



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

Issue Paper

EW.

DATE:

August 29, 2024

AGENDA ITEM (ACTION ITEM):

Consider/Approve revised pricing on 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 KCS D Student Nutrition Department is \$30,107.00,

FISCAL/BUDGETARY IMPACT:

None (Food/labor costs to KCS D 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	4.85	111.55 per day	10:45 am
PM Snack(1-5)*	23	140	1.25	28.75 per day	1:40pm

GRAND TOTAL PRICE: \$ _____ 215.05 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