living in Home</b> Total monthly income is <input type="radio"/> \$0 - \$5,060 <input type="radio"/> \$5,061 - \$7,200 <input type="radio"/> \$7,201 or more
<b>4 People Living in Home</b> Total monthly income is <input type="radio"/> \$0 - \$2,720 <input type="radio"/> \$2,721 - \$3,870 <input type="radio"/> \$3,871 or more	<b>7 People Living in Home</b> Total monthly income is <input type="radio"/> \$0 - \$4,124 <input type="radio"/> \$4,125 - \$5,868 <input type="radio"/> \$5,869 or more	<b>10 People Living in Home</b> Total monthly income is <input type="radio"/> \$0 - \$5,528 <input type="radio"/> \$5,529 - \$7,866 <input type="radio"/> \$7,867 or more

**STEP 4 Contact information (Printed) and Adult Signature**

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Street Address (if available)  Apt#  City  State  Zip  -  -   
 Daytime Telephone Number (Optional)

FIRST NAME of adult completing the form  LAST NAME of adult completing the form  Signature of adult completing the form  Today's date   
**0000** 

“This form helps ensure your child’s school gets the funding it deserves. Your child will receive free meals at this school.”



Questions???????

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