

## STATE AGENCY EVALUATION FORM

Agency: \_\_\_\_\_ Date \_\_\_\_\_

1. Verify expenditures on at least two monthly affidavits (time studies, invoices, etc.)
2. Physically locate equipment to determine location.
3. Review job descriptions of CSFP personnel.
4. Review staffing pattern.
5. Verify that target population is being reached.  
Total enrolled Caseload: \_\_\_\_\_ Assigned Caseload: \_\_\_\_\_
6. Average monthly food distributed.  
Number of participants: \_\_\_\_\_ % No-show per month: \_\_\_\_\_
7. Does the distribution site have a contract in place with the local agency (if different)? Are its provisions being met?
8. Is the non-discrimination statement and fair-hearing procedure included on printed materials disseminated to the public and participants/applicants?
9. Is the facility accessible and usable by disabled persons?
10. Is the USDA poster "And Justice For All" or an FNS Approved substitute prominently displayed on the premises? Is the Fair Hearing procedure posted?
11. How many complaints of discrimination were received in the past year? Were they handled properly?
12. Are basic and secondary nutrition education contacts made and documented? Appropriate to category?

## CSFP CHART REVIEW

**Answer only what applies to type of chart being reviewed**

<b>Chart Number/Name</b>				
Category (P,B,C,D,E)				
Site				
Type of chart (Active, Ineligible, Terminated)				
Initial Visit Date				
Timely Recertification Due:				
Done:				
First Food Issued				
Processing Standards				
Categorically Eligible				
Income Eligible & Verified (No. in household)				
Residency/Identity Verified				
Written Information on TAF, FS, MC, CSE to women and children FS, SI, MC for elderly				
Race Code				
Appropriate Staff Signature on Application				
Rights and Responsibilities Signed				
Nutrition Education Offered/Documented				
Termination (15 days)				

CSFP MONITORING GUIDE  
DISTRIBUTION SITE

Date \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Service Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Contact Person (Title) \_\_\_\_\_  
Distribution Site Representative \_\_\_\_\_  
Representative Interviewed (Title) \_\_\_\_\_

SECTION I

PROGRAM OVERVIEW

A. Basic Regulations

1. Participating organization agrees that USDA-donated commodities will be distributed to needy persons without regard to race, color, sex, age, disability or national origin and at no cost to needy persons.

Yes  No

2. The participating organization agrees that USDA-donated commodities will not be sold or bartered and will be distributed according to the guidelines established by USDA, the SA, and/or the LA.

Yes  No

3. The participating organization agrees that adequate storage will be maintained for USDA-donated commodities. The participating organization further agrees to be responsible for maintaining the continued fitness for human consumption of USDA commodities while in its possession and control.

Yes  No

SECTION II

RECORD KEEPING AND RETENTION

1. Inventory Records

Does organization maintain inventory records on each USDA commodity?

Do the records reflect products on hand from distribution to distribution?

Are inventory records maintained for the proper length of time?  
(check records)

2. Distribution Records

Does the site maintain distribution records? (check records)  Yes  No

Do the distribution records reflect the following products on hand prior to delivery?

Products received for distribution.

Products left after distribution.

Does site maintain distribution records for proper length of time?

Are copies sent to the LA?  
 Yes  No

FINDINGS	RECOMMENDATIONS

3. Other Record Issues (Specify) \_\_\_\_\_

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SECTION III

STORAGE/DISTRIBUTION AREAS

1. Storage Area

		*Condition	*Cleanliness	Area 1	Area 2	Area 3	Area 4
a.	Dry (50°F-70°F)						
b.	Cooler (36°F-40°F)						
c.	Freezer (0°F-and Below)						
*	P = Poor	F = Fair	A = Average	G = Good	E = Excellent		

Note: Comments must be listed for any poor rating.

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Distribution Area

		*Condition	*Cleanliness	Area 1	Area 2	Area 3	Area 4
a.	Dry (50°F-70°F)						
b.	Cooler (36°F-40°F)						
c.	Freezer (0°F-and Below)						
*	P = Poor	F = Fair	A = Average	G = Good	E = Excellent		

Note: Comments must be listed for any poor rating.

Comments: \_\_\_\_\_  
\_\_\_\_\_

- 3. Are storage areas neat and orderly?  Yes  No
- 4. Is there adequate ventilation in the dry storage area?  Yes  No
- 5. Are foods stored under proper temperature?  Yes  No
- 6. Is there adequate room to store the commodities received?  Yes  No
- 7. Is the food stored with other harmful items?  Yes  No
- 8. Is the food properly secured to prevent loss?  Yes  No

9. Is there evidence of a rodent/insect problem?  Yes  No
10. How often does the pest control service come? \_\_\_\_\_
11. Is the food date stamped to identify so that products do not become outdated and are used on a "First in/First out" basis?  Yes  No
12. What procedures are used if food coming in has an older package date than the same food items on hand?  
\_\_\_\_\_
13. Does it appear the organization has an excessive inventory of any USDA products?  
 Yes  No, if yes describe.  
Comments:  
\_\_\_\_\_

Section IV

GENERAL INFORMATION

1. Does organization exhibit non-discrimination poster?  Yes  No
2. Is distribution site accessible to disabled persons?  Yes  No

Section V

FINANCIAL MANAGEMENT

1. Are the following items on file at the local non-profit contract agency?
- a. Contract with SRS Food Distribution  Yes  No
  - b. Copy of application and application materials.  Yes  No
  - c. Copy of CSFP State Plan.  Yes  No
  - d. Copies of Record of Expenditures and Administrative Claims.  Yes  No
  - e. Copies of agreements with all sub-distributing, certification, and food storage sites.  Yes  No
  - f. Copies of FNS-153, Monthly Report.  Yes  No
  - g. Copies of shipping documents.  Yes  No
2. Are all records retained for a period of 3 years plus the current federal fiscal year?  Yes  No
3. Are records maintained to support the Record of Expenditures and Administrative Claim?  Yes  No
4. If equipment was purchased with CSFP funds is a property inventory maintained?  Yes  No
- a. Were items physically observed?  Yes  No
  - b. Does the property inventory include a description of the property, serial or ID number,

source, title, date acquired, cost, Federal percent of cost, location, use and condition, and disposition date?  Yes  No

Claim Worksheet for Month of _____	Amount Claimed	Reviewed Verified	Comments
Salaries and fringe benefits (staff time documented?)			
Telephone			
Postage			
Office Supplies (List)			
Equipment (List)			
Travel (Staff Travel)			
Transportation Costs			
Space and Facilities			
Other Costs (List)			
Total Direct Costs			
Indirect Costs (May Not Exceed 8% of Direct Costs)			
Grand Total All Costs			

Comments:

\_\_\_\_\_ Reviewer

\_\_\_\_\_ Date Follow-up Letter

\_\_\_\_\_ Date Corrective Actions  
Need to Be Made By

\_\_\_\_\_ Date Corrective Actions  
Made (Attach Documentation)

\_\_\_\_\_ Date Close-Out Letter Sent  
(Attach Copy)