

USDA COMPLIANCE REVIEW

DATE OF REVIEW _____

DISTRUBUTION SITE _____

REGIONAL FOOD BANK _____

DIRECTOR/MANAGER _____

CONTACT PERSON (Last, First, M.I.) _____

TELEPHONE NUMBER _____

EMAIL _____

ADDRESS (No., Street) _____

CITY _____ STATE _____ ZIP CODE _____

Distribution Site _____ SERVICE AREA _____

TEFAP CSFP

DAYS/HOURS OF OPERATION:	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

2. STORAGE

Are commodities stored in a secured area, properly marked, and away from other products that might cause contamination? Yes No

Comments: _____

Are temperature logs maintained? Yes No

Are commodities stored at a proper temperature for dry, cold, and frozen food? Yes No

COLD (Recommended Temperature Range 40 degrees or below Fahrenheit):

Temperature range during visit: _____

FROZEN (Recommended Temperature Range 0 or below degrees Fahrenheit):

Temperature range during visit: _____

Comments: _____

Are commodities stored at least 6 inches off the floor and four inches away from walls? Yes No

Comments: _____

Are proper pest control measures being taken? Yes No

(e.g., regular visual inspections for infestation, regular visits by a pest control agency)

Comments: _____

Storage Capacity	Storage Room Size	Household Refrigerator	Household Freezer	Commercial Refrigerator	Commercial Freezer	Walk in Cooler	Walk in Freezer
Dimension in feet							
Number of Units							

What is the distribution site's wish list for equipment?

Comments: _____

3. INVENTORY

Is a "first in – first out" inventory rotation system employed? Yes No

A food rotation system that organizes and rotates food cans on a first-in -first-out basis (FIFO)

Comments: _____

Are inventory receipts and distribution records up to date? Yes No

Comments: _____

Is inventory fully utilized without waste? Yes No

Comments: _____

Have there been any commodity losses? When? Why? Yes No

If Yes, did you notify RFB?

Comments: _____

Is inventory reconciled monthly? Yes No

Note: Review last month inventory report.

Comments: _____

4. PERMIT/REPORTS/SIGNAGE

Are the State Department of Health or County Health Department certifications current? Yes No
Obtain copies/pictures of certificates and keep on file.
 Comments: _____

As noted by State or County Health Departments, have all corrective actions to remedy problems been taken? Yes No
 Comments: _____

Are program-related records maintained for three years if they are not being submitted to RFB on a monthly basis? Yes No
 Comments: _____

Are the "Equal Under the Law" and "And Justice for All" posters conspicuously displayed? Yes No
 Comments: _____

If applicable, is the "Written Notice of Beneficiary Rights" displayed? Yes No
Note: If applicable, review binder where referrals are being filed.
 Comments: _____

Is the "Civil Rights Compliance / Grievance" form conspicuously displayed? Yes No
Note: Review binder where referrals are being filed.
Have you been informed of all situations found in the file/binder?
 Comments: _____

Are Eligibility Guidelines posters in close proximity to the sign-in sheet (household distribution sites only)? Yes No
 Comments: _____

Is agency using Link2Feed? Yes No
 If No, are current signature sheets and eligibility guidelines being used/displayed.
 Comments: _____

Are hours of operation displayed? Yes No
 Comments: _____

Is there current TEFAP/CSFP agreement with Regional Food Bank? Yes No

5. PROGRAM KNOWLEDGE

Are training certifications for staff or volunteers available? *If applicable.* Yes No
 Volunteer Confidentiality? Yes No
 Civil Rights? Yes No
 Food Safety? Yes No
 Food Handler's Card? Yes No

Are commodities received in the amount needed to meet the need of the population served? Yes No
 Comments: _____

Are commodities received frequently enough to be appropriately utilized or enough storage space? Yes No
 Comments: _____

Are the types of commodities received generally in line with the preferences of the population served? Yes No
 Comments: _____

Do you acquire other types of food from the food bank? Yes No
 Comments: _____

Does your distribution site have a recognition program for volunteers and staff? Yes No
 If Yes, please describe.
 Comments: _____

Does the distribution site conduct activities unrelated to the distribution of TEFAP/CSFP? Yes No
 If Yes, does the distribution site conduct activities that make it clear the activity is not a condition of the receipt of TEFAP/CSFP commodities?
 Comments: _____

Is RFB readily available to provide you with assistance when contacted? Yes No
 Comments: _____

Average number of volunteers utilized per month? _____
 Comments: _____

Average number of families serviced per month? _____ TEFAP CSFP
 Comments: _____

	Yes	No
Do you provide CSFP participants with required notifications?		
Participant Rights and Obligations?	Yes	No
Individual Notice of Beneficiary Protections?	Yes	No
Notice of Ineligibility?	Yes	No
Waiting List Notification?	Yes	No
Notification of Expiration?	Yes	No
Notification of Discontinuance?	Yes	No
Notification of Disqualification?	Yes	No
CSFP/ID Transfer Card?	Yes	No
Fair Hearing Request?	Yes	No
Waiting List Enrollment Notification?	Yes	No

Comments _____

SUMMARY OF FINDINGS

Reviewers comments (e.g., freezer storage, volunteers, training):

The Distribution Site was found generally to be: In Compliance Out of Compliance _____

RFB Representative:

SIGNATURE _____ DATE _____

Distribution Site Representative:

SIGNATURE _____ DATE _____

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