



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

SOUP KITCHEN / SHELTER

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

Food Receipt:

Yes No N/A

1. This Soup Kitchen's TEFAP USDA Foods are:

Delivered by the DA _____ Picked up by ERA _____ 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?

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4. Have any USDA Foods been received that were spoiled or out of condition?

If "Yes", explain _____

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5. Have losses been reported to the Distributing Agency in a timely manner using the correct forms and procedures?

Food Storage:

Date of Most Recent Health Inspection: _____

Note any corrective action(s) required: _____

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are USDA Foods kept 4" off 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 ERA |

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? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are controls in place that assures 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? |

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 ERA in the last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. If so, were they forwarded appropriately? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are inherently religious activities separate from food distribution? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Is participation in religious activities required to receive TEFAP foods? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Are building facilities fully accessible? If not, what accommodations are made for the disabled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Does your organization employ a means test before determining that recipients are needy? |

General Information:

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the ERA have a current signed agreement with their distributing ERA? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is a copy of the agreement on file at the ERA? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is this ERA a 501(c)(3) organization. Please provide documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are meal counts taken daily and kept on file for three years? |
| _____ | | | 5. How long has the ERA been in operation? |
| _____ | | | 6. How long has the ERA received USDA Foods? |
| _____ | | | 7. How many volunteers are involved in your food program each month? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Has the ERA received training on the standards for participation in TEFAP? |
| _____ | | | 9. What was the date of the most recent training? |
| _____ | | | 10. What was the date of the most recent on-site review? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 meals served each month?

_____ 13. What are the ERA's hours of operation?

☐ ☐ ☐ 14. If appropriate, are the days and hours of operation posted outside the ERA?

Comments:

Signature of ERA Representative

Date

Signature of State Agency Reviewer

Date

Revised November 2017