

Issue Paper

DATE:

June 7, 2021

AGENDA ITEM (ACTION ITEM):

Consider/Approve Child Care Food Program Meal Service Agreement with Taylor Mill Head Start.

APPLICABLE BOARD POLICY:

Legal Status of the Board 01.1; Community Relations 10.3

HISTORY/BACKGROUND:

The Student Nutrition Department will furnish twenty three breakfast meals, twenty three lunch meals, and twenty three snacks per day to the Taylor Mill Head Start Program during the 2021-2022 school year. The Student Nutrition department will be paid \$129.49 per day for the cost of furnished meals and accompaniments.

FISCAL/BUDGETARY IMPACT:

None.

RECOMMENDATION:

Approval to execute the Child Care Food Program Meal Service Agreement with Taylor Mill Head Start.

CONTACT PERSON:

Elizabeth Hord

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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

	community Action Co	mmission Head Start/Ea	ing nead Start; I	1499		1
Contact Person: Kristi Rank			P	Phone No.		
Address: 13 West 7th	Street Covington KY 4	41011		59-655-2940		
Site: Taylor M	ill Head Start					
5907 Taylor M	ill Rd., Coving	gton, KY 41015			1, ,	
The Kenton County Sch	ool District Food Sen	vice agrees to furnish me			or the period fron	n: August 2021 to May
2022, except for holida *Based on Kenton Cou		operation complete with	n required (indicat	e below):		
		DRTION SIZES FOR AGE	_X Paper pi	roductsX	_ Condiments	X Milk
Meal Type/Age	Estimated	Estimated No. of	Unit Price pe	r Total Price	Delivery or	
	Total No. of	Serving Days per	Meal		Pick-up	
	Meals Per Day	Year			Time	
Breakfast(1-5)*	23	140	2.00	46.00/ day	9:10 a.m	
Lunch(1-5)*	23	140	2.75	63.25/ day	12 p.m	
PM Snack(1-5)*	23	140	0.88	20.24/ day	1:30 p.m	
		G	RAND TOTAL PRIC	E: \$129.49 per day		
Menu must be in v Nutrition Labels fo	weekly format v	id and Adult Care Food with Whole Grain f /grain rich product	or the day cle			must be sent with
Menu must be in voluntition Labels for monthly invoice. Provide meals in: _X_Prepare meals for:Provide delivery slips of submit billing invoice Maintain receipts and	weekly format vor whole wheat, bulk orun pick up by cer using the KY CACFP for payment by the cost determination	vith Whole Grain f /grain rich product	ry by School Distequivalent. of a years after t	early marked. gurts and combin crict Food Service at to to mailing address price end of the agreen	nation foods in the time(s) indicates to the time of time of the time of time	ated above. er. ehich they pertain.
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School District Food Service

Child Care Center