

# THE KENTON COUNTY BOARD OF EDUCATION

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531 WEBSITE: www.kenton.kyschools.us

Dr. Henry Webb, Superintendent of Schools

#### KCSD ISSUE PAPER

DATE:

**September 25, 2020** 

# **AGENDA ITEM (ACTION ITEM):**

Consider/Approve River Ridge Student Nutrition to furnish milk to Children's Inc from August 14<sup>th</sup>, 2020 to June 1<sup>st</sup> 2021 with the exception of holidays and other days of in-operation,

# APPLICABLE BOARD POLICY:

**Support Services 07.1** 

# **HISTORY/BACKGROUND:**

River Ridge Student Nutrition will provide approximately twenty milks a day to enrolled Children's Inc Students.

# FISCAL/BUDGETARY IMPACT:

None

# **RECOMMENDATION:**

Approval of Child Care Food Program Meal Service Agreement between River Ridge Student Nutrition and Children's Inc.

#### **CONTACT PERSON:**

Elizabeth Hord, Student Nutrition Director

Principal/Administrator

District Administrator

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

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

Name of Sponsor/Institution: Children, Inc.				IPS ID: 11218		
Contact Person: Debra Watson Phone No. 859-431-2075 Ext, 218						8
Address: 333 M	adison Avenue			•		
Coving	ton, Kentucky 41	017		· ·		
	pt for holidays or oth	grees to furnish meals da er days of in-operation co paper produ	omplete with require	ed (indicate below):		ist 14th, <u>2</u> 020
	,	ORTION SIZES FOR AG				
Meal Type/Age	Estimated Total No. of Meals Per Day	Estimated No. of Serving Days per Year	Unit Price per Meal	Total Price	Delivery or Pick-up 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)						•
Lunch(1-5)*						
Lunch(6-12)						
PM Snack(1-5)*			•			-
PM Snack(6-12)						
	######################################		RAND TOTAL PRICE:	<u> </u>		
Provide meals in: Prepare meals for: _ Provide delivery slips Submit billing involce Maintain receipts an These records will be the Kentucky Office of	eet or exceed the Ch NA_ bulk or _NA _NA pick up by c susing the KY CACFI e for payment by th d cost determination made available to of the Inspector Gen	nild and Adult Care Foo unitized enter orNA delive P delivery slip form or e5TH of each r on records for a period the KY CACFP, represe neral.	ery by School Distr equivalent. month to mailing a of 3 years after th ntatives of the U.S	ict Food Service a ddress provided b e end of the agree i. Department of A	t the time(s) indi by center. ement period to agriculture, the c	which they pertain. hild care center and
neals. If for any reasor	ool District Food Se n, this agreement is	rvice warrants meals p	provided are safe a ner party may tern	nd wholesome, bu	ut that any liabili ces with a 2 weel authorized office	ty is severed upon receip < notification
Children	Title Care Center		1	Titl School District		