



**Office of Community Services (OCS)
Department of Labor and Industrial Relations
State of Hawaii**

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
ELIGIBLE RECIPIENT AGENCY (ERA) MONITORING FORM**

Organization Name:			
Address:		City:	Zip:
Mailing Address (<i>if different</i>):			
Contact Name:		Email Address:	
Type of Eligible Recipient Agency: <input type="checkbox"/> Pantry <input type="checkbox"/> Soup Kitchen <input type="checkbox"/> 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 COMPLIANCE REQUIREMENTS (<i>FNS Instructions 113-1</i>)
			1. Have all staff and volunteers who interact with program applicants and participants or handle applicant/client personal information received civil rights training at orientation or annually thereafter? If no, please explain below: <i>Review Civil Rights File</i>
			2. Has a staff or volunteer refused to take civil rights training? 2a. If yes, has the following information been retained: <ul style="list-style-type: none"> • the name • job description of each individual • full explanation as to why the person cannot or refuses to participate in civil rights training? <i>Review file – Comments:</i>
			3. Have there been any discrimination complaints within the last year? 3a. If yes, have the complaints been forwarded to OCS? <i>Review records (notate description of complaint and how it has been resolved).</i> Comments:
			4. Does the ERA have a written policy of nondiscrimination in its hiring practices? <i>Review policy.</i>
			5. Is the Federal “And Justice for All” poster prominently displayed and visible to all clients? <i>Notate where the posters are displayed and take photo(s).</i>
			6. Are the staff and volunteers aware of the proper procedures for forwarding discrimination complaints? <i>Review procedures, interview staff and volunteers.</i>

			7. Do public notifications (brochures, flyers, etc.) contain the appropriate nondiscrimination statement? <i>Review files of public notification, notate the type of notifications.</i>
			8. Is the facility handicapped accessible or provide a mechanism to serve handicapped individuals? <i>Describe how.</i>
			9. Does the ERA have essential materials in languages for non-English speaking clients or a staff or volunteer who is able to assist the non-English speaking client? <i>Review materials.</i>

General Comments/Suggestions:

Yes	No	N/A	B. ADMINISTRATION REQUIREMENTS
			1. Does the ERA have a current signed MOA with the EFO on file? (7 CFR 250.19(a)) Effective Date: _____ <i>Review file.</i>
			2. Does the ERA provide meals to volunteers? (FD-017 Meals Provided to Volunteers) a. If yes, is the following information documented: Volunteer's name, hours each volunteer worked, receipts, invoices or other evidence of the cost of providing lunches to volunteers and the volunteer's signature for each meal? <i>Review file.</i>
			3. Does the ERA adhere to the prohibition against assessing fees for the distribution of USDA products? (7CFR 250.1 (b))
			4. Does the ERA serve the general public?
			5. Does the ERA have insurance coverage for the maximum value of commodities expected in storage at any one time? (FD-139 Clarification on Insurance Requirements & 7 CFR 250.12 (d)(1)(2))

General Comments/Suggestions:

Yes	No	N/A	C. ELIGIBILITY DETERMINATION (Skip for Soup Kitchens)
			1. Are the income guidelines and appropriate posters ("And Justice for All") posted in areas visible to clients? <i>Notate where the posters are located and take photo(s).</i>
			2. Are current Income Eligibility Guideline forms used? <i>Request a copy of the form.</i>

			3. Are completed eligibility forms kept on file? (FD-036 Local Level Record Keeping and Reporting Requirements) <i>Review the file.</i>
			4. Are client records kept in a secured and locked area with access only to those individuals authorized to utilize the records? <i>Notate where they are kept.</i>
			5. Are client distribution log forms kept on file for three years plus the current year? (7 CFR 251.10(3)(4), FD-036 Local Level Record Keeping and Reporting Requirements) <i>Review the file.</i>
			6. Are proxy forms utilized? <i>Request for a copy of the form.</i> a. Do proxies sign their name, followed by the word “proxy” on the eligibility form? b. Are proxy forms kept on file for three years plus the current year?
General Comments/Suggestions:			
Yes	No	N/A	D. FOOD DISTRIBUTION (Skip for Soup Kitchens)
			1. Does the ERA practice Client Choice? If “Yes”, how? <input type="checkbox"/> Shop <input type="checkbox"/> List <input type="checkbox"/> Other
			2. Is the amount of food given to the client adjusted by family size?
			3. What is/are the household size breakdown(s)?
			E. SOUP KITCHEN/SHELTER ONLY (Skip for Food Pantries)
			1. Date of last Department of Health Inspection: _____ <i>Results of the Inspection:</i>
			2. Are meals served to: <input type="checkbox"/> Recipients in Shelter <input type="checkbox"/> Open to Community
General Comments/Suggestions:			
Yes	No	N/A	F. FAITH-BASED ORGANIZATION REQUIREMENTS (7 CFR Part 16)
			1. Does the organization separate explicit religious activities from TEFAP activities? (FD-142 Further Clarification on the Prohibition Against Explicitly Religious Activities as Part of TEFAP and CSFP Activities)
			2. Does the organization provide written beneficiary notification preferably at the time of application of the following (7 CFR Part 16(f)): a. the right for an individual to be referred to an alternate provider when available; b. their right for an individual not to be discriminated against on the basis of religion or the refusal to participate in a religious practice; c. the right for an individual not to participate in explicitly religious activities;

