

ADMINISTRATIVE REVIEW REPORT
COMMODITY SUPPLEMENTAL FOOD PROGRAM

I. GENERAL INFORMATION:

NAME AND ADDRESS OF FOOD BANK:

TELEPHONE # :

DATE OF REVIEW:

NAME OF PERSON(S) INTERVIEWED:

NAME OF REVIEWER(S)

MONTH OF REVIEW:

II. FINANCIAL MANAGEMENT

- 1) Does the FB have a signed contract and all amendments with the SA? Yes No
- 2) Does the FB have a signed agreement with the sub-outlets? Yes No
- 3) Are the following items on file at the Local Agency?
 - a) Contract with the Kentucky Department of Agriculture? Yes No
 - b) Copy of application and application materials? Yes No
 - c) Copy of the State Plan? Yes No
 - d) Copies of Reimbursement Request? Yes No
 - e) Copies of agreements with all sub-distributing sites? Yes No
 - f) Copies of FNS-153, Monthly Reports? Yes No
 - g) Copies of Shipping documents? Yes No
- 4) Are all records retained for a period of 3 years plus the current FFY? Yes No
- 5) Are records maintained to support the Reimbursement Request? Yes No

Claim Worksheet for Month of _____	Amount Claimed	Reviewed Verified	Comments
Salaries and fringe benefits staff time documented?			
Telephone			
Postage			
Office Supplies			
Equipment			
Travel			
Transportation			
Space and facilities			
Total Direct Cost			
Indirect Costs (may not exceed 8% of Direct Cost)			
Grand total All Cost			

- 6) Review the latest audit conducted by an independent CPA firm and note in the remarks section any audit exceptions relating to the distribution of USDA foods.

III. DISTRIBUTION/REIMBURSEMENT RECORDS:

- 7) What is the number of operating sub-outlets? _____
- 8) What is the Food Banks assigned caseload? _____
- 9) Is the request for Reimbursement submitted by the 18th of each month? Yes No
- 10) Does the Food Bank maintain all records for at least three years? Yes No

IV. STORAGE PRACTICES AND FACILITIES:

- 11) Are the following records maintained:
- a) Are copies of Application forms and participants agreements on file? Yes No
- b) Inventory Records (KY-FD-20-FB) & Distribution Records (FNS-153)? Yes No
- c) Are copies of the LDA reviews on file? Yes No
- d) Complete the certification log.
- 12) Complete the Review of Storage Facility, KY-FD-33-FB.
- 13) Complete the Physical Inventory, KY-FD-34-FB.

V. TRAINING RECORDS:

- 14) Has the Food Bank conducted training for sub-outlet personnel? Yes No
 If yes, give dates and topics covered:

- 15) Was a list of those attending maintained? Yes No

VI. COMMODITY LOSSES:

- 16) Have there been any commodity losses in the past year? Yes No
 If yes, explain below:

COMMODITY	AMOUNT	REASON	DATE REC'D BY SA

- 17) Were the proper procedures followed in the losses? Yes No

VII. CIVIL RIGHTS COMPLIANCE:

- 18) Is the "...And Justice For All" poster in a prominent place within the facility? Yes No
19) Is there a system for handling complaints? Yes No
If yes, describe:

- 20) Have any discrimination complaints been received? Yes No
If yes, what action was taken?

- 21) Have all employees received or attended civil rights training? Yes No
22) Do printed materials and websites contain the non-discrimination statement? Yes No
23) How are applicants and participants advised of their right to file a Civil Rights complaint of discrimination?

- 24) Are reasonable steps taken to ensure meaningful access for persons with limited English proficiency? If yes what steps taken? Yes No

VIII. NUTRITION EDUCATION:

- 25) Is nutrition education material being provided to sub-outlets that pertain to all eligible categories? If yes, please describe? Yes No

- 26) Does the Food Bank maintain list of nutritional resources outside of the program? If yes, please describe? Yes No

VIII. AGREEMENTS WITH FOOD PACKAGE DELIVERIES:

- 27) Does your agency have an agreement with a for-profit company to deliver food packages? Yes No
28) How many food packages are being delivered per month? _____
29) Review each agreement with the for-profit company.

VIII. REMARKS SECTION:

Name of Reviewer: _____

Date: _____

REVIEW OF STORAGE FACILITY

NAME OF SK/FB/FP: _____ REVIEW DATE: _____

	YES	NO
1. Is space adequate?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is space in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is storage area secure from theft?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are foods stored separately from pesticides, herbicides, cleaning solvents, lubricants or other materials that could contaminate the foods?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are foods palletized and/or on shelves and store away form walls?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is first-in, first-out method used according to packing date?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there regular extermination treatments? What is the frequency of the treatment? _____ Date of last treatment and by who? _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Is storage area free of rodent and insect infestation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the facility contain internal thermometers in each storage area? Record temperature in: a) Refrigerator _____ b) Freezer _____ c) Dry Storage _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the facility maintain a Temperature Recording Chart in each storage area?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the State and Local Health Department require inspection certificates? If yes, note last inspection date & rating _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Is TEFAP & CSFP food stored separately? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Comments: _____		

PHYSICAL INVENTORY

NAME OF FB: _____ DATE: _____

COMMODITY / PACK SIZE	PACK DATE	PHYSICAL INV.	BOOK INV.	GAIN/ LOSS +/-	TOTAL VALUE +/-	AVERAGE MONTHLY DISTRIBUTION	NUMBER MONTHS SUPPLY

Total Value of Overages \$ _____

Shortages \$ _____

Differences +/- _____

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