

Child Nutrition Consultant

General Instructions

Thank you for your interest in California State civil service employment. The State of California is an Equal Employment Opportunity employer. The Child Nutrition Consultant examination will consist of the attached Qualifications Assessment Questionnaire (QAQ) that will be used to evaluate your experience, education, and training in providing consultation and assistance to sponsors of child nutrition programs.

The QAQ is the examination and will account for 100% of your score. It is important that you fill out the QAQ completely. Questions without a response will not be scored. Your responses should be an accurate reflection of your experience, education, and training.

In order to apply for this examination, you must submit an examination application package. Missing information may delay the processing of your examination.

The following documents comprise the examination application package for Child Nutrition Consultant examination:

- Examination/Employment Application (STD. 678): https://jobs.ca.gov/pdf/std678.pdf
- Conditions of Employment Form (PM-EX-0631): (https://www.cde.ca.gov/re/di/jb/documents/cnc631.pdf)
- Qualifications Assessment Questionnaire and signed Affirmation Statement
- Evidence of completion of required education (e.g. transcript or diploma)
- Proof of registration and/or certifications (copies are acceptable)

PLEASE SUBMIT YOUR COMPLETED EXAMINATION APPLICATION PACKAGE TO:

California Department of Education Examination and Recruitment Office 1430 N Street, Suite 1802 Sacramento, CA 95814 916-319-0857

Upon receipt of your completed examination application package, documents become confidential information and are the property of the California Department of Education, Examination and Recruitment Office. Please notify this office if you have a change of address.

YOUR RESPONSES ARE SUBJECT TO VERIFICATION

All information provided on the state employment application and QAQ is subject to verification at any time during the examination process and/or hiring process.

Anyone who misrepresents their experience, education, and/or training may be subject to one or more of the following actions:

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

Section I - Minimum Qualifications

Items in this section request information about your minimum qualifications, and will be used to determine appointment eligibility. Please answer the following questions by selecting the applicable box.

Education Requirement

1.	•	an earned bachelor's degree with major work in nutrition, dietetics, institutional tor closely related field?
	□Yes	□No
2.	•	an earned master's degree with major work in nutrition, dietetics, institutional t or closely related field?
	□Yes	□No
3.	Are you regis ☐Yes	stered with the Commission on Dietetics? □No
Expe	erience Req	uirement
1.		two years of experience in California state service performing child nutrition duties at a onsibility equivalent to that obtained in the class of Child Nutrition Assistant?
	□Yes	□No
2.	nutrition prog Institutional N	two years of professional experience in quantity food service, nutrition, dietetics, school grams, or nutrition education programs? (A Master's Degree in Nutrition, Dietetics, Management, or a closely related field, or registration with the Commission on Dietetics may be substituted for one year of the required experience.)
	□Yes	□No

Section II - Task Experience

Using the rating scale provided below, you will rate your length of experience performing specific job-related tasks by marking one option. In responding to each statement, you may refer to your formal education, formal training courses, and work experience whether paid or not. Items without a response will not be scored.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by selecting one option for the Level of Experience category.

1.	consultant services to sponsors of nutrition programs.
	Length of Experience:
	☐More than three years of experience
	☐One to three years of experience
	☐Up to one year of experience
	☐No experience performing this task
2.	Evaluate methods of food service, food safety procedures, food storage, or preparation areas.
	Length of Experience:
	☐More than three years of experience
	☐One to three years of experience
	☐Up to one year of experience
	☐No experience performing this task
3.	Assisting sponsors in planning, developing, and implementing nutrition program requirements.
	Length of Experience:
	☐More than three years of experience
	☐One to three years of experience
	☐Up to one year of experience
	□No experience performing this task
4.	Planning, organizing, and/or conducting training conferences.
	Length of Experience:
	☐More than three years of experience
	☐One to three years of experience
	☐Up to one year of experience
	☐No experience performing this task

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	Length of Experience: ☐More than three years of experience ☐One to three years of experience ☐Up to one year of experience ☐No experience performing this task
6.	Test accuracy of meal counting systems and/or other program compliance areas.
	Length of Experience: ☐More than three years of experience ☐One to three years of experience ☐Up to one year of experience ☐No experience performing this task
7.	Assess menus, menu production records, transport records, Child Nutrition Labels, recipes, food labels, ingredient labels, USDA menu worksheets, and/or product formulation statements.
	Length of Experience: ☐More than three years of experience ☐One to three years of experience ☐Up to one year of experience ☐No experience performing this task
8.	Perform and/or evaluate nutrient analysis of menus.
	Length of Experience: More than three years of experience One to three years of experience Up to one year of experience No experience performing this task
9.	Review fiscal records and procedures to evaluate the financial system and ascertain accountability and viability.
	Length of Experience: More than three years of experience One to three years of experience Up to one year of experience No experience performing this task

