



## THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) OUTLET ASSESSMENT FORM

REVIEW DATE:

REVIEWER:

REVIEWER:     ISDH (*attachments A & B ONLY*)     ERA

PANTRY

SOUP KITCHEN

SHELTER

### OUTLET CONTACT INFORMATION

Outlet Name:		
Address:		County:
City:	Zip:	Phone:
Mailing Address – <i>if different</i>		
Contact Name	Email Address	Website
Days & Hours of Operation	Frequency of Clients Served	Service Area
Households and/or Meals Served per Month HH	Meals	ERA Name

- Check the appropriate box to the left of each question. *Yes, No, or U (unable to determine)*
- Check the N/A (not applicable) box and follow instruction if outlet is a soup kitchen.

### GENERAL COMPLIANCE REQUIREMENTS

YES NO U

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the outlet have a current signed MOA with the ERA? Effective Date _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is there a copy on file at the outlet and with the ERA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is there a copy of the most recent monitoring report on file? Date _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is there documentation of non-profit status on file with the ERA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the outlet submit service statistics to the ERA each month no later than the 10 <sup>th</sup> day of the month?          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the outlet have current proof of insurance? Expiration Date _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the outlet publicize within its designated service area in a written statement the operational hours the outlet is open? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the outlet distribute food at least once every thirty days?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Does the outlet distribute food for at least 2 hours per month?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is food secured in a locked area when the outlet is closed?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Does the outlet serve the general public?  |

## ELIGIBILITY PROCEDURES - 7 CFR 251.5 Eligibility determinations

N/A (not applicable) - Outlet is a soup kitchen (skip to next section)

YES NO U

1. Are current Income Eligibility Guidelines and ISDH-supplied forms used?
  2. Are eligibility certificates kept on file for three years plus the current year?  
*Use this data to complete Attachment C- Eligibility Accountability (Part A)*
  3. Do clients sign an Eligibility Certificate every time they receive items from the outlet?
  4. Do proxies bring either a new Proxy form *or* a note from the recipient every time they visit?
  5. Do proxies sign their name, followed by the word "proxy", on the Eligibility Certificate?
  6. Does the outlet deliver to homebound or elderly persons?
  7. Does the homebound client complete and/or sign the proxy?
  8. Are proxy forms kept on file for three years plus the current year?  
*Use this data to complete Attachment C- Eligibility Accountability (Part B)*
  9. Does the outlet require only the following information for service: recipient name, address, household size, and signature? If not, what other items?
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## OPERATIONAL/CIVIL RIGHTS COMPLIANCE -

YES NO U

1. Are fees/donations/memberships required for the clients?
  2. Is the facility handicapped accessible or does the outlet provide a mechanism to serve persons unable to physically access the pantry? (Shopping list, runners, etc.)
  3. Does the outlet have essential materials in languages for non-English speaking clients?  
*(Spanish-language poster, eligibility certificates, "I Speak..." document)*
  4. Does the outlet have SNAP (food stamp) information available for clients? *(Spanish and English)*
  5. Are pantry hours posted on the building exterior and in a manner that is clearly visible to the client?
  6. Is USDA's "And Justice for All" poster displayed and visible to clients?
  7. Are outlet staff and volunteers aware of the proper procedure for receiving and forwarding discrimination complaints?
  8. Have outlet staff and volunteers participated in TEFAP training within the last year?
  9. Have outlet staff and volunteers participated in civil rights training within the last year?
  10. Has there been a discrimination complaint filed against the outlet? If "YES", describe:
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## RELIGIOUS SEPARATION

YES NO U References: 7 CFR 16

1. Is the site a religious organization?
  - a. If yes, are explicitly religious activities separate in time or location from CSFP activities
  - b. Is the "Written Notice of Beneficiary Rights" poster displayed prominently and in a location that visible when entering the facility?

## FOOD RECEIPT

TEFAP commodities are:  Delivered by ERA  Picked up by the outlet

YES NO U

1. Does the outlet notify the ERA with any changes?
2. Has the food outlet transferred or received product from another TEFAP food outlet?
3. Does the outlet keep the receipts/invoices for TEFAP commodities received on file for 3 years plus the current year?

## FOOD DISTRIBUTION

1-5 are N/A (not applicable) - Outlet is a soup kitchen (skip to # 6)

YES NO U

1. Does the outlet practice Client Choice? If "YES", then what type?  
 Shop  List  Other \_\_\_\_\_
2. Is the amount of food given to the client adjusted by family size?
3. Are household breaks posted in a manner that is clearly visible to the client?  
What is/are the household size break(s)? (Must be at least one break.)  
\_\_\_\_\_
4. Does the client receive both TEFAP and non-TEFAP foods? If "NO", explain how TEFAP food is distributed:  
\_\_\_\_\_
5. If the outlet has chosen to serve households more than once in a 30-day period, is there an appropriate method of tracking in place?
6. Are TEFAP items mixed together with donated and purchased foods?
7. Does the outlet have a list of TEFAP outlets in the county and the surrounding counties?
8. Does the outlet serve ALL households on the first visit regardless of whether or not they reside within the designated service area?

