Child Care Food Program Meal Service Agreement With District School Board/School Food Service

Name of Sponsor/Institution: Children, Inc. Contact Person: Debra Watson				IIPS ID: 11218		
				Phone No. 859-431-2075 Ext, 218		
Address: 333 M	adison Avenue					1
Coving	ton, Kentucky 41	017				
to June 1st, 2020 exce	ept for holldays or oth	ish meals daily to the abo ner days of in-operation c	complete with requi	red (indicate below):		•
		paper produ		s_X_ milk Ju	iice	
Meal Type/Age	Estimated	ORTION SIZES FOR AC Estimated No. of	Unit Price per	' Total Price	Delivery or	
Modi Type/Tige	Total No. of	Serving Days per	Meal	Totaline	Pick-up	
	Meals Per Day			;	Time	
Breakfast(1-5)*	20 + Milk ONLY	180	50 per milk	180 day times		
Breakfast(6-12)						
AM Snack(1-5)*						
AM Snack(6-12)		V STANDARD STANDS				
Lunch(1-5)*		ACCUMANCE OF	•			
Lunch(6-12)						
PM Snack(1-5)*						
PM Snack(6-12)						
	GOOD SERVICE SERVICES	WANTED SEE				
Provide meals in:! Prepare meals for: Provide delivery slips	et or exceed the Ch NA_ bulk or _NA _NA pick up by c using the KY CACFI	nild and Adult Care Foo	ery by School Dist equivalent.	rict Food Service at	the time(s) indicat	ed above.
		n records for a period				Ich they pertain.
•		the KY CACFP, represe	•	_	•	, ,
the Kentucky Office o		•		,	•	
		neals based on the abo vice warrants meals pr			*	
		no longer desired, eith				otification.
MUYUUU	orized Gignatuse.	nave caused said agree 1/23 Date	By: Bard	1.1	gnature	10/3/19 Date
Milaren,	Title LOC.	121111		o na Co	. 50h06	(3
Child C	Care Center			School District F	ood Service	