10.	Clearly communicate the scope and findings of nutrition compliance reviews. Length of Experience:
	 ☐More than three years of experience ☐One to three years of experience ☐Up to one year of experience ☐No experience performing this task
11.	Recommend changes to regulations and/or policies to increase nutrition program participation and program integrity.
	Length of Experience: More than three years of experience One to three years of experience Up to one year of experience No experience performing this task
12.	Collaborate and maintain effective relationships with nutrition program operators. Length of Experience: More than three years of experience One to three years of experience Up to one year of experience No experience performing this task
13.	Educate and train public agencies, as well as for-profit and nonprofit program operators, and/or othe state staff on nutrition program requirements.
	Length of Experience: More than three years of experience One to three years of experience Up to one year of experience No experience performing this task
14.	Develop curriculum, procedures, and/or training materials on nutrition program compliance.
	Length of Experience: More than three years of experience One to three years of experience Up to one year of experience No experience performing this task

15.	or trainings.		
	Length of Experience: ☐More than three years of experience ☐One to three years of experience ☐Up to one year of experience ☐No experience performing this task		
16.	Interpret and analyze local, state, and federal food and nutrition regulations.		
	Length of Experience: More than three years of experience One to three years of experience Up to one year of experience No experience performing this task		
17.	Prepare written comprehensive report findings and approve corrective action plans of nutrition compliance reviews.		
	Length of Experience: More than three years of experience One to three years of experience Up to one year of experience No experience performing this task		
18.	Generate complex review reports and data utilizing computer applications and software.		
	Length of Experience: ☐More than three years of experience ☐One to three years of experience ☐Up to one year of experience ☐No experience performing this task		

Section III - Knowledge and Abilities Assessment

Using the rating scale(s) provided below, you will rate your level of knowledge in accordance with your experience. In responding to each statement you may refer to your work experience, internship, or volunteer work. Items without a response will not be scored.

Definition of Levels:

Extensive Experience: I possess an expert level of knowledge and have used it to instruct others on specific aspects of this knowledge.

Moderate Experience: I have sufficient knowledge and have applied it to an actual task.

Limited Experience: I have some knowledge but require additional instruction in order to apply my knowledge effectively.

None: I do not possess knowledge in this area.

Respond to the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option.

1. Knowledge of methods, techniques, and equipment used in quantity food production, include purchasing, menu planning, merchandising, sanitation, food storage, staffing, and/or equipment used in quantity food production, include purchasing, menu planning, merchandising, sanitation, food storage, staffing, and/or equipment used in quantity food production, include purchasing, menu planning, merchandising, sanitation, food storage, staffing, and/or equipment.			
	Level of Knowledge:		
	☐ Extensive		
	□Moderate		
	□Limited		
	□None		
2.	Knowledge of nutritional needs of children and/or adults.		
	Level of Knowledge:		
	□Extensive		
	□Moderate		
	□Limited		
	□None		
3.	Knowledge of food cost accounting.		
	Level of Knowledge:		
	□Extensive		
	□Moderate		
	□Limited		
	□None		

4.	Level of Knowledge: Extensive Moderate Limited None
5.	Knowledge of principles, practices, methods, techniques, materials, and literature of nutrition. Level of Knowledge: ExtensiveModerateLimitedNone
6.	Knowledge of methods and techniques used in compliance reviews. Level of Knowledge: Extensive Moderate Limited None
7.	Knowledge of USDA meal patterns and menu development. Level of Knowledge: ExtensiveModerateLimitedNone
8.	Use applicable state and federal rules and regulations to ensure nutrition program compliance. Level of Knowledge: ExtensiveModerateLimitedNone
9.	Analyze nutrition program-related issues and recommend an effective course of action. Level of Knowledge: ExtensiveModerateLimitedNone

