

STATE OF OKLAHOMA DEPARTMENT OF HUMAN SERVICES (DHS)

USDA Donated Foods: The Emergency Food Assistance Program (TEFAP) Emergency Food Organization Review Form

| ☐ PANTRY REVIEW | | | W | SOUP KITCHEN | | ☐MOBILE PANTRY | |
|-----------------|------------|--------------|--|--|-----------------------------------|---|--|
| | | | | nine compliance with e d safety of the USDA F | | I food storage guidelines and the adequacy of | |
| Instruc | ctions: C | heck the | appropriate box | x to the left of each que | stion: "Yes", "No", "N | A" (not applicable). | |
| Agenc | y Conta | ct Infor | mation: | | | | |
| Agency | Name: | | | Street Address: | | | |
| Emeil | Address: | | | City/State/Zip Code: | | | |
| Email . | Adaress: | | | Mailing Address if different: | | | |
| Name o | of REFO | • | | Telephone Number: | Reviewer's Name: Taryn B. Wade | Review Date: | |
| Person | (s) Interv | viewed: | | | Turji 2. Wudo | | |
| | al Infor | | | | | | |
| Yes □ | No | N/A □ | 1. Does the a | agency have a current | t signed agreement w | rith Regional Food Bank? | |
| | | | 2. Is a copy of the agreement on file at the agency? | | | | |
| | | _ | 3. How long has the agency been in operation? | | | | |
| | | _ | 4. How long have you been a coordinator? | | | | |
| _ | | _ | 5. How long | has the agency receive | ved USDA Foods? | | |
| | | | 6. Are there | paid staff members? | | | |
| | | _ | 7. How man | y volunteers are invo | lved in your food pro | ogram each month? | |
| | | | 8. Has the ag | gency received trainir | ng on the standards for | or participation in TEFAP? | |
| | | _ | 9. What was | the date of the most | recent training? | | |
| | | _ | 10. What wa | s the date of the mos | t recent on-site review | w? | |
| | | | 11. Is a copy | of the review on file | ? | | |
| | | | 12. If correct | tive action was requir | red, have ALL issues | been resolved? If "NO" please explain | |

| Yes | No | N/A | |
|--------|-----------|-----|--|
| | | | 13. Does the agency submit reports to the REFO in a timely fashion? |
| | | | 14. What is the agency's service area? (Specify zip codes, municipality or county as appropriate) |
| | | | 15. Do you serve clients outside your service area? If "Yes" how many each month? |
| | | | 16. What is the average number of meals or household served each month? |
| | | | 17. What are the agency's hours of operation? |
| | | | 18. Are the days and hours of operation posted outside the facility? |
| | | | 19. Describe outreach and networking efforts used to ensure the public is aware of the services. How households with Limited English Comprehension (LEP) made aware of the services? |
| Outro | each: | | |
| Eligil | oility Pr | | s (Pantries and Mass Distribution only) |
| Yes | No — | N/A | |
| | | | 1. Are clients required to complete an application for USDA Foods to determine initial eligibility? |
| | | | 2. Are current Income Eligibility Guidelines either included or available at the time the |
| | | | application is completed? |
| | | | 3. Is this agency a 501(c) (3) organization? Please provide documentation. |
| | | | 4. Are these forms kept on file for three years? If stored on a computer, is the computer password |
| | | | protected? If stored on a computer are participant signatures scanned and stored or kept on a log? |
| | | | 5. Where are the forms stored?On siteREFOOther |
| | | | 6. Are the forms kept in a secure locked cabinet or locked room? |
| | | | 7. Does the agency require clients to obtain a referral from an outside agency to receive USDA foods? |
| | П | П | 8. Does the agency require clients to show ID if they are unknown to the agency workers? |
| | _ | _ | 9. Check the documents that workers use to verify an applicant's address |
| | | | Valid Driver's LicenseTax Forms State ID Card |
| | | | PassportPhoto ID Other |
| Yes | No | N/A | |
| | | | 10. Does the client self-declare income to determine eligibility for receipt? |
| | | | 11. Does the agency have a system in place to serve the homebound, elderly and/or working |
| | | | poor? |

