



Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: www.kenton.kyschools.us

Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

August 30, 2018

AGENDA ITEM (ACTION ITEM):

Consider/Approve Student Nutrition Department to partner with UMC Food Ministries to serve afterschool snacks and supper at various Elementary Schools.

APPLICABLE BOARD POLICY:

Support Services 07.11 AP 1

HISTORY/BACKGROUND:

UMC Ministries would like to serve the schools in which AlphaBest is providing after school care. UMC Ministries is able to serve meals at no cost to students at schools with a free and reduced percentage greater than 50%. The schools that have a free and reduced percentage lower than 50%, the district will have to disclose free and reduced meal eligibility.

FISCAL/BUDGETARY IMPACT:

Student Nutrition will receive \$.10 per snack served and \$.40 per supper served.

RECOMMENDATION:

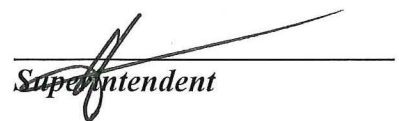
Recommended that the board approve UMC Ministry to serve snack and supper at various Kenton County Schools.

CONTACT PERSON:

Elizabeth Hord, Director of Student Nutrition


Principal


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.

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Joshua Crabtree, Esq. Carla Egan Jessica Jehn
"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"

DISCLOSURE AGREEMENT

Eligibility Information Shared Between Child Nutrition Program Sponsors

Determining Agency

AND

Requesting Agency

FROM

To

Effective Dates

The agency which made free and reduced price meal or free milk eligibility determination (Determining Agency) and the agency requesting eligibility information (Requesting Agency), as named above and in accordance with provisions of the National School Lunch Act, as amended (42 U.S.C. 1751(b)(2)(C) that permit, without applicant consent, all eligibility information obtained through children's free and reduced price meal eligibility processes to be shared between agencies authorized to operate programs under the National School Lunch Act or Child Nutrition Act of 1966, agreed as follows:

The **Determining Agency** will disclose to the **Requesting Agency** requested information obtained through children's free and reduced price application or direct certification or verification. This information will be provided only to persons within the **Requesting Agency** directly responsible for Child Nutrition Program administration and compliance.

The **Requesting Agency** verifies that it is currently authorized by the Ohio Department of Education to operate the following Child Nutrition Program(s) and that information requested will only be used to determine eligibility for program(s) indicated:

_____ National School Lunch Program
_____ School Breakfast Program
_____ Special Milk Program

_____ Child and Adult Care Food Program
_____ Summer Food Service Program

The **Requesting Agency** agrees to comply with all disclosure limitations contained in Child Nutrition Program regulations and statutes. Further use or disclosure not specified in this agreement is prohibited. Improper disclosure may result in a fine of not more than \$1,000 or imprisonment of not more than one year, or both.

<u>DETERMINING AGENCY</u>	<u>REQUESTING AGENCY</u>
Agency Name	Agency Name
Address	Address
City/State/Zip	City/State/Zip
Authorized Administrator Name/Title	Authorized Administrator Name/Title
Signature/Date	Signature/ Date
Telephone Number	Telephone No.
Fax Number	Fax Number
e-mail Address	e-mail Address

The USDA is an equal opportunity provider and employer.

DISCLOSURE REQUEST
Child Nutrition Program Eligibility Information

This request is made by _____

Child Nutrition Program Sponsor

Address: _____

Telephone: _____

This request is made to: _____

This is a request for the following eligibility information obtained through current children's free and reduced price meal eligibility processes. All requested information will be handled in accordance with a disclosure agreement between these agencies effective _____ to _____.

I certify that requested information will be disclosed only to authorized persons for Child Nutrition Program purposes as indicated in the disclosure agreement.

Requesting Agency Administrator

Name _____

Address _____

Signature _____

Date _____

I certify that eligibility status provided is accurate based on free and reduced price meal eligibility determination processes used by this agency.

Determining Agency Administrator

Name _____

Address _____

Signature _____

Date _____

The USDA is an equal opportunity provider and employer.

DISCLOSURE REQUEST

Child Nutrition Programs Eligibility Information

Determining Agency _____

Please check the eligibility status of children listed below:

[illegible]


CHILD AND ADULT CARE FOOD PROGRAM SITE NOTIFICATION

Instructions: This notification is to be used when a sponsor operates a site at a location which they do not own and there is no other affiliation between the sponsor/site and location except the site it is located there (i.e. site located in a school).

This notification serves to inform an agency/school that the following sponsor will be operating a child care program which will be participating in the Child and Adult Care Food Program at the location indicated below.

SPONSOR NAME: UMCFood Ministry						IRN 12149	
SITE NAME: VARIOUS KENTON COUNTY SCHOOLS							
SITE ADDRESS: KENTON COUNTY KENTUCKY							
Number of Children Enrolled:				Age Range:			
Months Operating (circle): Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec							
The following meals will be served at this location: (check all that apply)							
Meals		Begin Time			End Time		
<input type="checkbox"/> Breakfast							
<input type="checkbox"/> Am Snack							
<input type="checkbox"/> Lunch							
<input checked="" type="checkbox"/> PM Snack							
<input checked="" type="checkbox"/> Supper							
<input type="checkbox"/> Evening Snack							
The child care program located at this site: (check all that apply)							
<input type="checkbox"/> Has their own food service license							
<input type="checkbox"/> Has a food service license exemption							
<input checked="" type="checkbox"/> Is having food provided by a vendor who has the appropriate food service license							
<input type="checkbox"/> Has a current Health Inspection Report (the child care program is in school building but is not receiving meals from school food service or using the school kitchen)							
Food for meals/snacks will be obtained for this site in the following manner:							
<input checked="" type="checkbox"/> Self-prep/sponsor program will purchase <input type="checkbox"/> From outside vendor <input type="checkbox"/> From site location							
The sponsor/site plans to use some or all of the kitchen facilities at this location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If this site is located in a school, has the Food Service Director been notified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
The following agency will be responsible for cleaning up the food serving area and eating area that was used: Alphabest, Inc.							
The following agency will be responsible for the oversight and operation of the child care activities (not food program) taking place at this location: Alphabest, Inc.							

By signing this document, the *location agency Food Service Director* acknowledges that they have been informed that a child care program will be operating at the address noted above.

LOCATION AGENCY	CACFP SPONSOR
Agency Name:	Agency Name: UMCFood Ministry
Name Authorized Food Service Director:	Name Authorized Representative: Lawrence Karow
Signature:	Signature: 
Title:	Title: CEO
Phone:	Phone: 859-757-5416
Date:	Date: 8/16/2018