10.	Advise sponsors on the application of nutrition principles to the Child and Adult Nutrition programs. Level of Knowledge:		
	□Extensive □Moderate □Limited □None		
11.	Lead complex nutrition program discussions in individual and group settings. Level of Knowledge: Extensive Moderate Limited None		
12.	Use computer software and applications such as Outlook, Word, PowerPoint, Excel, Teams, Zoom, SharePoint, WebEx, and other State specific programs in order to create various written reports, input data, and retrieve information. Level of Knowledge: ExtensiveModerateLimitedNone		
13.	Navigate digital platforms for virtual communication. Level of Knowledge: ExtensiveModerateLimitedNone		
14.	Use appropriate math calculations in evaluating fiscal records. Level of Knowledge: ExtensiveModerateLimitedNone		
15.	Use appropriate math calculations in evaluating nutritional records. Level of Knowledge: Extensive Moderate Limited None		

16.	Ability to assess menu documentation such as, USDA menu worksheets, Child Nutrition Labels, Product Formulation Statements, Menu Production Records, Recipes, Nutrition Fact Labels, and other nutrition related documentation.			
	Level of Knowledge:			
	□Extensive			
	□Moderate			
	□Limited			
	□None			
17.	Train new staff in program content and objectives.			
	Level of Knowledge:			
	□Extensive			
	□Moderate			
	□Limited			
	□None			
18.	Independently provide consultation to improve program quality and integrity.			
	Level of Knowledge:			
	□Extensive			
	□Moderate			
	□Limited			
	□None			
19.	Conduct multiple statewide nutrition program reviews within specified timelines in compliance with local, state, and federal regulations.			
	Level of Knowledge:			
	□Extensive			
	□Moderate			
	□Limited			
	□None			
20.	Independently research and analyze regulations.			
	Level of Knowledge:			
	□Extensive			
	□Moderate			
	□Limited			
	□None			

Section IV - Program Knowledge Assessment

Using the rating scale provided below, you will rate your level of knowledge in accordance with your experience. In responding to each statement, you may refer to your work experience, internship, or volunteer work. Items without a response will not be scored.

Definition of Levels:

Extensive Knowledge: I possess extensive knowledge of this program to the extent that I have independently worked with organizations that administer this nutrition program.

Moderate Knowledge: I possess moderate knowledge of this program but may require additional instruction to assist organizations that administer this nutrition program.

No Knowledge: I have no knowledge of this program.

Respond to the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option.

1.	School Nutrition Programs
	Level of Knowledge:
	□Extensive knowledge
	□No knowledge
2.	Summer Food Service Program
	Level of Knowledge:
	☐Extensive knowledge
	☐Moderate knowledge
	□No knowledge
3.	Child and Adult Care Food Programs
	Level of Knowledge:
	□Extensive knowledge
	□No knowledge

Section V - Degrees and Registrations/Certifications

Please indicate your specific education and current registration and /or certification by selecting the appropriate response and complete the corresponding major, subject(s), type, or title. Select all that apply and provide proof by submitting copies of transcripts or diplomas and registrations/certifications.

and pro	ovide proof by subm	itting copies of transcripts or diplomas and registrations/certificat		
Degre	es			
	☐ Master's	Major:		
	☐ Doctorate	Major:		
Profe	Professional Registrations			
	☐ Registered Dietician (RD)			
	☐ Registered Dietician Nutritionist (RDN)			
Certif	ications			
☐ ServSafe or other Food Safety Manager Certificate				

Affirmation Statement

THIS AFFIRMATION MUST BE COMPLETED

Government Code Section 18935:

- a. The department or a designated appointing power may refuse to examine, or after examination may refuse to declare as eligible, or may withhold or withdraw from an eligible list, before the appointment, anyone who meets any of the following criteria:
 - 1. Lacks any of the requirements for the examination or position for which he or she applied.
 - 2. Has been dismissed from any position for any cause that would be a cause for dismissal from state service.
 - 3. Has resigned from any position not in good standing in order to avoid dismissal.
 - 4. Has misrepresented himself or herself in the application or examination process, including permitting another person to complete or attempt to complete a portion of the examination on his or her behalf.
 - 5. Has been found to be unsuited or not qualified for employment pursuant to rule.
- b. The remedies provided in this section are not exclusive and shall not prevent the board, department, or appointing power from taking additional actions pursuant to Chapter 10 (commencing with Section 19680).

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If it is discovered that I have made any false representations after being appointed to a position, I may have adverse action taken against me, which could result in dismissal.

Signature:			
Name (Printed):			
Home Phone Number:	Work Phone Number:		