

Bullitt County Public Schools

(D) 98

1040 Highway 44 East Shepherdsville, Kentucky 40165 Phone: 502-869-8000 Fax: 502-543-3608 www.bullittschools.org

DATE:

Nov. 10, 2021

TO:

Jesse Bacon, Superintendent

FROM:

Todd Crumbacker, Director of School Nutrition Services

RE:

Additional cook/baker staff member (Eastside Middle School)

I am requesting approval for one additional team member, a cook/baker, for Eastside Middle School (EMS). This position will be 5 hours a day. I am requesting that we be able to post this position immediately. Due to the USDA allowing our department to serve free meals to all students, we have seen an increase in meal participation in many of our schools, especially our non-CEP schools. EMS is one of the schools that have benefited greatly from the flexibility of serving free meals. This position will be guaranteed for the remainder of the 21-22 school year; a labor analysis will be completed monthly to determine if this position will be needed for the 22-23 school year. Our current "Meals Per Labor Hour" analysis (MPLH) supports the addition of this staff member. Funding for this staff member will come from Fund 51: School Nutrition Services.

Included with this memo is the following:

- A MPLH analysis for EMS (Aug., Sept, & Oct.)
- Wage-Calculation sheet to determine the cost of a cook/baker for various steps

School Food Service Labor Analysis

BULLITT COUNTY SO	CHOOLS		September, 2021
School Food Author	ority		Month/Year
Eastside-w/o Moni &	1/2 Mgr		Annette Murphy
School			Person Completing Report
	As most 2021		16
Use \$ to Determine A La Carte	August, 2021 Determining Month/Y	- Anr	# of Serving Days
A DP	Determining Woman 1	Cai	
	I. Determining Meal Equiv	alent	Meal Equivalents
Breakfast 1169	73.0625	x.67=	48.952
	Breakfast ADP (include adu	lt meals)	
Lunch 4729	295.5625	=	295.563
	Lunch ADP (include adult	meals)	
0 - 1 *	0	x.33=	0.000
Snack §	After School Snack A		0.000
ANY OF THE AMERICAN PROPERTY.	Titol Benedi Shack I	+	
A la Carte \$ 2,907.75	\$ 181.73	/1. (Adult monals)	39.702
	Non-reimbursable food sales avera		384.216
FLR+CV per MF 2014= 4.5775 (# provided by KDE)	Free lunch Reimbursement+Commo	dity Value per meal factor	TOTAL MEAL EQUIVALENTS
	IV.I Calculating Meals Per	Labor Hour	
	384.22 ÷	14	= 27.44
IV.I Calculating total	Total Meal Equivalents	Desired MPLH	Desired Labor Hours
labor hours needed per day using 14 MPLH	24.875 -	27.44	= -2.57
tay using 11111 Bit	Current Labor Hours	Desired Labor Hours	Increase/Decrease If sum is + = reduction in labor If sum is - = increase in labor
	IV.II Calculating Meals Pe	r Labor Hour	
			= 24.01
IV.II Calculating total	384.22 ÷	16 Desired MPLH	Desired Labor Hours
labor hours needed per			= 0.86
day using 16 MPLH	24.875 - Current Labor Hours	24.01 Desired Labor Hours	Increase/Decrease
	Current Labor Flours	Desired Labor Media	If sum is + = reduction in labor If sum is - = increase in labor
	IV.III Calculating Meals P	er Labor Hour	
	384.22 ÷	18	= 21.35
IV.III Calculating total	Total Meal Equivalents	Desired MPLH	Desired Labor Hours
labor hours needed per day using 18 MPLH	24.875 -	21.35	3.53

Current Labor Hours

Desired Labor Hours

Increase/Decrease

If sum is += reduction in labor

If sum is -= increase in labor

Include ALL food service employee time in the labor hours. Including 100% of the manager's time. We are checking about the monitor's time to see if it is to be included or not.

For meal equivalents, add any adult breakfasts to the breakfast count and any adult lunches to the lunch count. Don't forget to look for the the adult YMCA and the employee, monitor, and visitor lunches.

LINES 48 and 49:

If the adjustment needed comes out to be a negative number, that means they are short handed and need more labor. If it is not negative, then they are even or are over staffed.

Staffing Additions - Cost Analysis

4 hr. cook/baker	Step 0	Step 5	Step 10
Hourly Rate	\$11.62	\$12.95	\$14.24
Total Expenses	\$19,921	\$21,207	\$22,454

5 hr. cook/baker	Step 0	Step 5	Step 10
Hourly Rate	\$11.62	\$12.95	\$14.24
Total Expenses	\$22,730	\$24, 337	\$25, 895

6 hr. cook/baker	Step 0	Step 5	Step 10
Hourly Rate	\$11.62	\$12.95	\$14.24
Total Expenses	\$25,538	\$27,466	\$29,337

