

Name of Food Bank:	Participants Information (enrolled): Month/Year
Name of Local Agency:	Adult:
Address of Local Agency:	Last distribution information: Month/Year: Boxes Distributed:
Authorized Representative:                      Phone:	Adult:
Person in charge/ LA:                              Phone:	Date Monitored:

**INSPECTION/MONITORING SECTION**

- Does the local agency have a current signed agreement with the Food Bank? Yes  No
- Is an "And Justice For all" Poster displayed and is visible to CSFP participants? Yes  No
- The correct certification form is being used for each participant Yes  No
- All CSFP applications and forms are being kept on file at the agency for the mandatory three-year retention period? Yes  No
- All CSFP certification forms are being mailed to the area food banks in a timely manner? Yes  No
- The local agency notifies all applicants when their certification is about to expire? Yes  No
- The local agency is re-certifying adults every year? Yes  No
- The local agency has adequate storage facility including refrigeration? Yes  No
- The local agency has a Nutrition Education plan for providing nutrition training and information to participants? Yes  No
- Nutrition education is provided by the agency to all participants? Yes  No
- Civil rights training has been conducted at the agency site? Yes  No
- The local agency is referring participants to other agencies upon certification? Yes  No
- The local agency has a plan to serve homebound participants? Yes  No
- The local agency is returning their monthly distribution reports to the food bank in a timely manner? Yes  No
- Were any deficiencies found? (If yes list below and corrective action required) Yes  No
- Has the local agency reported all food losses to the Food Bank? Yes  No
- Are USDA donated foods distributed only to eligible persons as set forth in 7 CFR part 247 and Section C or the Agreement between Kentucky Department of Agriculture? Yes  No
- (If the answer is no, list recommendations below)
- Does your agency have an agreement with a for-profit company to deliver food packages? Yes  No
- If yes, how many are being delivered per month?

**Corrective Actions and Recommendations**

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Name of Agency Representative _____	Name of Reviewer _____
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