



Bullitt County Public Schools

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 (Mt. Washington Elementary)

I am requesting approval for one additional team member, a cook/baker, for Mt. Washington Elementary School (MWES). This position will be 4 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. MWES is one of the schools that have benefited 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 MWES (Aug., Sept, & Oct.)
- Wage-Calculation sheet to determine the cost of a cook/baker for various steps

School Food Service Labor Analysis

| | | | |
|---|-----------|--|-------------------------------|
| BULLITT COUNTY SCHOOLS | | August, 2021 | |
| School Food Authority | | Month/Year | |
| MWES | | Crumbacker | |
| School | | Person Completing Report | |
| | | 16 | |
| Use \$ to Determine A La Carte ADP | | Determining Month/Year | |
| | | I. Determining Meal Equivalent | |
| Breakfast | 2060 | 128.75 | x.67= |
| | | Breakfast ADP (include adult meals) | + |
| Lunch | 4378 | 273.625 | = |
| | | Lunch ADP (include adult meals) | + |
| Snack | | 0 | x.33= |
| | | After School Snack ADP | + |
| A la Carte | \$ 327.25 | \$ 20.45 | |
| | | Non-reimbursable food sales average/day (exc. Adult meals) | |
| | | Free lunch Reimbursement+Commodity Value per meal factor* | |
| | | | 364.356 |
| | | | TOTAL MEAL EQUIVALENTS |

*FLR+CV per MF 2014=
4.5775 (# provided by KDE)

Guideline is 14-18 meals per labor hour (MPLH). Factors that may affect MPLH may include: Size of Operation/Number of Serving Lines/Scheduling of Lunch Periods/Amount of Convenience Food Used.

IV.I Calculating total
labor hours needed per
day using 14 MPLH

| IV.I Calculating Meals Per Labor Hour | | | |
|---------------------------------------|---|---------------------|---|
| 364.36 | ÷ | 14 | = 26.03 |
| Total Meal Equivalents | | Desired MPLH | Desired Labor Hours |
| 23.375 | - | 26.03 | = -2.65 |
| Current Labor Hours | | Desired Labor Hours | Increase/Decrease |
| | | | If sum is + = reduction in labor If sum is - = increase in labor |

IV.II Calculating total
labor hours needed per
day using 16 MPLH

| IV.II Calculating Meals Per Labor Hour | | | |
|--|---|---------------------|---|
| 364.36 | ÷ | 16 | = 22.77 |
| Total Meal Equivalents | | Desired MPLH | Desired Labor Hours |
| 23.375 | - | 22.77 | = 0.60 |
| Current Labor Hours | | Desired Labor Hours | Increase/Decrease |
| | | | If sum is + = reduction in labor If sum is - = increase in labor |

IV.III Calculating Meals Per Labor Hour

IV.III Calculating total labor hours needed per day using 18 MPLH

| | | | | |
|------------------------|---|---------------------|---|----------------------------------|
| 364.36 | ÷ | 18 | = | 20.24 |
| Total Meal Equivalents | | Desired MPLH | | Desired Labor Hours |
| 23.375 | - | 20.24 | = | 3.13 |
| Current Labor Hours | | Desired Labor Hours | | Increase/Decrease |
| | | | | If sum is + = reduction in labor |
| | | | | If sum is - = increase in labor |

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 |

School: SNS

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. BACK 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

Call Sherry Sweat, 502-869-8011 with questions or for assistance.

Total Grant Amount

19,921.46

Balanced When this is ZERO

(19,921.00)

