

DATE:

June 20th, 2024

AGENDA ITEM (ACTION ITEM):

Consider/Approve renewing the Child Care Food Program Meal Service Agreement with Northern Kentucky Community Action Commission Head Start/Early Head Start

APPLICABLE BOARD POLICY:

Legal Status of the Board 01.1; Community Relations 10.3

HISTORY/BACKGROUND:

During the 2024-2025 school year, the Ft. Wright Elementary Student Nutrition Department will furnish approximately twenty-three breakfast meals, twenty-three lunch meals, and twenty-three snacks per school day to the Head Start Program at Ft. Wright Elementary School. The estimated amount to be paid by Northern Kentucky Community Action Commission Head Start/Early Head Start to the KCSD Student Nutrition Department is \$35,432.88,

FISCAL/BUDGETARY IMPACT:

None (Food/labor costs to KCSD will be reimbursed by NKCAC Head Start/Early Head Start.)

RECOMMENDATION:


Approval renew the Child Care Food Program Meal Service Agreement with Northern Kentucky Community Action Commission Head Start/Early Head Start.

CONTACT PERSON:

Jennifer Notton, 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: Northern Kentucky Community Action Commission Head Start | CNIPS ID: 11499 |
| Contact Person: Crystal Noonchester | Phone No. 859-295-1081 |
| Address: 437 West 9 th Street Newport KY 41017 | |
| Site: Ft. Wright Head Start (Located in Ft. Wright Elementary School) | |
| 501 Farrell Drive, Ft. Wright KY 41011 | |

The Kenton County _____ School District Food Service agrees to furnish meals daily to the above child care center for the period from: _____ August 24____ to ____ May 25____, except for holidays or other days of in-operation complete with required (indicate below):
(Date) (Date)

_____x_____ paper products _____x_____ condiments _____x_____ milk

***AGES 1-5 MEALS BASED ON PORTION SIZES FOR AGES 3-5.**

| 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)* | 23 | 140 | 3.25 | 74.75 per day | 8:10 am |
| Lunch(1-5)* | 23 | 140 | 4.75 | 109.25 per day | 10:45 am |
| PM Snack(1-5)* | 23 | 140 | 1.17 | 26.91 per day | 1:40pm |

GRAND TOTAL PRICE: \$____210.91 per day_____

The Kenton County School District Food Service agrees to:

- Ensure meals will meet or exceed the Child and Adult Care Food Program Meal Pattern for Children (attached).
- Provide meals in: _____x_____ bulk or _____unitized
- Prepare meals for: _____x_____ pick up by center or _____ delivery by School District Food Service at the time(s) indicated above.
- Menu must be in weekly format with whole grain for the day clearly marked.
- Nutrition Labels for Whole wheat/grain rich products, cereals, yogurts, and combination foods must be provided.
- Provide delivery slips using the KY CACFP delivery slip form or equivalent.
- Submit billing invoice for payment by the _____5th_____ of each month to mailing address provided by center.
- Maintain receipts and cost determination records for a period of 3 years after the end of the agreement period to which they pertain. These records will be made available to the KY CACFP, representatives of the U.S. Department of Agriculture, the child care center and the Kentucky Office of the Inspector General.

The Sponsor/Institution agrees to pay for meals based on the above unit price(s) within 30 days of receipt of invoice.

The Kenton County School District Food Service warrants meals provided are safe and wholesome, but that any liability is severed upon receipt meals. If for any reason, this agreement is no longer desired, either party may terminate these services with a 30 day notification.

IN WITNESS WHEREOF, the parties hereto have caused said agreement to be executed by their duly authorized officers.

By: _____
Authorized Signature Date

Title

Child Care Center

By: _____
Authorized Signature Date

Title

School District Food Service