

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



January 23, 2001

ALL-COUNTY LETTER NO. 06-01

TO: ALL COUNTY WELFARE DIRECTORS  
ALL FOOD STAMP COORDINATORS  
ALL COUNTY CHIEF FISCAL OFFICERS

**REASON FOR THIS TRANSMITTAL**

- State Law Change  
 Federal Law or Regulation  
Change  
 Court Order  
 Clarification Requested by  
One or More Counties  
 Initiated by CDSS

SUBJECT: REQUIREMENTS FOR FOOD STAMP ISSUANCE  
AND BULK STORAGE AUDITS

The purpose of this All-County Letter is to request information on county audits of food stamp issuance and bulk storage points. These audits are required by federal and state regulations [Code of Federal Regulations at 7 CFR 274.1(c) (1-2) and in the California Department of Social Services (CDSS) Manual of Policy and Procedures Section 63-601.27]. State regulations specify that every county must conduct an annual financial and compliance audit at each coupon issuance agency and bulk storage point, including a physical inventory of coupons. The audit may be completed by another unit of county government or may be contracted to a third party in accordance with regulations.

The United States Department of Agriculture, Food and Nutrition Service, and the Bureau of State Audits have requested information regarding the status of these audits. The attached confirmation document was designed to capture the information CDSS will use to respond to these requests and ensure that California is meeting regulatory requirements.

Counties must complete and return this information to the CDSS Corrective Action/Management Evaluation Unit by **March 1, 2001**. If you have any questions about the audit requirement or the attached confirmation document, please contact Gary Swanson, Chief of the Food Stamp Branch at (916) 651-8047.

Sincerely,

**Original document signed by**

BRUCE WAGSTAFF  
Deputy Director  
Welfare to Work Division

Attachment

**Food Stamp Program**  
**County Confirmation of Food Stamp Bulk Storage and Issuance Audits**  
*Federal Fiscal Year 2000*

**Submit by MARCH 1, 2001 to:**

**California Department of Social Services**  
**Corrective Action/Management Evaluation Unit**  
**744 P Street, MS 16-32, Sacramento, CA 95814**  
**FAX No. (916) 654-1295**

<b>County:</b>	
<b>County Contact:</b> Name Title Telephone number E-mail	
<b>Date of Last Food Stamp Issuance And Bulk Storage Audit:</b>	
<b>Period of Time Covered by Audit:</b>	
<b>Name and Address of Organization/Firm that Performed the Audit:</b>	
<b>A description of any findings disclosed by the audit: (provide attachments if needed).</b>	
<b>County Actions to Resolve these Deficiencies: (provide attachments if needed)</b>	

I certify that the above information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (County Welfare Department Chief Fiscal Officer)