



Food Assistance (FA) Sub Agency Review

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Purpose

Food Assistance (FA) has the responsibility to monitor the Sub Agency's performance, compliance, and assurance that services funded by FA are being delivered properly to help alleviate hunger in local communities.

FA does this by assisting the Sub Agency in complying with the terms and conditions of the Agreement(s), applicable laws, regulations, and policies.

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Food Assistance (FA) Sub Agency Review

Section A – Sub Agency Information

(Completed by FA Staff and Sub Agency)

Form with sections: Sub Agency Information, Board Chair or Equivalent, Executive Director, Fiscal Director, Warehouse Manager/Coordinator, Program Staff – Main Contact, 24-Hour Emergency Contact Warehouse /Food Recalls /Disaster. Includes fields for Name, Address, Phone, Email, and checkboxes for CSFP and TEFAP.



Food Assistance (FA) Sub Agency Review

Section B – On-Site Review

Sub Agency Information	
Sub Agency Name:	
Lead Agency:	
Reviewer:	Review Date:

Subsection 1 – General Questions	
1. Is the current "And Justice For All" original poster posted at the site of client intake? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendations	Follow-Up

Subsection 2: Warehouse and Storage	
1. Frozen: Does the Sub Agency have frozen (zero degrees) storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Current Temperature: _____	
b. Thermometer Accurate ($\pm 1^\circ$) <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Approximate square footage: _____	
d. Pallets can be stacked _____ high	
2. Cold: Does the Sub Agency have refrigerated (33° -40°) storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Current Temperature: _____	
b. Thermometer Accurate ($\pm 1^\circ$) <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Approximate square footage: _____	
d. Pallets can be stacked _____ high	
3. Is a temperature log being maintained for frozen and cold storage? (Logs required in order to adhere to good food safety practices so that foods are stored in a manner to protect them from spoilage, infestation, damage, or other condition that may jeopardize the wholesomeness or safety of the foods.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Dry: Does Sub Agency have dry storage? Yes No
- a. Current Temperature: _____
- b. Thermometer Accurate ($\pm 1^\circ$) Yes No
- c. Approximate square footage: _____
- d. Pallets can be stacked _____ high
5. Does the food stored in the warehouse meet storage requirements? Yes No
6. Are all TEFAP and/or CSFP foods clearly labeled and/or identifiable (e.g., pallet tag)? Yes No
7. Is TEFAP food being repackaged? (TEFAP food cannot be repackaged without direct WSDA FA approval.) Yes No
- a. If yes, do you have both Lead Agency and FA approval? Yes No N/A
- b. If yes, are you aware of the current food code including labeling requirements? Yes No N/A

Recommendations	Follow-Up

Subsection 3: Facilities and Grounds

1. Is the cleaning of facilities done in such a manner as to avoid contamination of food products? Yes No
2. Are fertilizers, toxic chemicals, and other potential adulterants adequately separated from human food storage areas? Yes No
3. Is storage area free of evidence of current insect, rodent, bird, etc., activity? Yes No
4. Have there been any issues with pests? Yes No
- a. If yes, have those problems been corrected? Yes No N/A
5. Is there routine pest control in place? Yes No
6. If yes, is the pest control:
- a. Self-applied
- b. Professional
7. If professional services are used, review the last three months of pest control records. Did the last three visits indicate any problems with pests? Yes No N/A
- a. Were there three inspection reports available to review? Yes No N/A

8. If self-applied pest control is in place, did the last three months indicate any problems with pests? (Review pest control schedule or routine.) Yes No N/A

a. Are there traps set on premises? Yes No

9. Is the building generally in good physical repair? Yes No N/A

10. Are food products and processing areas protected from any type of contamination? Yes No

11. Is adequate interior lighting available for clear visibility for staff, clients, and visitors in the facilities? Yes No

12. Are facilities clean and sanitary? Yes No

13. Can the windows be opened? Yes No N/A

14. If windows can be opened, are they screened? Yes No N/A

15. Are doors and loading doors kept closed when not in use? Yes No N/A

16. Are outside premises free from spillage, trash, brush, etc., that may attract or harbor rodents or other pests? Yes No

17. Is refuse /garbage properly disposed, stored, and protected from insects, rodents, and other pests? Yes No

18. Is cleaning of facilities done in such a manner as to avoid contamination of food products? Yes No

19. Is there a restroom available? Yes No

20. If yes, is the restroom in good repair, clean, and separate from food storage area? Yes No N/A

21. Are there hand-washing facilities available? Yes No

22. If yes, are hand-washing facilities clean and supplied with hot water, soap, and single use towels? Yes No N/A

23. What plans or actions are in place to ensure the continued distribution of food in the case of a natural disaster, power outage, freezer breakdown, etc. (e.g., Continuity of Operations Plan)?