## FOOD STORAGE

YES NO U

1. Is all food raised 6 inches above the floor and stored on pallets, platforms, or shelves?
2. Is all food stored at least 4 inches away from walls to allow proper ventilation and permit good air circulation?
3. Does the outlet follow first in/first out (FIFO) with all products?
4. Does outlet have  dry,  refrigerated, and  frozen storage capability?
5. Are storage areas free of un-insulated steam and hot water pipes, water heaters, refrigeration condensing units or other heat producing devices?
6. Are non-food items kept separated from food items?
7. Are toxic items stored in a separate area that is away from food items?
8. Are storage areas clean and odor free?
9. Are floors, pallets and shelving clean?
10. Are thermometers located in all storage areas (dry, refrigerated, and frozen)?
11. Is a temperature log maintained in all storage areas (dry, refrigerated & freezer)?
12. Are temperatures logged at least weekly?
13. Does the log show that proper temperatures are maintained by the outlet?

*Compare this data to current temperatures when completing Attachment B-Temperature Record*

YES NO U

14. What pest control system is in place; in-house or professional? (circle one)

15. Do the storage areas have limited/secure access?

16. Are there any TEFAP commodities currently in storage that were received more than six months ago? If "YES", then please list below:

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Use this data to complete Attachment A-Inventory

**SOUP KITCHEN/SHELTER ONLY**

YES NO U

1. Date of last Department of Health Inspection: \_\_\_\_\_

2. Are meals served to:  recipients in shelter  open to community

3. How are meal numbers obtained:  head  plate  other \_\_\_\_\_

4. Names of the workers/volunteers that are ServSafe certified, and the expiration date of their certificate.

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**PROHIBITED ACTIVITIES**

1-2 are N/A (not applicable) if outlet is a soup kitchen (skip to # 3)

YES NO U

1. Does the outlet repackage TEFAP commodities?

2. Does the outlet pre-bag TEFAP commodities?

3. Does the outlet require referrals?

4. Excluding Kids Café, does the outlet distribute USDA food product to any other program or entity that is not eligible during the hours of outlet operation? (No hospitals, nursing homes, schools, summer programs, group homes, etc.)

5. Are donations of gifts or money accepted during pantry hours?

6. Does the outlet require clients provide social security or drivers' license numbers?

7. Do all activities and distribution procedures appear to be appropriate? Please list concerns below:

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**POSITIVE QUALITIES/INNOVATIONS**

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**CONCERNS/NOTES**

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**Monitor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Outlet Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_



**Attachment B – Temperature Record-** Use additional record sheets if needed.

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**Dry Storage**

Location on property: \_\_\_\_\_

Reading(s): \_\_\_\_\_

Location on property: \_\_\_\_\_

Reading(s): \_\_\_\_\_

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**Refrigeration Storage**

Location on property: \_\_\_\_\_

Unit Identifier if applicable & Reading(s): \_\_\_\_\_

Location on property: \_\_\_\_\_

Unit Identifier if applicable & Reading(s): \_\_\_\_\_

Location on property: \_\_\_\_\_

Unit Identifier if applicable & Reading(s): \_\_\_\_\_

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**Freezer Storage**

Location on property: \_\_\_\_\_

Unit Identifier if applicable & Reading(s): \_\_\_\_\_

Location on property: \_\_\_\_\_

Unit Identifier if applicable & Reading(s): \_\_\_\_\_

Location on property: \_\_\_\_\_

Unit Identifier if applicable & Reading(s): \_\_\_\_\_

# Attachment C – Eligibility Accountability

Month Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Food Bank: \_\_\_\_\_ Outlet: \_\_\_\_\_

Please select the participant data collection method below; either *single household* or *aggregate*.

## A. Program Accountability

### Single Household

Number of households served: \_\_\_\_\_  
(-minus)

Number of eligibility certificates: \_\_\_\_\_  
(=equals)

Total: \_\_\_\_\_

### Aggregate (group)

Number of households served: \_\_\_\_\_  
(-minus)

Number of signatures: \_\_\_\_\_  
(=equals)

Total: \_\_\_\_\_

If total does not equal zero, please provide an explanation and corrective action plan below:

\_\_\_\_\_  
\_\_\_\_\_

## B. Eligibility Certificate

Please verify the following required information is on the forms: *name, address, household size and signatures*.

Outlets using the single household method will review individual files based on the sliding scale.

Households served 1-500; review 25 files, Households served 500-1999; review 50 files, Households of 2000 or more; review 50 files.

Outlets using the aggregate method will review 10% of aggregate signatures for month of review.

### Single Household

Number of files reviewed: \_\_\_\_\_  
(-minus)

Number without missing entries: \_\_\_\_\_  
(=equals)

Total: \_\_\_\_\_

### Aggregate (group)

Number of signatures: \_\_\_\_\_  
(-minus)

Number without missing entries: \_\_\_\_\_  
(=equals)

Total: \_\_\_\_\_

If total does not equal zero, please provide an explanation and provide written corrective action plan below:

\_\_\_\_\_  
\_\_\_\_\_

## C. Proxy Forms

Please review all proxy forms within 30 days of the review date, and verify required information is on all forms,

required information includes: *pantry name and address, recipient name and address, household size, proxy reason, proxy name and address, recipient and pantry attendant signatures*.

If no proxy forms are used during review month, enter zero.

Number of proxy forms reviewed: \_\_\_\_\_  
(-minus)

Number without missing information: \_\_\_\_\_  
(=equals)

Total: \_\_\_\_\_

If total does not equal zero, please provide outlets explanation and provide written corrective action plan below:

\_\_\_\_\_  
\_\_\_\_\_