



**Arkansas Department of Human Services  
Division of County Operations  
Commodity Distribution Program**



**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**

PANTRY REVIEW     SOUP KITCHEN REVIEW     DISTRIBUTION SITE

**Use of form:** This will be used to determine compliance with established program and food storage guidelines and the adequacy of physical storage to protect the quality and safety of the commodities.

**Instructions:** Check the appropriate box to the left of each question; “Yes”, “No”, “NA” (not applicable) or “U” (unable to determine compliance).

<b>A. Outlet Contact Information</b>			
Outlet Name		Address-Street, City, State, Zip Code	
Mailing Address if different	Email Address	Telephone Number	Manager Name
Person(s) Interviewed	Reviewer Name	Review Date	

**B. General Information:**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <u>Yes</u>               | <u>No</u>                | <u>NA</u>                | <u>U</u>                 |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the outlet have a current signed agreement with an EFO? Which One? _____                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is a copy on file at the outlet?  |
|                          |                          |                          |                          | 3. How long has the outlet been in operation? _____  |
|                          |                          |                          |                          | 4. How long has the outlet received commodities? _____   |
|                          |                          |                          |                          | 5. How long have you been the coordinator? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are there paid staff?   |
|                          |                          |                          |                          | 7. How many volunteers are involved in your food program each month? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Has the EFO provided training on the standards for participation in TEFAP?                                      |
|                          |                          |                          |                          | 9. What was the date of the most recent EFO training? _ What was the date of the most recent on-site review? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is a copy of the review on file?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. If corrective action was required, have ALL issues been resolved? If “No” explain : _____                      |
|                          |                          |                          |                          | _____  |
|                          |                          |                          |                          | _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Does the outlet submit reports to the EFO in a timely fashion?   |
|                          |                          |                          |                          | 13. What is the outlets service area? (Specify zip codes, school district, municipality or county as appropriate)  |
|                          |                          |                          |                          | _____  |
|                          |                          |                          |                          | _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you serve clients outside your service area? If “Yes” about how many each month _____                       |
|                          |                          |                          |                          | 15. What is the average number of households served each month? _____  |

16. What are the outlets hours of operation? \_\_\_\_\_  
    17. Are the days and hours of operation posted outside of the facility?  
    18. Are telephone numbers or procedures posted to help clients get services during an after hour emergency?

**C. Outreach**

1. Describe outreach and networking efforts to make the public aware of services. How do households with limited English comprehension (LEP) learn of the agency's services?
- 

**D. Eligibility Procedures (Pantries and Mass Distribution only)**

- | <u>Yes</u>               | <u>No</u>                | <u>NA</u>                | <u>U</u>                 |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are clients required to complete an Application for USDA donated foods to determine initial eligibility?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are current Income Eligibility Guidelines either included or available at the time application is being completed?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are these forms kept on file for three years?  |
|                          |                          |                          |                          | 4. Where are these forms stored? <input type="checkbox"/> On site <input type="checkbox"/> EFO <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are forms kept in a secure, locked cabinet or locked room?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the outlet require clients to obtain a referral from an outside agency to receive commodities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the outlet require clients to show ID if they are unknown to outlet workers?  |
|                          |                          |                          |                          | 8. Check the documents that workers use to verify an applicants address.  |
|                          |                          |                          |                          | <input type="checkbox"/> Valid Drivers License <input type="checkbox"/> Tax Forms <input type="checkbox"/> State ID Card <input type="checkbox"/> Utility Bills |
|                          |                          |                          |                          | <input type="checkbox"/> Passport <input type="checkbox"/> Photo ID <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Does the client self-declare income to determine eligibility for receipt?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Does the outlet have a system in place to serve the homebound and the elderly and working poor?   |
|                          |                          |                          |                          | 11. Describe the process used to serve homebound clients:   |
|                          |                          |                          |                          | _____   |
|                          |                          |                          |                          | _____   |
|                          |                          |                          |                          | _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Does the homebound client complete and or sign an Application for USDA donated foods?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. If "No", does the proxy complete and or sign the application for the homebound client?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do workers or volunteers receive commodities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Do workers / volunteers complete an Application for USDA donated foods?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Do workers / volunteers receive commodities if they do not meet the income eligibility guidelines?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Do any workers / volunteers receive an amount that exceeds that issued to other participants?   |

**E. Operational Integrity / Civil Rights Compliance**

- | <u>Yes</u>               | <u>No</u>                | <u>NA</u>                | <u>U</u>                 |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are fees / donations / memberships required for the clients?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Do all distribution activities appear to be appropriate?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the intake process conducted in a polite, culturally sensitive and confidential manner that assures the clients dignity? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is there sufficient space between interview and waiting areas to allow for confidentiality?                                 |
|                          |                          |                          |                          | 5. What ethnic or non-English speaking populations does the outlet serve: (best estimate) _____                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. _____ Does the outlet have essential materials in languages for non-English speaking clients?                               |