\$8500 ins

School: SNS

Program: 4 HOURS COOK / BAKER

Project #: STEP 5 - \$12.95

Prepared By: _____

Principal Signature: _____

Date Submitted: _____

Approved By (Program Director): _____

Balanced (YES/NO) **SORRY, BACK TO DRAWING BOARD!!**

| ORG | 0052118 | | |
|----------------|------------------------------|--------------|-------------|
| OBJECT | ACCOUNT DESCRIPTION | AMOUNT | DESCRIPTION |
| 0130 | CLASSIFIED REGULAR SALARY | 9,272.20 | |
| 0131 | CLASSIFIED OTHER SALARY | - | |
| 0150 | CLASSIFIED SUBSTITUTE SALARY | - | |
| 0170 | CLASSIFIED/PARAPROFESSIONAL | - | |
| 0211 | TERM LIFE | 28.80 | |
| 0213 | GROUP LIABILITY INSURANCE | 91.94 | |
| 0221 | FICA | 574.88 | |
| 0222 | EMPLOYER MEDICARE CONTR. | 134.45 | |
| 0231 | KTRS (Fed. Prog. Only) | - | |
| 0232 | CERS | 2,498.86 | |
| 0251 | STATE UNEMPLOYMENT INS. | 60.00 | |
| 0260 | WORKMANS COMPENSATION | 38.02 | |
| 0294 | HEALTH INSURANCE | 8,400.00 | |
| 0295 | LIFE INSURANCE | 12.00 | |
| 0296 | ADMINISTRATION FEE | 96.00 | |
| 0297 | FLEXIBLE SPENDING ACCOUNT | - | |
| Total Expenses | | \$ 21,207.14 | |

Adjustments

If a needed expense object line isn't listed, feel free to make changes

Call Sherry Sweat, 502-869-8011 with questions or for assistance.

Total Grant Amount

21,207.14

Balanced When this is ZERO

(21,207.00)

\$8500
ins.

School: SNS

Program: 4 HOURS COOK / BAKER

Project #: STEP 10 - \$14,24

Prepared By: _____

Principal Signature: _____

Date Submitted: _____

Approved By (Program Director): _____

Balanced (YES/NO) **SORRY, BACK TO DRAWING BOARD!!**

| ORG | 0052118 | | |
|----------------|------------------------------|--------------|-------------|
| 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 | |
| 0295 | LIFE INSURANCE | 12.00 | |
| 0296 | ADMINISTRATION FEE | 96.00 | |
| 0297 | FLEXIBLE SPENDING ACCOUNT | - | |
| Total Expenses | | \$ 22,454.14 | |

Adjustments

22,454.14

Total Grant Amount

Balanced When this is ZERO

(22,454.00)

If a needed expense object line isn't listed, feel free to make changes

Call Sherry Sweat, 502-869-8011 with questions or for assistance.

\$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. BACK TO DRAWING BOARD!!**

| 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 | 91.94 | |
| 0221 | FICA | 644.79 | |
| 0222 | EMPLOYER MEDICARE CONTR. | 150.80 | |
| 0231 | KTRS (Fed. Prog. Only) | - | |
| 0232 | CERS | 2,802.77 | |
| 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 | |

Adjustments

If a needed **expense** object line isn't listed, feel free to make changes

Call Sherry Sweat, 502-869-8011 with questions or for assistance.

Total Grant Amount

22,729.64

Balanced When this is ZERO

(22,730.00)

School: SNS

Program: 5 HOURS COOK / BAKER

Project #: STEP 5 - \$12.95

Prepared By: _____

Principal Signature: _____

Date Submitted: _____

Approved By (Program Director): _____

Balanced (YES/NO) **SORRY. BACK TO DRAWING BOARD!!**

| ORG | 0052118 | | |
|----------------|------------------------------|--------------|-------------|
| OBJECT | ACCOUNT DESCRIPTION | AMOUNT | DESCRIPTION |
| 0130 | CLASSIFIED REGULAR SALARY | 11,590.25 | |
| 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) | - | |
| 0232 | CERS | 3,123.57 | |
| 0251 | STATE UNEMPLOYMENT INS. | 60.00 | |
| 0260 | WORKMANS COMPENSATION | 47.62 | |
| 0294 | HEALTH INSURANCE | 8,400.00 | |
| 0295 | LIFE INSURANCE | 12.00 | |
| 0296 | ADMINISTRATION FEE | 96.00 | |
| 0297 | FLEXIBLE SPENDING ACCOUNT | - | |
| Total Expenses | | \$ 24,336.74 | |

Adjustments

If a needed expense object line isn't listed, feel free to make changes

Call Sherry Sweat, 502-869-8011 with questions or for assistance.

Total Grant Amount

24,336.74

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, BACK 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

Total Grant Amount

Balanced When this is ZERO

25,895.49

(25,895.00)

If a needed expense object line isn't listed, feel free to make changes
Call Sherry Sweat, 502-869-8011 with questions or for assistance.