## 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 Child Nutrition & Wellness at CNW@ksde.org prior to the established due dates.

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

**April 1** – 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):

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| **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 | **$** | Employee Transition Fee | **$** |

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| **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)
2. If changes were made to menus following the first 21 days of the contract, did the sponsor approve them?
3. Do cycle menus meet requirements for all age and grade groups?
 | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]   |       |
| 1. 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?
 | [ ]  [ ]   | [ ]  [ ]   |       |
| 1. If the “Offer” provision is implemented, are the minimum daily/weekly component requirements still being offered (including ½ cup fruit and/or vegetable)?
 | [ ]  [ ]  [ ]  | [ ]  [ ]  [ ]  |       |
| 1. Are meal modifications provided to participants?
2. Is appropriate meal modification documentation on file at the serving site?
 | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |       |
| 1. Does the Contractor provide fluid milk substitutions as Sponsor has indicated on SNP Sponsor application (#88-89)?
 | [ ]  [ ]  [ ]  |  |       |
| 1. Are fluid milk substitutions compliant with USDA substitution criteria?
 | [ ]  [ ]  [ ]  | [ ]  [ ]  [ ]  |  |

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| **Menus and Service** | **SNP/SFSP** | **CACFP** | **Comments** |
| **Yes No NA** | **Yes No NA** |
| 1. Are the Smart Snacks In Schools regulations being followed by the Contractor?
2. Is the Contractor complying with Vending as stated in the Contract?
3. Does the Contractor comply with the Sponsor’s Local Wellness Policy?
 | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]   |  |       |
| 1. Are meals monitored after the last food or menu item is served/selected to ensure only reimbursable meals are claimed?
 | [ ]  [ ]   |  |       |
| 1. Do the foods purchased meet the quality specification standards indicated in Exhibit C of the contract?
 | [ ]  [ ]  | [ ]  [ ]  |       |
| 1. Is Contractor complying with Buy American Requirements? (Only domestic products may be used in the National School Lunch and School Breakfast Programs)
 | [ ]  [ ]   |  |       |
| 1. 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?
2. 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.
 | [ ]  [ ]  [ ] [ ]  [ ]   | [ ]  [ ]  [ ] [ ]  [ ]   |       |
| 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? | [ ]  [ ]   | [ ]  [ ]   |       |
| 1. 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?
 | [ ]  [ ]  [ ]  | [ ]  [ ]  [ ]  |       |
| 1. If serving meals Family Style, are adequate amounts of food provided to meet minimum meal pattern portions for all participants?
 | [ ]  [ ]  [ ]  | [ ]  [ ]  [ ]  |       |

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| **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.)
 | [ ]  [ ]  |  |       |
|  | **All Programs** | **Comments** |
| **Yes No NA** |
| 1. Does the Contractor:
2. Maintain accurate records needed to support the Claim for reimbursement?
3. Report claim information to the Sponsor promptly at the end of each month?
4. Maintain accurate meal count records for non-reimbursable meals and a la carte?
 | [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |       |
| 1. 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?
 | [ ]  [ ]  |       |
| 1. Do the records show a la carte, adult, and other food sales are being billed at the meal equivalency rate?
 | [ ]  [ ]  |       |
| 1. Do all the invoices match the prices with the current renewal addendum prices?
2. Did the charges/fee adjustment follow the basis for fee adjustment as described in the contract?
 | [ ]  [ ] [ ]  [ ]  |  |

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

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| **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.)
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?
 | [ ]  [ ] [ ]  [ ]  [ ]  |       |
| 1. If the Sponsor has requested that the Contractor representative participate in the advisory committee meetings, has the Contractor complied with this requirement?
 | [ ]  [ ]  [ ]  |       |
| 1. Were the Sponsor’s Civil Rights policies followed?
 | [ ]  [ ]   |       |
| 1. Have there been any Civil Rights complaints this year?

If yes, explain in comments section. | [ ]  [ ]   |       |
| 1. Is the Contractor performing any Sponsor special functions/catering outside the nonprofit food service account? List functions in the comments section.
 | [ ]  [ ]  |       |
| 1. 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)
 | [ ]  [ ]  |       |
| 1. 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.**
 | [ ]  [ ]   |       |
| 1. 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.
 | [ ]  [ ]  |       |
| 1. Is the Contractor adhering to the Sponsor’s free and reduced priced policy statement?
 | [ ]  [ ]  |       |

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| **Other Contractual Requirements, continued** | **SNP/SFSP** | **CACFP** | **Comments** |
| **Yes No NA** | **Yes No NA** |
| 1. Is Contractor complying with Professional Standards requirements for its employees?
2. Is Contractor complying with Professional Standards requirements for its Food Service Director?
3. Is Contractor providing appropriate and timely training for Contractor staff? List training in comments section at end of monitoring form.
4. Is Contractor complying with Staffing Plan?
5. 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?
 | [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ]  |  |       |

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| **Other Comments:** |
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| 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)? |
| [ ]  Yes [ ]  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** |
|       |       |

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Signature of **Sponsor's** Monitoring Official Title Date

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Signature of **Contractor** Official Title Date