

Food Service Management Company (CONTRACTOR) Monitoring Form

(Does not replace On-site Accountability Review Form 9-G)

Sponsors contracting with a Food Service Management Company (FSMC) must monitor the operation of the FSMC by conducting, at a minimum, two on-site visits **at each food service site** and complete the Kansas Food Service Management Company (FSMC) Monitoring Form (Form 14-A) **for each site visit**. Copies of the completed and **signed** Kansas FSMC Monitoring Form(s) (Form 14-A) along with FSMC Advisory Board minutes should be emailed to Diane Dysart at ddysart@ksde.org prior to the established due dates.

December 1st – Deadline to submit 1st FSMC Monitoring Form and FSMC Advisory Board Minutes.

April 1st – Deadline to submit 2nd FSMC Monitoring Form and FSMC Advisory Board Minutes to KSDE

Sponsor #/Name: _____ Site Name _____

Contractor Name: _____ Review Date: _____ Base Year of Contract: _____ Contract Year (1,2,3,4,5): _____

Meal Type	Fixed Fee Per Meal	Meal Type	Fixed Fee Per Meal
SBP (SSO) Student Breakfasts	\$	SFSP Lunch/Supper Meals	\$
NSLP (SSO) Student Lunches	\$	SFSP Snacks	\$
NSLP Afterschool Snacks	\$	Special Milk Program	\$
CACFP Breakfast	\$	FFVP Meal Equivalent Fee	\$
CACFP Lunch/Supper	\$	Meal Equivalent Fee	\$
CACFP Snacks	\$	Meal Equivalent Factor	\$
SFSP Breakfast	\$	Employee Transition Fee	\$

Menus and Service	SNP			CACFP			Comments
	Yes	No	NA	Yes	No	NA	
1. Has the Contractor followed the 21-day cycle menu, as described in Exhibit B of the contract, for the first 21 days of the contract? (Monitor during the first year of contract only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If changes were made to menus following the first 21 days of the contract, did the sponsor approve them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do cycle menus meet requirements for all age and grade groups?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
4. Is documentation available for all menu items served, serving sizes, component contributions, amounts of menu items prepared, served and leftover completed for all meals/snacks claimed for reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
5. If the "Offer" provision is implemented, are the minimum daily/weekly component requirements still being offered (including ½ cup fruit and/or vegetable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are meal modifications provided to participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is appropriate meal modification documentation on file at the serving site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the Contractor provide fluid milk substitutions as Sponsor has indicated on SNP Sponsor application (#88-89)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9. Are fluid milk substitutions compliant with USDA substitution criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Menus and Service	SNP/SFSP			CACFP			Comments
	Yes	No	NA	Yes	No	NA	
10. Are the Smart Snacks In Schools regulations being followed by the Contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11. Is the Contractor complying with Vending as stated in the Contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12. Does the Contractor comply with the Sponsor's Local Wellness Policy?	<input type="checkbox"/>	<input type="checkbox"/>					
13. Are meals monitored after the last food or menu item is served/selected to ensure only reimbursable meals are claimed?	<input type="checkbox"/>	<input type="checkbox"/>					
14. Do the foods purchased meet the quality specification standards indicated in Exhibit C of the contract?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
15. Is Contractor complying with Buy American Requirements? (Only domestic products may be used in the National School Lunch and School Breakfast Programs)	<input type="checkbox"/>	<input type="checkbox"/>					
16. For sites receiving meals - are transport sheets completed each day for all meals claimed for reimbursement and are component contributions available for each menu item?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Has the Contractor provided all appropriate documentation to support crediting of component contributions? CN labels, product formulation statements and labels documenting Whole Grain Rich (WGR) criteria met.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
18. Are all grains offered at breakfast and lunch WGR with CACFP menus providing at least one WGR item per day or does Sponsor have approved WGR waiver?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
19. If At-Risk meals are served and the "Offer" provision was implemented, are participants required to take the minimum number of menu items, including ½ cup fruit and/or vegetable if using the NSLP meal pattern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. If serving meals Family Style, are adequate amounts of food provided to meet minimum meal pattern portions for all participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Financial Accountability Procedures	SNP/SFSP			CACFP			Comments
	Yes	No	NA	Yes	No	NA	
1. Do the Sponsor's school food service daily income records accurately reflect the revenue received by meal type? (Student meals, adult meals, a la carte, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
	All Programs			Comments			
	Yes	No	NA				
2. Does the Contractor:							
a. Maintain accurate records needed to support the Claim for reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>					
b. Report claim information to the Sponsor promptly at the end of each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Maintain accurate meal count records for non-reimbursable meals and a la carte?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3. Are all bills monitored to assure the Contractor bills according to the current pricing agreement indicated in the contract and/or addendum and have not double-billed or included costs which are not allowed by the contract?	<input type="checkbox"/>	<input type="checkbox"/>					
4. Do the records show a la carte, adult, and other food sales are being billed at the meal equivalency rate?	<input type="checkbox"/>	<input type="checkbox"/>					
5. Do all the invoices match the prices with the current renewal addendum prices?	<input type="checkbox"/>	<input type="checkbox"/>					
6. Did the charges/fee adjustment follow the basis for fee adjustment as described in the contract?	<input type="checkbox"/>	<input type="checkbox"/>					

