Office Of Early Childhood Program

The Emergency Food Assistance Program (TEFAP)

□ Pantry Review □ Soup Kitchen Review □ Distribution Site

Use of form: This form will be used to determine compliance with established program and food storage guidelines and the adequacy of physical storage to protect the quality and safety of commodities.

Instructions: Check the appropriate box to the left of each question; "Yes", "No". "NA" (Not applicable) or "U" (Unable to determine compliance).

A. Distribution Site Contact Information:	
Outlet Name:	Address:
City, State, Zip:	Site 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. Does the outlet have a current signed agreement with an EFO? Which one?
				2. Is a copy on file at the outlet?
				3. How long has the outlet been in operation?
				4. How long has the outlet received commodities?
				5. How long have you been the Coordinator?
				6. Are there paid staff?
				7. How many volunteers are involved in your food program each month?
				8. Has the EFO provided training on the standards for participation in TEFAP?
				9. What was the date of the most recent EFO training? What was the date of the most recent on-site review?
				10. Is a copy of the review on file?
				11. If corrective action was required, have all issues been resolved? If "No" explain:
				12. Does the outlet submit reports to the EFO in a timely fashion?
				13. What is the outlets service area? (Specify zip codes, school district, municipality or county as appropriate)
				14. Do you serve clients outside your service area? If "Yes" about how many each month?
				15. What is the average number of households served each month?
				16. What are the outlets hours of operation?
				17. Are the days and hours of operation posted outside of the facility?
				18. Are telephone numbers or procedures posted to help clients get services during an after hour emergency?

C. Outreach:

Yes	No	N/A	U	
				1. Describe outreach and networking efforts to make the public aware of services. How do households with limited English comprehension (LEP) learn of the agency's services?

D. Eligibility Procedures (Pantries and Mass Distribution only

Yes	No	N/A	U	
				1.
				2. Are the clients required to complete an Application for USDA donated foods to determine initial eligibility?
				3. Are current Income Eligibility Guidelines either included or available at the time application is being completed?
				4. Are these forms kept on file for three years?
				5. Where are the forms stored? On site □ EFO □ Other □
				6. Are forms kept in a secure, locked cabinet or locked room?
				7. Does the outlet require clients to obtain a referral from an outside agency to receive commodities?
				8. Does the outlet require clients to show ID if they are unknown to outlet workers?
				9. Check the documents that workers use to verify an applicant's address. Valid Driver's License □ Tax Forms □ State ID Card □ Utility Bills □ Passport □ Photo ID □ Other □
				10. Does the client self-declare income to determine eligibility for receipt?
				11. Does the outlet have a system in place to serve the homebound and the elderly and working poor?
				12. Describe the process used to serve homebound clients:
				13. Does the homebound client complete and/or sign an Application for USDA donated foods?
				14. If "No", does the proxy complete and/or sign the application for the homebound client?
				15. Do workers or volunteers receive commodities?
				16. Do workers/volunteers complete an Application for USDA donated foods?
				17. Do workers/volunteers receive commodities if they do not meet the income eligibility guidelines?
				18. Do any workers/volunteers receive an amount that exceeds that issued to other participants?

E. Operational Integrity/Civil Rights Compliance

Yes	No	N/A	U	
				1. Are fees/donations/memberships required for the clients?
				2. Do all distribution activities appear to be appropriate?
				3. Is the intake process conducted in a polite, culturally sensitive and confidential manner that assures the client dignity?
				4. Is there sufficient space between interview and waiting areas to allow for confidentiality?
				5. What ethnic or non-English speaking populations does the outlet serve: (Best estimate)
				6. Does the outlet have essential materials in languages for non-English speaking clients?
				7. Has the outlet made provisions for an interpreter if needed or requested? Explain:
				8. Is the USDA Title VI nondiscrimination "And Justice for All" poster displayed and visible to clients?
				9. Has there been any discrimination complaints filed against the outlet in the last year?

Yes	No	N/A	U	
				10. If so, were they forwarded to the EFO?
				11. What is the name and phone number of your EFO contact? Name: Phone:

F. Food Receipt

Yes	No	N/A	U	
				1. TEFAP Commodities are: □ Delivered by EFO □ Picked up by the Outlet □ Other
				2. What was the date of the last pick up or delivery? Date:
				3. How many times per month is the food picked up or delivered?
				4. Have any commodities been received that were spoiled or out of condition? If "Yes" explain:
				5. Have losses been reported to the EFO in a timely manner using the correct forms and procedures?