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**Yes No NA U**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Has the outlet made provisions for an interpreter if needed or requested? Explain: _____                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is the USDA Title VI nondiscrimination “ And Justice For All “ poster displayed and visible to clients? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Have there been any discrimination complaints filed against the outlet in the last year?                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. If so, were they forwarded to the EFO?   |
|                          |                          |                          |                          | 11. What is the name and phone number of your EFO contact? Name _____ Phone _____                          |

**F. Food Receipt**

**Yes No NA U**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
|                          |                          |                          |                          | 1. TEFAP Commodities are: <input type="checkbox"/> Delivered by EFO <input type="checkbox"/> Picked up by the outlet <input type="checkbox"/> Other |
|                          |                          |                          |                          | 2. What was the date of the last 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"/> | <input type="checkbox"/> | 4. Have any commodities been received that were spoiled or out of condition? If “Yes” explain: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. _____ Have losses been reported to the EFO in a timely manner using the correct forms and procedures?  |

**G. Food Distribution ( Pantries Only)**

**Yes No NA U**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Can households be served at least once every 30 days?  |
|                          |                          |                          |                          | 2. How often can clients receive food? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Can clients with exceptional needs receive extra food in their packages or get food packages more often than once a month? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are food packages adjusted for family size?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the pantry give ALL eligible clients both TEFAP and donated foods?  |

6. If "No" explain how they distribute TEFAP? \_\_\_\_\_  
 7. What is the approximate percentage of TEFAP to privately donated food issued: \_\_\_\_\_

**H. Food Storage**

- | <u>Yes</u>               | <u>No</u>                | <u>NA</u>                | <u>U</u>                 |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are commodities kept 6" off the floor and stored on pallets, platforms or shelves?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are commodities stored at least 4" away from walls to allow proper ventilation and permit good air circulation and sufficient working aisles?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are storage areas free of uninsulated steam and hot water pipes, water heaters, refrigeration condensing units or other heat producing devices? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are non food items kept separated from commodities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are toxic items (soap, bleach, cleaning supplies) stored away from commodities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are floors, pallets and shelving clean?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Are commodity storage areas clean and odor free?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is there a regular cleaning schedule established and maintained?  |

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- | <u>Yes</u>               | <u>No</u>                | <u>NA</u>                | <u>U</u>                 |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are commodities checked regularly for signs of spoilage or damage and are the dates of the inspection logged?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are doors, windows and roofs well sealed to prevent pest entry and/or water damage?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Do the storage areas have adequate safeguards to prevent theft, spoilage or other loss; e.g., locks on doors windows, limited access?         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Is a good pest control system maintained by a qualified person on staff or does the EFO contract with a licensed firm to manage pest control? |

Contractor \_\_\_\_\_ Date of last inspection: \_\_\_\_\_

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Is the equipment well maintained?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Does the outlet monitor temperature control?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are there working thermometers in all storage areas(dry, refrigerated, freezer)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Is a temperature log maintained?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are dry, refrigerated and frozen items stored at proper temperatures?            |

Actual reading (dry storage) \_\_\_\_\_°F

Actual reading (refrigerated) \_\_\_\_\_°F







**Certification Errors Total \_\_\_\_\_**

- 1. Failed to obtain applicants signature. \_\_\_\_\_
- 2. Official failed to sign. \_\_\_\_\_
- 3. Both 1 and 2. \_\_\_\_\_
- 4. Certified -0- income HH beyond 3 month limit. \_\_\_\_\_
- 5. Certified HH beyond 12 Month max limit. \_\_\_\_\_
- 6. Official failed to list certification information. \_\_\_\_\_
- 7. Income exceeds. \_\_\_\_\_
- 8. Official failed to list one or more of the following. \_\_\_\_\_

Certification Period \_\_\_\_\_ HH Size \_\_\_\_\_ Income \_\_\_\_\_ Source of Income \_\_\_\_\_

Type of ID \_\_\_\_\_ Disposition \_\_\_\_\_ Name of AR \_\_\_\_\_ Doc for AR \_\_\_\_\_

**ISSUANCE ERROR TOTALS: \_\_\_\_\_**

- 1. Issued to household after certification expired. \_\_\_\_\_
- 2. Official failed to obtain signature. \_\_\_\_\_
- 3. Official failed to initial and date. \_\_\_\_\_
- 4. Failed to indicate # and type of food items issued. \_\_\_\_\_
- 5. Person picking up commodities for HH was not AR. \_\_\_\_\_
- 6. Agency official over issued commodities to HH. \_\_\_\_\_
- 7. Agency official under issued commodities to HH. \_\_\_\_\_

**Reveiwers Comments and Notes**
