ADMINISTRATIVE REVIEW REPORT EMERGENCY FOOD ASSISTANCE PROGRAM

I. GENERAL INFORMATION:						
NAME AND ADDRESS OF FOOD BANK:	NAME	OF PERSON(S) INTER	VIEWED:			
TELEPHONE # : DATE OF REVIEW:		OF REVIEWER(S) I OF REVIEW:				
II. CONTRACTS/AUDITS:						
 Does the FB have a signed contract and all Does the FB have a signed agreement with a) Do all agreements meet all requirer Are Policy and Informational Memorandur a) Has information contained in the m pertinent information and guideline Review the latest audit conducted by an in exceptions relating to the distribution of US 	all sub-outlets? ments? ms current and on file memorandums and oth es disseminated to LD adependent CPA firm	? er A's?	Yes No			
III. DISTRIBUTION/REIMBURSEMENT I	RECORDS:					
5) What is the number of operating sub-outlet 6) How are commodities allocated to the sub- Households Served	outlets?	ouseholds Served				
7) Does the FB maintain all records for at least	7) Does the FB maintain all records for at least three years plus the current?					
8) Select one month. Total the amount of at least three commodities as reported distributed by the Food Pantries, Soup Kitchens, etc. and compare each total to what was reported on the KY-FD-27-FB, prepared by the Food Bank, that was submitted to the State Agency for that month.						
Month:Commodity	Reviewer's Total	Reimbursement Report Total	Discrepancy			

IV. STORAGE PRACTICE	ES AND FACILITIES	:				
 9) Are the following records a) Foods received from b) Inventory Records (I 10) Complete the Review of S 	Yes No					
11) Complete the Physical In	ventory, KY-FD-34-FB	B.				
V. DISTRIBUTION/REIM	BURSEMENT RECO	ORDS:				
12) Has the FB conducted tr If yes, give dates and top	aining for sub-outlet pe		Yes No			
13) Was a list of those attend	ling maintained?		Yes No			
VI. COMMODITY LOSSE	S					
14) Have there been any con If yes, explain below:	mmodity losses in the re	eview month?	Yes No			
COMMODITY	AMOUNT	REASON	DATE REC'D BY SA			
15) Were the proper procedu	ares followed in the loss	ses?	Yes No			
VII. FOOD ORDERING PE	ROCEDURES					
16) What is the procedure for	your agency to determ	ine what will be purchased?				

VIII. CIVIL RIGHTS COMPLIANCE		
18) Is the "And Justice For All" poster in a prominent place within the facility?19) Is there a system for handling complaints?If yes, describe:	Yes Yes	☐ No ☐ No
20) Have any discrimination complaints been received? If yes, what action was taken?	Yes	□ No
 21) Have all employees received or attended civil rights training? 22) Do printed materials and websites contain the non-discrimination statement? 23) How are applicants and participants advised of their right to file a Civil Rights complain discrimination? 	Yes Yes Yes of	☐ No ☐ No
24) Are reasonable steps taken to ensure meaningful access for persons with limited English proficiency? If yes what steps taken?	Yes	□ No
IX. FOR-PROFIT COMPANIES AGREEMENT:		
 25) Do you have an agreement with a for profit company to deliver food packages? 26) How many food packages are being delivered each month? 27) Review the contract/agreement between the food bank and the for-profit company. 	Yes	☐ No
X. REMARKS:		
Name of Reviewer: Date:		

REVIEW OF STORAGE FACILITY

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

PHYSICAL INVENTORY

NAME OF FB:	Γ)ATE:
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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 +/-____

PHYSICAL INVENTORY

NAME OF FB:	DATE:

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Total Value of Overages \$ _____

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Differences +/-