TEFAP Partnership Visit Report

(TEFAP manual, policy or procedure reference is shown in parentheses)

IDENTIFYING INFORMATION

Agency Name & Ref # _____ **Date of Review** _____

Address _____ **County** _____ **Phone** _____

Person(s) Contacted _____ **Email** _____

Review Completed By _____ Affiliated Food Bank: Ozarks Food Harvest

TEFAP COMPLIANCE CERTIFICATION

Does the recipient agency comply with all established TEFAP policies, procedures and civil rights requirements?

☐ **Yes** ☐ **No**

GENERAL INFORMATION AND REQUIRED DOCUMENTS

1. Does your agency have a copy of the Ozarks Food Harvest Membership Agreement on file?	☐ **Yes** ☐ **No**
2. Does your agency have written guidelines or brochures for services?	☐ **Yes** ☐ **No**
3. Does your agency have SNAP applications available?	☐ **Yes** ☐ **No**
4. How is Neighbor privacy and individual confidential data securely protected?	
5. Does your agency require attendance to religious/political meetings for services?	☐ **Yes** ☐ **No**
6. How does your agency use USDA/TEFAP foods? **(7 CFR 251.3 (d) (4))**	☐ **Prepared meals (Congregate)** ☐ **Household consumption (Pantry)**
7. Does the Eligible Recipient Agency have insurance to protect the value of donated TEFAP foods at its storage facilities? Is the amount of insurance at least equal to the average monthly value of donated food inventory at the facility in the previous year? **(Food Bank/Eligible Recipient Agency Agreement (FD-6) and FNS Policy Memorandum FD-139)**	☐ **Yes** ☐ **No**
8. Is the federal "And Justice for All" poster visible to applicants, recipients and visitors? **(FNS Instruction 113-1)**	☐ **Yes** ☐ **No**
9. Is the TEFAP – Written Notice of Beneficiary Rights poster posted and visible to all TEFAP and prospective beneficiaries upon entrance into the distribution site? **(Sect IV,B, 5, e & 7CFR Part 16).**	☐ **Yes** ☐ **No**

If applicable:

Has your food pantry/congregate site had any participants object to receiving services from you based on the religious character of your organization? **(7CFR Part 16)** ☐ **Yes** ☐ **No** ☐ **NA**

REPORTING AND RECORD KEEPING REQUIREMENTS

1. What inventory records do you keep in order to track the amounts of USDA foods received, stored and distributed/used? **(Sect VI, B & FD-6 Agreement)**

2. Are you currently using a Neighbor tracking system? If so, name and/or method?

3. How long are all records related to TEFAP retained? **(FD-6 Agreement)**

Congregates:

1. Explain the method used to determine number of meals served.

2. How many meals were served in the last year (Jan-Dec)?

Pantries

1. Does the distribution site have a sign identifying it as a food pantry? **(Sect IV, E, 3)**	☐ Yes	☐ No
2. What are the hours and days of USDA/TEFAP distribution? Are they posted and visible at entrance of the distribution site? **(Sect IV, E, 3)** Explain:	☐ Yes	☐ No
3. Does the distribution site display information for households to access USDA/TEFAP foods in the event of an emergency outside of regular distribution hours? **(Sect IV, B, 5, c)**	☐ **Yes**	☐ **No**
4. Are the current 185% poverty guidelines used/displayed for NPA households? **(Sect II, Exhibits A & B)**	☐ **Yes**	☐ **No**
5. Is the Distribution Rate Chart (FD-19D), or similar substitute form, showing the pantry's rates of distribution for USDA/TEFAP foods by household size displayed for participants to view? **(Sect IV, D, 3)**	☐ **Yes**	☐ **No**

ELIGIBILITY DETERMINATIONS

Congregates:

1. Can recipients receive meals without completing an application to determine eligibility? **(Sect II, J)**	☐ **Yes**	☐ **No**
2. Are USDA foods served to recipients without charge? **(Sect IV, F,3)**	☐ **Yes**	☐ **No**

Pantries:

1. What are the non-TEFAP eligibility requirements for your Agency?

2. Is every household given the opportunity to file an application? **(Sect II, B, 1, a)**	☐ **Yes**	☐ **No**
3. Do you provide USDA foods to participants without charge? **(Sect IV, C, 7)**	☐ **Yes**	☐ **No**
4. Does pantry staff understand PA, NPA and other TEFAP eligibility criteria? **(Sect II, E-F)**	☐ **Yes**	☐ **No**
5. Are applicants' statements regarding eligibility factors generally accepted? **(Sect II, G**	☐ **Yes**	☐ **No**
6. Does the pantry serve only county residents (unless undue hardship) **(Sect II, C, 1 & Sect IV, C, 11)**	☐ **Yes**	☐ **No**

7. What is your procedure to ensure that households do not receive USDA foods more frequently than twice per month? **(Sect II, H, 3 & Sect IV, C, 10)**

Explain:

8. Is the "Application for Receipt of TEFAP Foods" (FD-15A) used for all eligibility determinations? **(Sect II, B, 1 & Sect IV, C, 1)**	☐ **Yes**	☐ **No**

If yes, are the following correctly documented on the Application For Receipt of TEFAP Foods? **(Sect IV, C, 12)**

Name of Food Pantry	☐ **Yes**	☐ **No**
Month and Year of Distribution	☐ **Yes**	☐ **No**
Household Size	☐ **Yes**	☐ **No**
Recipient or Proxy Name	☐ **Yes**	☐ **No**
County or Zip Code and Date Applied	☐ **Yes**	☐ **No**
Approved PA, NPA or Denied box checked	☐ **Yes**	☐ **No**

FD-15A Part 2 Month/Year Reviewed: _____

POLICIES AND PROCEDURES

Congregates

1. Are the food storage, preparation and serving areas clean? **(Sect IV, F, 5)** ☐ **Yes** ☐ **No**

2. Does site have regularly scheduled and consistent hours for meal service? **(Sect IV, F, 4)** ☐ **Yes** ☐ **No**

Breakfast		Dinner	
Lunch		Snacks	

3. Describe any activities unrelated to TEFAP which take place during meal service? Are the activities clearly identified as non-TEFAP, non-disruptive, non-faith based and non-political etc.? **(Sect IV, H & I)** ☐ **Yes** ☐ **No** ☐ **NA**

Pantries

1. How are USDA foods distributed to recipients?

☐ **As Needed Basis (Sect IV, E, 1, a)** ☐ **Mass Distribution (Sect IV, E, 1, b)**

If "mass" distribution does food pantry reserve a sufficient quantity of each food item to provide for households in situations of emergency or distress until the next scheduled distribution? ☐ **Yes** ☐ **No**

2. How often are Neighbors able to access food per month?

3. How often is agency open?

If once a month, what prevents agency from being open more?

4. What is your distribution model?

5. What is your level of choice?"

6. Are USDA foods and non-USDA foods distributed simultaneously? **(Sect IV, C, 3 & 5)** ☐ **Yes** ☐ **No**

7. What is your agency's procedure when a recipient does not want a particular food item? **(Sect IV, E, 6)**

8. Does your agency allow households to receive USDA foods by proxy pick-up or delivery? **(Sect IV, E, 7)** ☐ **Yes** ☐ **No**

Explain:

9. What, if any, additional services/activities unrelated to TEFAP distribution are offered by your agency? Are the activities clearly identified as non-TEFAP, non-disruptive, non-faith based and non-political etc.? **(Sect IV, H & I)** Explain: ☐ **Yes** ☐ **No** ☐ **NA**

CIVIL RIGHTS

1. What type of public notice do you provide regarding TEFAP program availability, complaint information and Civil Rights procedures? **(FNS Instruction 113-1 and Sect IV, B, 5)**

☐ **Flyers** ☐ **Website/Facebook (website address)**

☐ **Newspaper articles, Radio/TV announcements, church and other publications**

☐ **Other** ☐ **None**

2. Do all materials that mention the USDA program contain the proper non-discrimination statement? **(FNS Instruction 113-1)** ☐ **Yes** ☐ **No** ☐ **NA**

3. How often and by what method do you and your staff/ volunteers receive civil rights training? **(FNS Instruction 113-1)**

Explain:

4. Has the food pantry/congregate site received any civil rights complaints? **(Sect IV, I, 5)** ☐ **Yes** ☐ **No**

If yes, explain:

5. What is your process for handling complaints of discrimination? **(FNS Instruction 113-1, Sect IV, I, 5)**

Explain:

6. Is the facility accessible to persons with disabilities? **(Sect IV, I, 5)** ☐ **Yes** ☐ **No**

7. What assistance is available for persons that have limited English proficiency? **(Sect IV, I, 5)**

8. Languages spoken by Neighbors at your Agency?

INVENTORY, STORAGE & WAREHOUSING

1. How do you receive USDA foods from the food bank? **(Sect IV, A,5)**	☐ **Pick up**	☐ **Delivery**		
2. What was the date of the last pick up or delivery of USDA foods?				
3. Are USDA foods examined upon receipt to check for possible damages, shortages, or out of condition products? **(Sect VI, D, 3)** If yes, who is responsible?			☐ **Yes**	☐ **No**
4. Do you have off site storage for USDA foods? If yes, location:			☐ **Yes**	☐ **No**
5. Is the storage site locked when not occupied? **(Sect V, B,2,c)**			☐ **Yes**	☐ **No**
6. Confirmation of current license by Local Health Department	☐ **Yes**	☐ **NI**	☐ **FOS**	☐ **N/A**
7. Confirmation of review of most recent local health department inspection report	☐ **Yes**	☐ **NI**	☐ **FOS**	☐ **N/A**
8. Confirmation that any violations in previous health department reports have been corrected	☐ **Yes**	☐ **NI**	☐ **FOS**	☐ **N/A**
9. Date of last inspection				
10 What is your procedure for pest control? **(Sect V, E, 3, d & CFR 250.14)** Explain:				
11. **Pantries Only:** Do you do any repacking of USDA-donated foods? **(Sect IV, C, 4)** If yes, list item(s), pack size(s), and reason			☐ **Yes**	☐ **No**
12. Has your agency had any USDA food losses (reported or not) in the last 12 months? **(FD-6 #12)** If yes, what steps were taken?			☐ **Yes**	☐ **No**

13. What process is used to make sure USDA foods are distributed using the "first-in/first-out" and "first-expired/first-out" concepts? **(Sect V, D, 3, 4)** Explain:

14.. Does the inventory level of TEFAP and other donated products exceed a six-month supply? **(Sect IV, C, 6)**	☐ **Yes**	☐ **No**
15. Are there unreasonable reserves or hoarding?	☐ **Yes**	☐ **No**
16. Are the "first-in/first-out" and "first-expired/first-out" methods, rotating observed?	☐ **Yes**	☐ **No**
17.. Are all food containers labeled or dated?	☐ **Yes**	☐ **No**
18. Are any USDA foods out of condition? If yes is this due to:	☐ **Yes**	☐ **No**

☐ Excessive Allocation/Ordering ☐ Deficient Distribution ☐ Undesirable food item ☐ Other (explain

Product Transportation INBOUND

How are TCS food products transported safely (refrigerated vehicle, insulated coolers/bags, thermal blankets, Cambros, etc)? Temperature control documentation?

Do all vehicles used for transporting products have clean food storage areas and are they maintained to prevent contamination or adulteration of the transported product?

Product Transportation OUTBOUND

Are TCS Food products transported from the Agency to off site locations for distribution (refrigerated vehicle, insulated coolers/bags, thermal blankets, Cambros, etc)? If so, how is temperature control maintained and are TCS food products properly labeled? Checked for cleanliness? Temperature control documentation?

Do all vehicles used for transporting products have clean food storage areas and are they maintained to prevent contamination or adulteration of the transported product?

Do the following areas meet the criteria for suitable storage of products?

