Ohio Department of Job and Family Services
# THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
# COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
# SITE REVIEW - LOCAL AGENCY

| Agency | Date |
|---|---|

| Address |
|---|

| City | State | Zip Code |
|---|---|---|

| Reviewer | Regional FB |
|---|---|

| Phone | Agency Representative |
|---|---|

**Complete questions, review records, document program compliance, secure copies of intake and outreach materials.**

## STORAGE FACILITY

1. General Security:

   Good _____     Fair _____     Poor _____

   Remarks:

2. Facility is safeguarded against:

   ☐ Theft                    ☐ Spoilage                    ☐ Damage / Loss

3. Fire Protection:

   ☐ City          ☐ County          ☐ On-Site          ☐ Extinguishers          ☐ Alarm

   Remarks _____

4. Thermometers present in all storage areas. Record temperatures.

   Freezer (0-below) _____     Cooler (36-40) _____     Dry (50-70) _____

5. Are temperature logs maintained?

   ☐ Yes     ☐ No

6. Cleanliness of storage areas:

   Dry _____     Freezer _____     Cooler _____

7. Has facility been inspected in the past year?  Obtain copy.

   Board of Health _____     Date _____     Results _____

   Feeding America _____     Date _____     Results _____

   American Institute of Baking (AIB) _____     Date _____     Results _____

   Other _____     Date _____     Results _____

8. Is there a pest/rodent control program in operation?

   ☐ Yes     ☐ No

   How often is it serviced? _____     By whom? _____     Bait (open/closed)? _____

9. Are USDA commodities checked for damage and/or infestation at time of receipt?

   ☐ Yes     ☐ No

10. Are USDA commodities stored with non-food items?

    ☐ Yes     ☐ No

11. Are USDA commodities transported with non-food items, if applicable?

☐ Yes ☐ No

12. Are all USDA commodities palletized or on shelves?

Dry _____ Cooler _____ Freezer _____

13. Are delivery records signed by local agency? Confirm local agency copy invoices.

☐ Yes ☐ No

14. Is physical inventory rotated using the FIFO (First-In-First-Out) method? (FD-107: Storage and Inventory of USDA Donated Foods)

☐ Yes ☐ No

15. Is there a secondary warehouse or storage facility?

☐ Yes ☐ No

If yes, how is monthly inventory reported and how often does staff monitor inventory?

16. What is the procedure for handling product found out-of-condition?

17. Explain client intake procedure.

18. How often may clients receive assistance at this location?

19. Describe typical food package.

20. Is local agency handicap accessible?

☐ Yes ☐ No

21. Does local agency accommodate proxy or homebound assistance?

22. Local agency hours of operation.

23. Describe outreach and client services available at this location.

24. What is the local agency's complaint / incident / comment procedure currently in place for recipients?

25. Are all program records being maintained for a 5-year period?

☐ Yes ☐ No

26. What other government funded programs does the local agency participate in?

27. Local agency has been advised that:

_____ Local agency is financially responsible for any loss, theft or damage to USDA commodities due to negligence while in their possession.

_____ No USDA commodities are to be sold exchanged or used for personal gain.

_____ No USDA commodities are to be opened, altered or removed from unit containers.

## COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) , IF APPLICABLE

1. Is a staff person designated to CSFP?

☐ Yes      ☐ No

Name _____        Title _____

2. Number of current sites being served by this agency.

3. Do all sites have proper storage?

☐ Yes      ☐ No

4. Do you maintain a file for each site?

☐ Yes      ☐ No

Review this file for contents, if applicable:

a.    501C3 _____

b.    Grant Agreement _____

c.    Review form & letter _____

d.    Type of distribution; Pickup or Drive Thru _____

e.    Caseload _____

f.    Distribution Schedule _____ (Obtain schedule)

g.    Reports _____

5.  How are actual caseload counts taken and compared to the amount of food packages delivered to recipients?

## INVENTORY

6. What process is in place to assure quality control in preparing CSFP food boxes, if applicable?

7. Explain process of inventory reconciliation for reporting purposes.

## NUTRITION EDUCATION / OUTREACH

8. How do you conduct outreach concerning the availability of CSFP to maintain the proper caseload?

9. Do you maintain the nutritional education component of CSFP?

☐ Yes        ☐ No

Do you enclose various recipes for the different types of foods?

☐ Yes        ☐ No

10. Do you assess your outreach and nutrition education efforts?

☐ Yes        ☐ No

What is the outcome?

11. Is there a waiting list for this site?

☐ Yes        ☐ No

12. What efforts are made to serve the homebound?

13. Is a "Proxy Statement" used?   Attach, if applicable.

☐ Yes        ☐ No

14. Do you, as an agency, have complaints about the CSFP Program?

☐ Yes        ☐ No

If yes, please explain.

15. Explain your application/certification process for CSFP clients.

16. Do you have a client evaluation or complaint process for CSFP?

☐ Yes    ☐ No

If yes, how often and what are the results?

17. General Comments (ex. What can the foodbank or state agency do to help you improve your program?)

**Program Forms Checklist**

Required forms, **if applicable**, that must be present at all agencies.

☐ Current 501(C)(3) Certification

☐ Local Agency agreement with Foodbank

☐ CSFP and / or TEFAP Income Eligibility Guidelines

☐ ODJFS Food Programs Manual

☐ Order Invoices

☐ Electronic Eligibility System

☐ Civil Rights Training documentation

☐ And Justice for All posters (FNS Instruction 113-1 Civil Rights Compliance and Enforcement – Nutrition Programs and

Activities)

**WORKSHEET**

| Commodity | Inventory Count | Physical Count | + / - | Explanation |
|-----------|-----------------|----------------|-------|-------------|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |