KY-FD-54
(Rev 12/97)

KENTUCKY FOOD DISTRIBUTION COMPLANCE REVIEW FORM

Site review must be completed for each school/site prior to February 1 of each school year.

SFA/AGENCY NAME: _____

SCHOOL/SITE NAME: _____

MONITOR NAME: _____

Respond to all questions by circling YES or NO

I. STORAGE FACILITIES

A. Are adequate facilities available for freezer, cooler, and dry storage? YES NO

B. Are storage areas clean, neat, and orderly? YES NO

II. STORAGE PRACTICES

A. Are commodities stored separately from purchased foods? YES NO

B. Are commodities stacked off the floor on shelves or pallets? YES NO

III. TEMPERATURE RECORDING SYSTEM

A. Do all freezers, coolers, and dry storage areas have internal thermometers? YES NO

B. Are temperatures checked and recorded on a regular basis? YES NO

IV. DATING USDA FOODS

A. Are all commodities, when left in cases, dated with date received? YES NO

B. If more that one (1) case is opened at a time for storage, all units must be marked with pack and receipt dates? YES NO

V. RECORDING KEEPING REQUIREMENTS

A. Is the Perpetual Inventory System using form KY-FD-20 in place? YES NO

B. Is the Perpetual Inventory kept according to the instructions provided? YES NO

C. Are all records involving USDA foods kept for a period of 3 years plus the current year? YES NO

VI. FOOD LOSSES

A. Are all food losses documented on the Perpetual Inventory and Food Loss Record Form? YES NO

B. Have all losses of $100 or more been reported to the state office? YES NO

****

Any NO response requires CORRECTIVE ACTION and FOLLOW-UP REVIEW within 45 days.

Describe corrective action taken if required: _____

_____

_____

_____

_____

Date corrective action completed: _____

Date follow-up review: _____

Monitor Signature: _____

Kentucky Department of Agriculture
Division of Food Distribution 7/91

ON-SITE ACCUCLAIM REVIEW FORM

Site monitoring must be completed for each school/site prior to February 1 of each school year.

SFA/AGENCY NAME: _____

SCHOOL/SITE NAME: _____

MONITOR NAME: _____ DATE: _____

Respond to all questions by circling YES or NO

1. WRITTEN COLLECTIONS PROCEDURES

A. Is a copy of the written procedures describing count system and money collection available on site? **YES** **NO**

B. Are the count procedures used at the site the same as those described in the written procedures? **YES** **NO**

2. CRITERIA FOR ADEQUATE MEAL COUNT SYSTEM

A. Does system provide accurate counts of the number of reimbursable free, reduced price and paid meals served to eligible children on a daily basis? **YES** **NO**

B. Does system record and report those counts accurately to agency? **YES** **NO**

C. Does system prevent overt identification of the eligible needy? **YES** **NO**

Any NO response requires CORRECTIVE ACTION and FOLLOW-UP REVIEW within 45 days.

Describe corrective action taken if required: _____

_____

_____

_____

_____

Date corrective action completed: _____

Date follow-up review: _____

Monitor Signature: _____