	Program:	4 HOURS	COOK / BAKER
	Project #:		STEP 0 - \$11.62/HOUR
	Prepared By:		
	Principal Signature:		
	Date Submitted:		
	Approved By (Program Director):		
	Balanced (YES/NO)	SORRY, BAC	K TO DRAWING BOARD!!
ORG	0052118		
OBJECT	ACCOUNT DESCRIPTION	AMOUNT	DESCRIPTION
0130	CLASSIFIED REGULAR SALARY	8,319.92	
0131	CLASSIFIED OTHER SALARY	-	
0150	CLASSIFIED SUBSTITUTE SALARY		
0170	CLASSIFIED/PARAPROFESSIONAL		
0211	TERM LIFE	28.80	
0213	GROUP LIABILITY INSURANCE	91,94	
0221	FICA	515.84	
0222	EMPLOYER MEDICARE CONTR.	120.64	
0231	KTRS (Fed. Prog. Only)	•	
0232	CERS	2,242.22	
0251	STATE UNEMPLOYMENT INS.	60.00	
0260	WORKMANS COMPENSATION	34,11	
0294	HEALTH INSURANCE	8,400,00	
0295	LIFE INSURANCE	12.00	
0296	ADMINISTRATION FEE	96.00	
0297	FLEXIBLE SPENDING ACCOUNT	-	
	Total Expenses	\$ 19,921,46	
	Adjustments		If a needed expense object line isn't listed, feel free to make changes
		19,921.46	Call Sherry Sweat, 502-869-8011 with questions or for assistance.
	Total Grant Amount		
	Balanced When this is ZERO	(19,921.00)	

SNS

School:

\$8500,455

	Program:	4 HOURS	COOK / BAKER
	Project #:		STEP 5 - \$12.95
	Prepared By:		
	Principal Signature:		
	Date Submitted:		
	Approved By (Program Director):		
	Balanced (YES/NO)	SORRY, BA	ACK TO DRAWING BOARD!!
ORG	0052118		
OBJECT	ACCOUNT DESCRIPTION	AMOUNT	DESCRIPTION
0130	CLASSIFIED REGULAR SALARY	9,272.2	DESCRIPTION
0131	CLASSIFIED OTHER SALARY		
0150	CLASSIFIED SUBSTITUTE SALARY		
0170	CLASSIFIED/PARAPROFESSIONAL		
0211	TERM LIFE	28.8	0
0213	GROUP LIABILITY INSURANCE	91.9	4
0221	FICA	574.8	8
0222	EMPLOYER MEDICARE CONTR.	134,4	5
0231	KTRS (Fed. Prog. Only)		
0232	CERS	2,498.8	6
0251	STATE UNEMPLOYMENT INS.	60,0	0
0260	WORKMANS COMPENSATION	38.0	2
0294	HEALTH INSURANCE	8,400.0	0
0295	LIFE INSURANCE	12,0	· · · · · · · · · · · · · · · · · · ·
0296	ADMINISTRATION FEE	96.0	0
0297	FLEXIBLE SPENDING ACCOUNT	-	
	Total Expenses	\$ 21,207.1	4
	Adjustments		If a needed expense object line isn't listed, feel free to make changes
		21,207.1	Call Sherry Sweat, 502-869-8011 with questions or for assistance.
	Total Grant Amount		
	Balanced When this is ZERO	(21,207.00	<u>))</u>

SNS

School:

\$850°S.

	Program:	<u>4 H</u>	IOURS	COOK / BAKER
	Project #:			STEP 10 - \$14,24
	Prepared By:			
	Principal Signature:			
	Date Submitted:			
	Approved By (Program Director):			
	Balanced (YES/NO)	<u>sc</u>	DRRY, BAC	K TO DRAWING BOARD!!
ODC				
ORG	0052118	i		
OBJECT	ACCOUNT DESCRIPTION		AMOUNT	DESCRIPTION
0130	CLASSIFIED REGULAR SALARY		10,195.84	
0131	CLASSIFIED OTHER SALARY		-	
0150	CLASSIFIED SUBSTITUTE SALARY			
0170	CLASSIFIED/PARAPROFESSIONAL			
0211	TERM LIFE		28.80	
0213	GROUP LIABILITY INSURANCE		91.94	
0221	FICA		632.14	
0222	EMPLOYER MEDICARE CONTR.		147.84	
0231	KTRS (Fed. Prog. Only)			
0232	CERS		2,747.78	
0251	STATE UNEMPLOYMENT INS.		60.00	
0260	WORKMANS COMPENSATION		41,80	
0294	HEALTH INSURANCE		8,400.00	
	LIFE INSURANCE		12,00	
	ADMINISTRATION FEE		96.00	
0297	FLEXIBLE SPENDING ACCOUNT			
	Total Expenses	\$	22,454.14	·
	Adjustments			If a needed expense object line isn't listed, feel free to make changes
	·		22,454.14	Call Sherry Sweat, 502-869-8011 with questions or for assistance.
	Total Grant Amount			
	Balanced When this is ZERO		(22,454.00)	

SNS

School:

\$8500 ins.

