Arkansas Department of Agriculture

Food and Nutrition Division

Food Distribution Unit

This institution is an equal opportunity provider.

The Emergency Food Assistance Program (TEFAP) 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, Food Loss Reports, Commodity Receipts, Participation Certification Documents, Participation Signature sheets, Site Agreements, Request for Reimbursements)
				2. If not, 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. What outreach information is available to the client:

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. Provide the date of the last Civil Rights training course 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, is 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 ensure that all required information is requested. List any deficiencies below:
				2. Are written procedures available and followed? If yes, please explain.

J. Additional Comments

Corrective Action Letter Required? YES_____No _____

Date Corrective Action Letter Due: _____

_____ _____ _____ _____

Signature of Reviewer Date Signature of Site Representative Date