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| DEPARTMENT OF HEALTH SERVICES  Division of Public Health  F-01764 (07/2023) | | | | | | STATE OF WISCONSIN  Page 1 of 3 | |
| THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) DISTRIBUTION SITE REVIEW FORM | | | | | | | |
| Distribution Site/Organization Name | | | | | | Review Date | |
|  | | | | | |  | |
| Address | | | | | | City | Phone |
|  | | | | | |  |  |
| Reviewers Name and Agency | | | | | | | |
|  | | | | | | | |
| Site Contact Name | | | | | | Email Address | |
|  | | | | | |  | |
| Type of Distribution Site: Pantry ( Fixed Mobile) Meal Site Shelter | | | | | | | |
| Days & Hours of Operation | | | | No. of Distributions/Month | | Households and/or Meals Served Per Month | |
|  | | | |  | | HH       Meals | |
| **Yes** | **No** | **N/A** | **A. CIVIL RIGHTS/OPERATIONAL REQUIREMENTS (FNS Instructions 113-1)** | | | | |
|  |  |  | 1. All staff and volunteers who interact with clients have documentation of receiving civil rights training annually. *Review Civil Rights Documentation.* | | | | |
|  |  |  | 2. Have there been any discrimination complaints within the last year? | | | | |
|  |  |  | 3. Is the Federal “And Justice for All” poster displayed and visible to all clients? | | | | |
|  |  |  | 4. Is there a Limited English Proficiency Plan for interpretation service? | | | | |
| Describe: | | | | | | | |
|  | | | | | | | |
|  |  |  | 5. If Religious Organization, is “Beneficiary Notification” provided at application or by posting? (7 CFR Part 16(f) and USDA FD-138) | | | | |
|  |  |  | 6. If Religious Organization, are religious activities separate from TEFAP activities? (USDA FN-142) | | | | |
| Comments: | | | | | | | |
|  | | | | | | | |
| **Yes** | **No** | **N/A** | **B. DISTRIBUTION** | | | | |
|  |  |  | 1. Is the pantry signage and hours visible to the client? Does the pantry advertise its services? *Describe.* | | | | |
|  |  |  | 2. Does the site adhere to the prohibition against assessing fees for distribution of USDA products? (7CFR 250.1 (b)) | | | | |
|  |  |  | 3. Monthly participant report submitted to area coordinator by required deadline? | | | | |
| Comments: | | | | | | | |
|  | | | | | | | |
| **Yes** | **No** | **N/A** | **C. ELIGIBILITY DETERMINATION (Skip Meal Sites and Shelters)** | | | | |
|  |  |  | 1. If electronic intake system used to establish eligibility, are there any required fields that are not part of TEFAP eligibility? *Explain intake system.* | | | | |
|  |  |  | 2. Are current Income Eligibility Guideline forms posted/used, is income self-declared? | | | | |
|  |  |  | 3. Are completed eligibility forms kept on file for three years in a secure location with access only by authorized staff? (7CFR 251.10(3)(4) FD-036 Local Level Record Keeping) *Explain where/how files are kept secure.* | | | | |
|  |  |  | 4. Are proxy forms used and kept on file for three years? View a copy of the form and files. *Explain how proxy is achieved, review form.* | | | | |
| Comments: | | | | | | | |
|  | | | | | | | |
| **Yes** | **No** | **N/A** | **D. RECEIPT, STORAGE REQUIREMENTS: (7 CFR 250.14a)** | | | | |
|  |  |  | TEFAP commodities are: Delivered by the ERA Picked up by the Distribution Site Other  1. Are commodities on pallets or shelves off the floor and storage areas clean and free from pests? *Inspect dry, refrigerated, and freezer storage areas. Explain pest control plan.* | | | | |
|  |  |  | 2. Are there safeguards against theft, spoilage, damage, or other loss? *Explain safeguards.* | | | | |
|  |  |  | 3. Are temperatures taken and documented regularly in the dry storage area, refrigerated storage, and freezer storage? *Review temperature logs.* | | | | |
|  |  |  | 4. Are temperatures within proper storage ranges? | | | | |
| Comments: | | | | | | | |
|  | | | | | | | |
| **Yes** | **No** | **N/A** | **E. INVENTORY CONTROL REQUIREMENTS (7 CFR 250.14b)** | | | | |
|  |  |  | 1. Are TEFAP commodities separated or distinguishable from non-TEFAP commodities? | | | | |
|  |  |  | 2. Is an inventory kept for TEFAP commodities such that foods are ensured to be distributed | | | | |
|  |  |  | 3. Is the first in, first out (FIFO) distribution method being utilized? (FD-107 Storage and Inventory) *Describe method that is being used. Check dates of products.* | | | | |
|  |  |  | 4. Are all USDA commodity records complete, accurate, and maintained on file for (3) fiscal years from the end of the fiscal year? *Review agency’s files.* | | | | |
| Comments: | | | | | | | |
|  | | | | | | | |
| **Yes** | **No** | **N/A** | **F. MEAL SITES AND SHELTERS ONLY** | | | | |
|  |  |  | 1. Food safety training held by at least one member of kitchen staff: *Names and training certifications and dates.* | | | | |
|  |  |  | 2. Are meals served to: Recipients in Shelter Open to Community Both | | | | |
| Comments: | | | | | | | |
|  | | | | | | | |
| Are deficiencies found? Yes Detail below No | | | | | Follow Up Review Needed: Yes No | | |
|  | | | | | | | |
| List area(s) of concern and provide details of corrective action(s) needed: | | | | | | | |
|  | | | | | | | |
| Deficiencies Resolved  Yes  No Date: | | | | | | | |
| Please identify the section (A, B, C, D, E, F) and add additional comments below if space above was not adequate. | | | | | | | |
|  | | | | | | | |
| General Comments/Suggestions: | | | | | | | |
|  | | | | | | | |