	School:	SNS	
	Program:	5 HOURS	COOK / BAKER
	Project #:		STEP 0 - \$11.62
	Prepared By:		
	•	-	
	Principal Signature:		
	Date Submitted:		
	Approved By (Program Director):		
	Balanced (YES/NO)	SORRY, BA	CK TO DRAWING BOARD!!
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ORG	0052118		
OBJECT	ACCOUNT DESCRIPTION	AMOUNT	DESCRIPTION
0130	CLASSIFIED REGULAR SALARY	10,399.90	
0131	CLASSIFIED OTHER SALARY		
0150	CLASSIFIED SUBSTITUTE SALARY		
0170	CLASSIFIED/PARAPROFESSIONAL	-	
0211	TERM LIFE	28,80	
0213	GROUP LIABILITY INSURANCE	91.9	1
0221	FICA	644,79	
0222	EMPLOYER MEDICARE CONTR.	150.80	
0231	KTRS (Fed. Prog. Only)	-	
0232	CERS	2,802.7	
0251	STATE UNEMPLOYMENT INS.	60.00	
0260	WORKMANS COMPENSATION	42.64	
0294	HEALTH INSURANCE	8,400.00	
0295	LIFE INSURANCE	12.00	
0296	ADMINISTRATION FEE	96.00	
0297	FLEXIBLE SPENDING ACCOUNT		
	Total Expenses	\$ 22,729.64	<u>.</u>
	Adjustments		If a needed expense object line isn't listed, feel free to make changes
		22,729.64	Call Sherry Sweat, 502-869-8011 with questions or for assistance.
	Total Grant Amount		
	Balanced When this is ZERO	(22.730.00	1

	School:	SNS	
	Program:	5 HOURS	COOK / BAKER
	Project #:		STEP 5 - \$12.95
	Prepared By:		
	Principal Signature:	~	
	Date Submitted:		
	Date Submitted:		
	Approved By (Program Director):		
	Balanced (YES/NO)	SORRY, BAC	K TO DRAWING BOARD!!
	•		
ORG	0052118		
OBJECT	ACCOUNT DESCRIPTION	AMOUNT	DESCRIPTION
0130	CLASSIFIED REGULAR SALARY	11,590.25	DESCRIPTION
0131	CLASSIFIED OTHER SALARY	-	
0150	CLASSIFIED SUBSTITUTE SALARY		
0170	CLASSIFIED/PARAPROFESSIONAL		
0211	TERM LIFE	28,80	
0213	GROUP LIABILITY INSURANCE	91,94	
0221	FICA	718.60	
0222	EMPLOYER MEDICARE CONTR.	168,06	
0231	KTRS (Fed. Prog. Only)	<u> </u>	
0232	CERS	3,123.57	
0251	STATE UNEMPLOYMENT INS.	60.00	
0260 0294	WORKMANS COMPENSATION	47.52	
0295	HEALTH INSURANCE	8,400.00	
0296	ADMINISTRATION FEE	12.00 96.00	
0297	FLEXIBLE SPENDING ACCOUNT	96.00	
, 020.		-	
	Total Expenses	\$ 24,336.74	
	Adjustments		If a needed expense object line isn't listed, feel free to make changes
		24,336.74	Call Sherry Sweat, 502-869-8011 with questions or for assistance.
	Total Grant Amount		
	Balanced When this is ZERO	(24,337.00)	

	School;	SNS	
	Program:	5 HOURS	COOK / BAKER
	Project #:		STEP 10 - \$14.24
	Prepared By:		
	Principal Signature:		
	Date Submitted:		
	Approved By (Program Director):		
	Balanced (YES/NO)	SORRY, BAG	CK TO DRAWING BOARD!!
ORG	0052118		
OBJECT	ACCOUNT DESCRIPTION	AMOUNT	DESCRIPTION
0130	CLASSIFIED REGULAR SALARY	12,744.80	
0131	CLASSIFIED OTHER SALARY		
0150	CLASSIFIED SUBSTITUTE SALARY	-	
0170	CLASSIFIED/PARAPROFESSIONAL	-	
0211	TERM LIFE	28.80	
0213	GROUP LIABILITY INSURANCE	91,94	
0221	FICA	790.18	
0222	EMPLOYER MEDICARE CONTR.	184.80	
0231	KTRS (Fed. Prog. Only)	-	
0232	CERS	3,434,72	
0251	STATE UNEMPLOYMENT INS.	60,00	
0260	WORKMANS COMPENSATION	52,25	
0294	HEALTH INSURANCE	8,400.00	
0295	LIFE INSURANCE	12,00	
0296	ADMINISTRATION FEE	96.00	
0297	FLEXIBLE SPENDING ACCOUNT		
	Total Expenses	\$ 25,895.49	
	Adjustments		If a needed expense object line isn't listed, feel free to make changes
		25,895.49	Call Sherry Sweat, 502-869-8011 with questions or for assistance.
	Total Grant Amount		
	Balanced When this is ZERO	(25,895.00)	_