| | | | 12. Describe the process (if any) used to serve homebound clients: |
|--------------|----------|------------|---|
| | | | 13. Does the homebound client complete or sign an application for USDA Foods? |
| | | | 14. If "No" does the proxy complete and sign the supplication for the homebound client? |
| | | | 15. Do workers/volunteers receive USDA Foods? |
| | | | 16. Do workers/volunteers complete an application for USDA Foods? |
| | | | 17. Do workers/volunteers receive USDA Foods if they do not meet the income eligibility |
| | | | guidelines? |
| | | | 18. Do any workers/volunteers receive an amount that exceeds that issued to other participants? |
| <u>Opera</u> | ations I | ntegrity/ | Civil Rights Compliance: |
| Yes | No | N/A | |
| | | | 1. Are fees/donations/memberships required for the clients? |
| | | | 2. Do all certification and distribution activities appear to be appropriate with regard to Civil |
| | | | Rights? |
| | | | 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? |
| | | <u></u> | 5. What ethnic or non-English speaking population does the agency serve (best estimate)? |
| | | | 6. Does the agency have essential materials in languages for non-English speaking clients? |
| | | | Please provide samples. |
| | | | 7. Has the agency made provisions for an interpreter if needed or requested? |
| _ | _ | _ | Explain |
| Ш | | Ш | 8. Is the USDA "And Justice For All: (AD-475-C, 11" x 17") poster displayed and visible to |
| | | | clients? |
| | | | 9. Have there been any discrimination complaints filed against the agency in the last year? |
| | | | 10. If so, were they forwarded appropriately? |
| | | | 11. Are inherently religious activities separate from food distribution? |
| | | | 12. Is participation in religious activities required to receive TEFAP foods? |
| Ш | | | 13. Are building facilities fully accessible? If not, what accommodations are made for the |
| | | | disabled? |
| Ш | | | 14. Does your organization employ a means test before determining that recipients are needy? |
| Food | Receipt | : <u>:</u> | |
| Yes | No | N/A | |
| | | | 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? |
| | | | 4. Have any USDA Foods been received that were spoiled or out of condition? |
| | | | If "Yes", explain |
| | | | 5. Have losses been reported to the REFO in a timely manner using the correct forms and |
| | | | procedures? |
| Food | Distrib | ution (P | antries only): |
| Yes | No | N/A | |
| | | | 1. Can household be served at least once every 30 days? |
| | | | 2. How often can clients receive food? |
| | | | 3. Are food packages adjusted for family size? |
| | | | 4. Does the pantry give ALL eligible clients both TEFAP and donated foods? |
| | | | If "No" explain how they distribute |
| | | | |
| | | | 5. What is the approximate percentage of TEFAP to privately donated food issued? |
| Food | Storage | e <u>:</u> | |
| Yes | No | N/A | |
| | | | 1. Are USDA Foods stored on pallets, platforms or shelves kept 6" off the floor? |
| | | | 2. Are USDA Foods 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 un-insulated steam and hot water pipes, water heaters, refrigeration |
| | | | condensing units or other heat producing devices? |
| | | | 4. Are non-food items (such as paper) kept separate from USDA Foods? |
| | | | 5. Are toxic items (soap, bleach, cleaning supplies) stored away from USDA Foods? |
| | | | 6. Are floors, pallets and shelving units clean? |
| | | | 7. Are USDA Food storage areas clean and odor free? |
| | | | 8. Is there a regular cleaning schedule established and maintained? |
| | | | 9. Are USDA Foods checked regularly for signs of spoilage or damage and are the dates of |
| | | | inspections logged? How is this done? Checked several times weekly |
| | | | 10. Are doors, windows and roofs well sealed to prevent pest entry and/or water damage? |
| | | | 11. Do the storage areas have adequate safeguards to prevent theft, spoilage or other loss? Such as |
| | | | locks on doors, windows, limited access? |
| | | | 12. Is a good pest control system maintained by a qualified person on staff or does the agency |
| | | | contract with a licensed firm to manage pest control? |
| | | | Contractor Date of Last Inspection |

| | | | 13. Is the equipment well maintained? | | |
|--------------------|-----------|------------|---|--|--|
| | | | 14. Does the agency monitor temperature control? | | |
| | | | 15. Are there working thermometers in all storage areas (dry, refrigerated, and frozen)? | | |
| | | | 16. Is a temperature log maintained? | | |
| | | | 17. Are dry, refrigerated and frozen items stored at proper temperatures? | | |
| | | Actu | al readings: Dry Storage <u>°F</u> Refrigerated <u>N/A</u> Frozen <u>°F & °F</u> | | |
| | | | 18. Are controls in place that assures a first in, first out inventory flow? | | |
| | | | 19. Are there any TEFAP USDA Foods 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 LEFO service area, its | | |
| | | | distribution activities and it physical facilities? | | |
| Inver | tory: | | | | |
| Yes | No | N/A | | | |
| | | | 1. Does the agency repackage or process TEFAP USDA Foods? | | |
| | | | 2. How many (full) cases of USDA Foods are currently in inventory? | | |
| | | | 3. Are there an excessive number of cases of any item? | | |
| | | | If "Yes" describe: | | |
| | | | | | |
| Com | ments: | | | | |
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| Please | e explaii | n to the I | OHS Commodity Distribution Unit what corrective action(s) will be taken by your agency to correct | | |
| <mark>any d</mark> | eficienc | ies that v | vere found during this review and a date when these deficiencies will be corrected. | | |
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| Signature of Agency Representative | | Date | |
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| Signature of DHS State Reviewer | | Date | |
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