Food Safety	SNP/SFSP			CACFP			Comments
	Yes	No	NA	Yes	No	NA	
1. Are facilities and equipment adequately maintained for safety and sanitation?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2. Do employees practice safe food handling procedures for meals served in all programs?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
3. Is a Food Safety (HACCP) plan available at the serving site?	<input type="checkbox"/>	<input type="checkbox"/>					
4. If yes, is the plan being implemented?	<input type="checkbox"/>	<input type="checkbox"/>					
5. Has the plan been reviewed and revised annually?	<input type="checkbox"/>	<input type="checkbox"/>					
6. Are all licenses maintained as required by the contract? (KDA and KDHE)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
7. Has the Contractor met the KSDE food safety training requirements for their employees?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Other Contractual Requirements	All Programs			Comments
	Yes	No	NA	
1. Has the advisory committee of parents, students and teachers met at least twice per year to assist in menu planning? (Attach documentation - Agendas, Surveys, Taste Testing Results, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
2. If recommendations or concerns have been noted as a result of the meetings has the Contractor implemented recommendations or addressed the concerns brought forth by the advisory committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the Sponsor has requested that the Contractor representative participate in the advisory committee meetings, has the Contractor complied with this requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were the Sponsor's Civil Rights policies followed?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have there been any Civil Rights complaints this year? If yes, explain in comments section.	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is the Contractor performing any Sponsor special functions/catering outside the nonprofit food service account? List functions in the comments section.	<input type="checkbox"/>	<input type="checkbox"/>		
7. If yes to the above, is there a method which delineates the cost allocation for Sponsor special functions/catering conducted outside the nonprofit school food service? (i.e. ensures labor costs are not double billed)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is the Contractor performing any special functions/catering for entities other than the Sponsor? Any external catering not for the benefit of the Sponsor requires a separate contract.	<input type="checkbox"/>	<input type="checkbox"/>		
9. If yes to the above, what process is in place to ensure that any and all resources of the school food service department, which are to be used by the Contractor, produce revenue to fully fund the costs of the non-school catering? Are all costs related to the use of the school district's facilities (including food service facilities for catering) paid for by a source other than the food service fund? Please describe process.	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is the Contractor adhering to the Sponsor's free and reduced priced policy statement?	<input type="checkbox"/>	<input type="checkbox"/>		

Other Contractual Requirements, continued	SNP/SFSP			CACFP			Comments
	Yes	No	NA	Yes	No	NA	
11. Is Contractor complying with Professional Standards requirements for its employees?	<input type="checkbox"/>	<input type="checkbox"/>					
12. Is Contractor complying with Professional Standards requirements for its Food Service Director?	<input type="checkbox"/>	<input type="checkbox"/>					
13. Is Contractor providing appropriate and timely training for Contractor staff? List training in comments section at end of monitoring form.	<input type="checkbox"/>	<input type="checkbox"/>					
14. Is Contractor complying with Staffing Plan?	<input type="checkbox"/>	<input type="checkbox"/>					
15. If stated in Contractor Exhibit O that Food Service Director will be full-time and on-site, is Contractor providing a full-time on-site Food Service Director?	<input type="checkbox"/>	<input type="checkbox"/>					

Other Comments:

Have all corrections been made as required if findings were noted during the sponsor review, the KSDE administrative review, or a program audit of any of the Child Nutrition Programs (SNP, CACFP and SFSP)?
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain and indicate corrective action required by the Contractor in the section below.

List any Corrective Actions Required of the Contractor	Date of Implementation

Signature of **Sponsor's** Monitoring Official

Title

Date

Signature of **Contractor** Official

Title

Date