Recommendations	Follow-Up

Subsection 4: Fiscal Review (as applicable)
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FA Staff will verify one month of A19 invoice vouchers ensuring they agree with supporting documentation. If FA Staff cannot reconcile the provided support to the A19 invoice voucher paid, FA Staff will be required to review additional months of A19 invoice vouchers and request backup for those payments made by the Lead Agency.

1. Does Fiscal backup provided support the A19 invoice voucher payment made by Lead Agency? (Cross reference receipts to the A19 paid during the fiscal year to ensure they agree to amounts reimbursed.) Yes No
2. Are all the costs requested allowable? Yes No
3. Fiscal review A19's:
 - Completed Worksheet 4 – Sub Agency Fiscal Review

Recommendations	Follow-Up

Subsection 5: Capital Improvements and Equipment Inventory

1. Does the Sub Agency have capital improvements and/or equipment purchased with FA Funds? Yes No
2. If yes, FA Staff should verify at least 10% of the Sub Agency capital improvements purchased with FA Funds. Are Capital improvements listed on the Annual Capital Improvements Report and submitted to the Lead Agency annually? (Physical inspection) Yes No
 N/A
3. If yes, FA Staff should verify at least 10% of the Sub Agency equipment purchased with FA Funds. Is Equipment listed on the Annual Equipment Inventory Report and submitted to the Lead Agency annually? (Physical inspection) Yes No
 N/A

Recommendations	Follow-Up

Section 6: CSFP Questions	<input type="checkbox"/> N/A – Not a CSFP Review
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Client Participant

1. Were any participants terminated from CSFP for participating under false circumstances? Yes No
 - a. If yes, please explain:

2. Are program benefits based upon certifications established in accordance with the following timeframes:
 - a. Informal certifications being conducted every 12 months to ensure that none of the information in the initial formal certification has changed and that the participant wishes to continue to participate in CSFP? Yes No
 N/A
 - b. Formal certifications being conducted once every 36 months? Yes No
 N/A

3. Do you check the identification of each participant or proxy at the point of pick-up? Yes No

4. When a participant is relocating to another CSFP area, do you reach out to the Lead Agency to facilitate the transfer of participant's benefits so that their services will not be interrupted? Yes No
 N/A

CSFP Sub Agency Worksheets Completed

1. Food Inventory Compliance:
 - Completed Worksheet 2 – Food Inventory Compliance
2. CSFP Client Intake & Participant File Review:
 - Completed Worksheet 3 – Client Intake & Participant File Review

Recommendations	Follow-Up
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Section 7: TEFAP Questions

N/A – Not a TEFAP Review

1. Are you conducting, at a minimum, monthly physical inventory counts of all federal commodities?

Yes No

TEFAP Sub Agency Worksheets Completed

1. TEFAP Client Intake:

Completed Worksheet 1 – Client Intake Compliance

2. Food Inventory Compliance:

Completed Worksheet 2 – Food Inventory Compliance

Recommendations

Follow-Up



Food Assistance (FA) Sub Agency Review

Section C – Summary of Findings & Recommendations

(Reviewer should include all applicable recommendations and required follow-up from review)

Summary: General Questions & Warehouse and Storage – Sections 1 & 2

Check Applicable Box:

Satisfactory. May include recommendations.

Satisfactory With Follow-Up Required.

All Required Follow-Up Listed Below: Yes No

Follow-Up Required

Recommendations

Summary: Facilities and Grounds – Section 3

Check Applicable Box:

Satisfactory. May include recommendations.

Satisfactory With Follow-Up Required.

All Required Follow-Up Listed Below: Yes No

Follow-Up Required

Recommendations

Summary: Fiscal Review – Section 4

Check Applicable Box:

- N/A.** Does not request reimbursement.
- Satisfactory.** May include recommendations.
- Satisfactory With Follow-Up Required.**

All Required Follow-Up Listed Below: Yes No

Follow-Up Required

Recommendations

Summary: Capital Improvements and Equipment Inventory – Section 5

Check Applicable Box:

Satisfactory. May include recommendations.

