



**STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES (DHS)
USDA Donated Foods: The Emergency Food Assistance Program (TEFAP)
Emergency Food Organization Review Form**

FOOD PANTRY

Agency Name:	Street Address:	City/State:
	Zip Code:	
Email Address:	Mailing Address if different:	
Name of REFO:	Person(s) Interviewed:	
Reviewer's Name: Taryn B. Wade	Review Date:	
Distribution Schedule:		

Food Receipt:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. TEFAP USDA Foods are: Delivered by REFO _____ Picked up by agency _____ Other _____
			2. What is the date of the most recent pick-up or delivery? _____
			3. How many times per month is food picked up or delivered? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have any USDA Foods been received that were spoiled or out of condition? If "Yes", explain _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are losses reported to the REFO in a timely manner using the correct forms and procedures?
			6. What TEFAP/USDA Foods are being distributed today? Items are listed below. _____ _____ _____

Eligibility Procedures:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are clients required to complete an application for USDA Foods to determine initial eligibility?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are current Income Eligibility Guidelines either included or available at the time the application is completed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are these forms kept on file for three years?
			4. Where are the forms stored? On site _____ REFO _____ Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are the forms kept in a secure locked cabinet or locked room?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Does the agency require clients to show ID if they are unknown to the agency workers?

7. Check the documents that workers use to verify an applicant's address

___ Valid Driver's License ___ Tax Forms ___ State ID card
___ Passport ___ Photo ID ___ Other

- 8. Does the client self-declare income to determine eligibility for receipt?
- 10. Do workers/volunteers receive USDA Foods if they do not meet the income eligibility guidelines?
- 11. If applicable, describe the process of distribution for eligible volunteers?

Food Storage:

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are USDA Foods kept 4" off of the floor and stored on pallets, platforms or shelves? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are non-food and toxic items kept separate from USDA Foods? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are USDA Food storage areas clean and odor free? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is there a regular cleaning schedule established and maintained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are doors, windows and roofs well sealed to prevent pest entry and/or water damage? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Do the storage areas have adequate safeguards to prevent theft, spoilage or other loss? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is a good pest control system maintained by a qualified person on staff or does the LEFO contract with a licensed firm to manage pest control? |

Contractor _____ Date of Last Inspection _____

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is a temperature log maintained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are dry, refrigerated and frozen items stored at proper temperatures? |
| | | | Actual readings: Dry Storage _____ Refrigerated _____ Frozen _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are controls in place for a first in, first out inventory flow? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are there any TEFAP USDA Foods currently in storage that were received more than six months prior to the date of this review? |

12. How many (full) cases of USDA Foods are currently in inventory?

General Information:

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the agency have a current signed agreement with their regional food bank? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is a copy of the agreement on file at the agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are records (invoices or bills of lading, distribution and household applications) kept on file for three years? |
| | | | 4. How long has the agency been in operation? |
| | | | 5. How long has the agency received USDA Foods? |

- _____
6. What is the average number of volunteers involved in the food distribution each month?
- _____
7. Has the agency received training on the standards for participation in TEFAP?
- _____
8. What was the date of the most recent training?
- _____
9. 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" please explain below.
- _____
- _____
12. What is the average number of households served each month?
- _____
13. What are the agency's hours of operation?
13. Are the days and hours of operation posted outside the facility?

Operations Integrity/Civil Rights Compliance:

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Do all certification and distribution activities appear to be appropriate with regard to Civil Rights? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the USDA "And Justice For All: (AD-475-C, 11" x 17") poster displayed and visible to clients? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Has there been any discrimination complaints filed against the agency in the last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. If so, were they forwarded appropriately? |

Comments:

Signature of Agency Representative

Date

Signature of OKDHS Reviewer

Date