DRY STORAGE AREA	YES	NO
All food stored in clean/sanitary conditions	☐	☐
Good lighting throughout the pantry	☐	☐
USDA foods are readily identified	☐	☐
Floors/shelves clean and the area dry	☐	☐
Storage site sanitary/free of insect, bird, rodent and other animal infestation	☐	☐
Food stacked off the floor and away from the walls	☐	☐
Canned products in acceptable condition	☐	☐
Baby food/formulas within expiration dates	☐	☐
OTC medications within expiration dates	☐	☐
Away from exposed pipes or equipment that can leak	☐	☐
Away from cleaning and janitorial supplies	☐	☐
Wall thermometer/thermostat in storage area	☐	☐
Temperature between 50-70° F	____ **° F**	

REFRIGERATION/FREEZER STORAGE AREA	YES	NO
Refrigerator/Freezers clean	☐	☐
Thermometers in all units	☐	☐
Refrigerator/Freezer temperatures logged	☐	☐
Temperatures below danger zone 0/40	☐	☐

	Number of Units	Temperatures
Stand-up		
Commercial Unit: Cooler		
Commercial Unit: Freezer		
Refrigerator Walk-In		
Freezer Walk-In		
Deep Freezer		
Residential		
Milk Cooler		
Other		

Meets Network Standards	FOOD SAFETY TRAINING
☐ Yes ☐ NI ☐ FOS ☐ N/A	Current staff/volunteer trained, type of training, expiration. If meal program, include Manager Certification.

Meets Network Standards	APPROPRIATE HANDLING OF DONATED PRODUCTS
☐ Yes ☐ NI ☐ FOS ☐ N/A	Procedure for determining that the final recipient is ill, needy, or infant.
☐ Yes ☐ NI ☐ FOS ☐ N/A	Confirmation that donated products are not sold or bartered
☐ Yes ☐ NI ☐ FOS ☐ N/A	Confirmation that donated products are not used for internal purposes *(e.g., operations or upkeep, business meetings, fundraisers, events, volunteers or staff),*
☐ Yes ☐ NI ☐ FOS ☐ N/A	Confirmation records of donated product received are kept for 4 years.
☐ Yes ☐ NI ☐ FOS ☐ N/A	Verification of service delivery to people facing hunger, including adherence to the USDA nondiscrimination requirements

Meets Network Standards	MEAL PROGRAM REQUIREMENTS
☐ Yes ☐ NI ☐ FOS ☐ N/A	Confirmation of current license by Local Health Department
☐ Yes ☐ NI ☐ FOS ☐ N/A	Confirmation of review of most recent local health department inspection report DATE: _____
☐ Yes ☐ NI ☐ FOS ☐ N/A	Confirmation that any violations in previous health department reports have been corrected

AGENCY AND NEIGHBOR-BUILDING CAPACITY

1. Are there particular areas of your operation that you wish to build capacity or seek specific improvements?

2. Are there any specific challenges your agency is facing outside of "food"?

3. Are there any groups within your community that you feel are currently under served, such as Seniors, unsheltered neighbors, veterans, immigrants, etc.?

Sub-Distribution Program

Has the Agency Partner been approved by the food bank to sub-distribute products to other agencies? ☐ Yes ☐ No

If "yes" continue below:

☐ **Yes** ☐ **NI** ☐ **FOS** ☐ **N/A**	Confirmation Partner is either an Agency or PFB Program/Host Site with the PFB.
☐ **Yes** ☐ **NI** ☐ **FOS** ☐ **N/A**	Confirmation of current sub-distribution agreement.
☐ **Yes** ☐ **NI** ☐ **FOS** ☐ **N/A**	Confirmation that Product is only sub-distributed when it is in excess of what the Distribution Partner will be able to distribute and must be sub-distributed to maintain quality and be safe for human consumption.
☐ **Yes** ☐ **NI** ☐ **FOS** ☐ **N/A**	Confirmation that Product is only distributed one time.
☐ **Yes** ☐ **NI** ☐ **FOS** ☐ **N/A**	Confirmation that sub-distributed Product is tracked for recall purposed.
☐ **Yes** ☐ **NI** ☐ **FOS** ☐ **N/A**	Confirmation that TCS food temperatures are documented at pick-up and delivery locations.
☐ **Yes** ☐ **NI** ☐ **FOS** ☐ **N/A**	Confirmation that no fees are charged for sub-distributed Product.

Testimonials

Comments / Concerns

Follow – Up Visit Required? ☐ **Yes** ☐ **No**

Agency Name & Ref # _____ **Date of Review** _____

_____ _____

Agency Representative OFH Representative