Satisfactory With Follow-Up Required.

All Required Follow-Up Listed Below: Yes No

Follow-Up Required

Recommendations

Check Applicable Box:

Satisfactory. May include recommendations.

Satisfactory With Follow-Up Required.

All Required Follow-Up Listed Below: Yes No

Follow-Up Required

Recommendations

Summary: The Emergency Food Assistance Program (TEFAP) – Section 7

N/A – Not a TEFAP Review

Check Applicable Box:.

Satisfactory. May include recommendations.

Satisfactory With Follow-Up Required.

All Required Follow-Up Listed Below: Yes No

Follow-Up Required

Recommendations



Washington
State Department of
Agriculture

Food Assistance
PO Box 42560
Olympia, WA 98504-2560
foodassistance@agr.wa.gov

Food Assistance (FA) Sub Agency Review

Section D – Review Participants

(Signed by Sub Agency Representative and WSDA FA Staff or Lead Agency Reviewer)

Signatures of Review Participants

Sub Agency Representative Name & Title

Date

Sub Agency Representative Signature

Reviewer Name & Title

Date of Review

Reviewer Signature

Reviewer's Phone Number



Food Assistance (FA) Sub Agency Review

Worksheet 1 – Client Intake Compliance Verification (TEFAP)

Requirements for TEFAP Food Pantry Sites

Intake System Set-up:

- The site has the current "And Justice For All" original poster displayed at the point of distribution and/or client intake
- The site has the TEFAP Client Notifications displayed at client intake
- Client intake is done for all clients at least once per year
- If a faith-based organization, they have the TEFAP Client Rights poster (AGR 609-565) displayed and the Client Referral Form (AGR 609-2239) available for use. CSFP versions are available if applicable.
 - N/A – Not faith-based

Check all the type(s) of intake system(s) used:

- Paper**
 - WSDA FA Form
 - Other (specify) _____
 - Form meets WSDA FA program standards and has approval for use
- Electronic**
 - What program is used? _____
 - Program meets WSDA FA program standards and has approval for use
- Other** (specify) _____
 - System meets WSDA FA program standards and has approval for use

Regardless of intake template used, does all language replicate the phrasing on current WSDA forms? (Paraphrasing or skipping details is not encouraged) Yes No

Clients self-declare:

- Name
- Address (must live in Washington) no minimum length of residency required
- Household size
- Income is at of below 400% of federal poverty guidelines
- You agree that TEFAP food is for home consumption and the household is in need of this food

Clients are informed that when receiving TEFAP food, the following is not required:

- Social Security Number (SSN) or identification
- Proof of: citizenship, immigration status, household size, or income
- You will not be denied TEFAP food if you refuse to disclose any information that is not a requirement of TEFAP

How often may clients receive food?

(E.g., monthly, weekly, full-service, supplemental service, whenever they want)

Comments:

At the point of intake are clients informed that the sharing of personal identifying information is not a requirement for TEFAP?

Yes No

Comments:

If information is collected for other programs, is it clear that collection is optional?

Yes No

Comments:

Collection of household demographics such as household size, age range, and new or returning will be requested.

Comments:

Recommendations	Follow-Up



Food Assistance (FA) Sub Agency Review

Worksheet 2 – Food Inventory Compliance

(CSFP and TEFAP)

This worksheet may be completed on-site, or during the pre-review process.

1. Is the Sub Agency using an approved inventory report? Yes No
2. Are the inventory reports filled out correctly? Yes No
3. Are all received items listed correctly for the month listed? Yes No
4. Do the Sub Agency BOL's match the issued items for the month listed? Yes No
5. Are food loss and adjustment reports being filled out? Yes No
6. Are you conducting, at a minimum, monthly physical inventory counts of all federal commodities? Yes No

To complete this chart, use inventory records, shipping receipts, and distribution records and commodity loss forms. No need for physical inventory. Review two commodities in inventory for each program under review.