G. Food Distribution (Pantries Only)

Yes	No	N/A	U	
				1. Can households be served at least once every 30 days?
				2. How often can clients receive food?
				3. Can clients with exceptional needs receive extra food in their packages or get food packages more often than once a month?
				4. Are food packages adjusted for family size?
				5. Does the pantry give ALL eligible clients both TEFAP and donated foods?
				6. If "No" explain how they distribute TEFAP?
				7. What is the approximate percentage of TEFAP to privately donated food issued?

H. Food Storage

Yes	No	N/A	U	
				1. Are commodities kept 6" off the floor and stored on pallets, platforms or shelves?
				2. Are commodities stored at least 4" away from walls to allow proper ventilation and permit good air circulation and sufficient working aisles?
				3. Are storage areas free of uninsulated steam and hot water pipes, water heaters, refrigeration condensing units or other heat producing devices?
				4. Are non-food items kept separated from commodities?

Yes	No	N/A	U	
				5. Are toxic items (soap, bleach, cleaning supplies) stored away from commodities?
				6. Are floors, pallets, and shelving clean?
				7. Are commodity storage areas clean and odor free?
				8. Is there a regular cleaning schedule established and maintained?
				9. Are commodities checked regularly for signs of spoilage or damage and are the dates of the inspection logged?
				10. Are doors, windows, and roofs well sealed to prevent pest entry and/or water damage?
				11. Do the storage areas have adequate safeguard to prevent theft, spoilage or other loss; i. e., locks on doors, windows, limited access?
				12. Is a good pest control system maintained by a qualified person on staff or does the EFO contract with a licensed form to manage pest control? Contractor: Date of last inspection:
				13. Is the equipment well maintained?
				14. Does the outlet monitor temperature control?
				15. Are there working thermometers in all storage areas (dry, refrigerated, freezer)?
				16. Is a temperature log maintained?
				17. Are dry, refrigerated and frozen items stored at proper temperatures? Actual reading (dry storage)_____ Actual reading (refrigerated)_____ Actual reading (frozen storage)_____
				18. Are controls in place that assures a first in, first out inventory flow?
				19. Are there any TEFAP commodities currently in storage that were received more than six months prior to the date of this review?
				20. Is the inventory in storage appropriate considering the size of the EFO service area, its distribution activities and its physical facilities?

I. Inventory

Yes	No	N/A	U	
				1. Does the outlet repackage or process TEFAP Commodities?
				2. How many (Full) cases of commodities are currently in inventory?
				3. Is there an excessive number of cases of any item? If "Yes" describe:

J. Current Physical Inventory (Full cases only)

Commodity Name and #	Cases	Comments: Age/Condition/ETC.	Temperature Status

K. Comments/Trends – Outlet Staff

L. Describe the outlets exemplary activities and best practices to food security

M. Compliance Concerns/Notes

APPLICATION WORKSHEET

Incomplete _____ / (divided by) Total Reviewed _____ = _____% Error rate

Certification Errors Total: _____

1. **Failed to obtain applicants signature.** _____
2. **Official failed to sign.** _____
3. **Both 1 and 2.** _____
4. **Certified -0- income HH beyond 3 month limit.** _____
5. **Certified HH beyond 12 month max limit.** _____
6. **Official failed to list certification information.** _____
7. **Income exceeds.** _____
8. **Official failed to list one or more of the following.** _____

Certification Period _____ HH Size _____ Income _____ Source of Income _____

Type of ID _____ Disposition _____ Name of AR _____ Doc for AR _____

ISSUANCE ERROR TOTALS: _____

1. **Issued to household after certification expired.** _____
2. **Official failed to obtain signature.** _____
3. **Official failed to initial and date.** _____
4. **Failed to indicate # and type of food items issued.** _____
5. **Person picking up commodities for HH was not AR.** _____
6. **Agency official over issued commodities to HH.** _____
7. **Agency official under issued commodities to HH.** _____

Reviewers Comments and Notes

Corrective Action Letter Required? Yes _____ No _____ Date Corrective Action Letter Due:_____