Arkansas Department of Agriculture

Food and Nutrition Division

Food Distribution Unit

This institution is an equal opportunity provider.

Commodity Supplemental Food Program (CSFP) Administrative Review Form

Use of form: This form will be used to determine compliance with established program rules and regulations.

A. Agency Contact Information:

Agency Name:	Address:
City, State, Zip:	Program Coordinator's Name:
Telephone Number:	Email Address:
Emergency Number	Alternate Contact:
Date of Review:	Reviewer's Name:

B. General Information:

Yes	No	N/A	U	
				1. Authorized Number of Clients:
				2. Number of Clients Certified:
				3. Participation during most recent month:
				4. Number of deliveries to clients:
				5. Number of distribution sites:
				6.Counties of distribution sites:
				7. Is there a current signed agreement on file between the Food Distribution Unit and Agency?

C. Training

Yes	No	N/A	U	
				1. Date of the most recent agency conducted training for staff/volunteers:
				2. Is training documented?
				3. Topics covered during most recent training:
				4. Additional training topics covered in the past 12 months:
				5. Are Written procedures/policy manual available and followed?
				6. Does each distribution site have a copy of the manual?
				7. Describe how new volunteers and program staff are trained:

D. Reviews

Yes	No	N/A	U	
				1. What is the date of the previous Administrative Review:
				2. How often are sites reviewed by the program coordinator?
				3. Is a copy of the agency's review form available?
				4. Are agency reviews available for inspection?
				5. List sites reviewed along with any noted deficiencies:

E. Records and Record Keeping:

Yes	No	N/A	U	
				1. Are all records for the current and previous three years on file and in an organized manner? (Records should include but not limited to the following: Agency Agreement, Monthly FNS153 form, Annual FNS 191 Racial/Ethnic Report, Food Loss Reports, Commodity Receipts, Participation Certification Documents, Participation Signature sheets, Site Agreements, Request for Reimbursements, Denial Notices, Waiting list)
				2. If no, explain:
				3. Indicate any reports that need assistance to complete correctly:
				4. Is the Request for Reimbursements form properly completed?
				5. Do expenses listed in Section B of the Statement match actual expenses to the program?
				6. Are required reports submitted by the required due dates?

F. Nutrition Education/Outreach:

Yes	No	N/A	U	
				1. List the Nutrition Education Materials available to sites and/or to the client. Attach examples.
				2. Is there an agency demonstration during distribution?
				3. Does the nutrition topic match the nutrition plan?
				4. What outreach information is available to the client:
				5. Has the agency provided a Nutrition Education Plan for the current year?
				6. Has the agency properly reported the results of the Nutrition Education Survey?

G. Civil Rights

Yes	No	N/A	U	
				1. Are services and facilities used by all persons without regard to race, color, sex, age, disability, or national origin?
				2. Is there segregation of the protected classes?
				3. Do program materials include the non-discrimination statement?
				4. Do materials include a provision that complaints may be filed directly to the Secretary of Agriculture?
				5. Is the Civil Rights poster "And Justice for All" properly displayed?
				6. Does the agency provide bilingual personnel/materials as necessary?
				7. What means of communication is used to inform clients of monthly CSFP distributions?
				7. Provide the date of the last Civil Rights training the agency has provided.
				8. Have there been any complaints?
				9. Has the agency reported all complaints to the state agency?

H. Food Storage Practices:

Yes	No	N/A	U	
				1. Are commodities stored in a warehouse? If yes, complete a warehouse review form.
				2. For Direct Shipments, are commodity receiving reports processed and filed properly?
				3. Are Receiving Reports transmitted to the state agency within 48 hours?
				4. Is the agency properly reporting any food losses?
				5. Does the agency have insurance to cover food losses?
				6. What is done with excess commodities not distributed?
				7. Is a physical inventory completed at the end of each month?
				Additional Comments:

I. Certification Process:

Yes	No	N/A	U	
				1. Review the agency's certification form to insure that all required information is requested. List any deficiencies below:
				2. Are written procedures available and followed?
				3. Are proper records maintained on certified clients along with signatures of distribution?

J. Additional Comments

Corrective Action Letter Required? Yes ☐ No ☐

Date Corrective Action Letter Due: _____

_____	_____	_____	_____
Signature of Reviewer	Date	Signature of Site Representative	Date