Program:	<input type="checkbox"/> CSFP <input type="checkbox"/> TEFAP	<input type="checkbox"/> CSFP <input type="checkbox"/> TEFAP	<input type="checkbox"/> CSFP <input type="checkbox"/> TEFAP	<input type="checkbox"/> CSFP <input type="checkbox"/> TEFAP
Commodity Description:				
Month/Year:				
Beginning Inventory:				
Amount Received: <small>(View bills of lading/receiving docs)</small>				
Amount Issued:				
Loss/Adjustment:				
Ending Book Inventory:				
Agree with Inventory Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Determination of Inventory Compliance and Practices

Recommendations	Follow-Up



Food Assistance (FA) Sub Agency Review

Worksheet 3 – CSFP Client Intake & Participant File Review

N/A – Agency does not have any certification responsibilities
(Completed by FA Staff On-Site)

	Participant 1	Participant 2
Case file number or participant's initials:		
Application date:		
Application signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant agreement signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility based on participation in another program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other program:		
Address verified? Mail, Driver's License, Utility Bill, Private Insurance Card, Rent/Lease Agreement, Rent Receipt, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Racial data collected? American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic data collected? Hispanic or Latino, Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ID verified? Birth Certificate, Driver's License, ID Card, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-declared Age:		
Self-declared household size:		
Did client self-declare income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification decision indicated on application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification date:		
Correct certification period assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of days from application to certification decision?		
Was the applicant placed on a waiting list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were required notifications sent out timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CSFP Waitlist

Is there a CSFP Client Waitlist or Waitlist Template? Yes No

If yes, does the waitlist includes the following information:

Date Certified (everyone on waitlist should be certified) Yes No N/A

Date placed on the list Yes No N/A

Date applicant was notified of being placed on the list Yes No N/A

Address and phone number of applicant Yes No N/A

WSDA FA Form Checks

- Eligibility Application (AGR-2244) is being used
- Participant Agreement (AGR-2247) is being used
- Current CSFP Income Guidelines (AGR PUB 609-444) are posted for clients to view at the point of client intake
- Notification of Eligibility Determination (AGR-2246) is being used
 - Applicants are notified of their eligibility determination within 10 days
 - Applicants are notified of their placement on a waiting list within 10 days
- Notification of Eligibility Status Change (AGR-2245) is being used
- Welcome to the Commodity Supplemental Food Program (AGR PUB 609-739) resource handout is used

Recommendations	Follow-Up



Food Assistance (FA) Sub Agency Review

Worksheet 4 – Fiscal Review

[] N/A – Agency does not request reimbursement

Please have ready for FA staff to review (off-site or on-site) the financial backup documentation for the month/quarter selected. FA Staff will verify that reimbursements paid agree with supporting documentation provided and verify expenditures were allowable costs.

The month selected is: _____

Invoice vouchers for all programs under review should be requested

- 1. Salaries: Are there signed time sheets to support the breakout of all salaries? [] Yes [] No [] N/A
2. Benefits: Does the amount charged to the program correspond with the salaries that are charged to the program? [] Yes [] No [] N/A
3. Staff Travel: Are receipts and documentation for travel available and accurate? [] Yes [] No [] N/A
4. Office Supplies: Are they documented and allowable costs, and if costs are split, is the split supported by a cost sharing or cost allocation plan? [] Yes [] No [] N/A
5. Equipment purchases: Is documentation available, and if costs are split, is the split supported by a cost sharing or cost allocation plan? [] Yes [] No [] N/A
6. Office Rent and Utilities: Are they documented and allowable costs? [] Yes [] No [] N/A
7. Warehouse Costs: Are they documented and allowable costs? [] Yes [] No [] N/A
8. What are the warehouse costs (utilities, labor, repair, supplies, maintenance, etc.)? _____
a. Storage Costs: Are they documented and allowable costs? [] Yes [] No [] N/A
9. Equipment Maintenance: Are they documented and allowable costs? [] Yes [] No [] N/A
a. What equipment is being maintained? _____
10. Sub Agency Reimbursement: Is there appropriate documentation? [] Yes [] No [] N/A
11. Mileage: Is there appropriate documentation, and is the mileage calculated correctly? [] Yes [] No [] N/A
12. Are all shared costs allowable, and if applicable, are shared costs supported by a cost sharing allocation plan? [] Yes [] No [] N/A
13. Were payments made for eligible expenses and were there any payments made for ineligible expenses? [] Yes [] No [] N/A

Recommendations	Follow-Up