			<p>d. that USDA activities and religious activities must either be held at separate times or separate locations; and</p> <p>e. where an individual may report violations to.</p> <p>NOTE: alternative for soup kitchens would be to provide a poster containing the same information.</p>
			<p>3. Has your organization received a Beneficiary Referral Request?</p> <p>a. If so, review records</p>
General Comments/Suggestions:			
Yes	No	N/A	G. RECEIPT OF SHIPMENT
			<p>1. TEFAP commodities are:</p> <p><input type="checkbox"/> <i>Delivered by the EFO</i> <input type="checkbox"/> <i>Picked up by the ERA</i></p>
			<p>2. Does the ERA mark the date received and the expiration/pull date on the boxes of the commodities received? If so, how? <i>Take photo(s).</i></p>
General Comments/Suggestions:			
Yes	No	N/A	H. STORAGE, WAREHOUSING & INVENTORY CONTROL REQUIREMENTS
			<p>1. Are commodities stacked on pallets or shelves at least 6 inches away from the floor and the wall to allow proper ventilation? <i>(State of Hawaii Food Safety Checklist) (Take Photos) Inspect storage areas to ensure clearances are met.</i></p> <p>a. <i>Dry storage area</i></p> <p>b. <i>Refrigerated storage area</i></p> <p>c. <i>Freezer storage area</i></p>
			<p>2. Are storage areas clean and orderly? <i>(7 CFR 250.14a) (Take Photos) Inspect storage areas for cleanliness.</i></p> <p>a. <i>Dry storage area</i></p> <p>b. <i>Refrigerated storage area</i></p> <p>c. <i>Freezer storage area</i></p>
			<p>3. Are there safeguards against thefts and tampering in the storage areas? <i>(7 CFR 250.14a) Please list safeguards.</i></p> <p>a. <i>Dry storage area</i></p> <p>b. <i>Refrigerated storage area</i></p> <p>c. <i>Freezer storage area</i></p>
			<p>4. What are the measurements taken to control pests? <i>(State of Hawaii Food Safety checklist)</i></p>
			<p>5. Are temperatures taken regularly in the dry storage area? <i>(7 CFR 250.14a)</i></p> <p>a. Provide the current dry storage temperature _____ <i>Review log</i></p> <p>6. Are temperatures taken regularly in the refrigerated storage area?</p> <p>a. Provide the current refrigerated storage temperature _____ <i>Review log</i></p> <p>7. Are temperatures taken regularly in the freezer storage area?</p> <p>a. Provide the current freezer storage temperature _____ <i>Review log</i></p>

			8. Are dry storage areas properly ventilated? (7 CFR 250.14a) <i>(Take Photos) Describe how it is ventilated.</i>
			9. Is equipment regularly and properly maintained? <i>Check maintenance log.</i>
			10. Are toxic/cleaning items labeled and stored far away from food items? <i>(Take Photos) (State of Hawaii Food Safety checklist)</i>
General Comments/Suggestions:			
Yes	No	N/A	I. INVENTORY CONTROL MANAGEMENT REQUIREMENTS
			1. Are TEFAP commodities separated from non-TEFAP commodities? (7 CFR 250.14b) <i>Ask how they are separated or distinguished from other USDA programs.</i>
			2. Is a separate inventory kept for TEFAP commodities and non-TEFAP commodities? (7 CFR 250.14b)
			3. Is the first in, first out (FIFO) distribution method being utilized? If not, what method is being utilized? (FD-107 Storage and Inventory of USDA Donated Foods) <i>Describe how they ensure the FIFO method is being used. Check dates of products.</i>
			4. Are commodities stored on shelves according to date to ensure that commodities are handled on a first in, first out (FIFO) basis?
			5. Are all USDA commodity records complete, accurate, and maintained on file for three (3) fiscal years from the end of the fiscal year? <i>Review agency's files.</i>
			6. Does the ERA know the procedure for condemning commodities and how to report those losses? (7 CFR 250.15(b)) Please describe the process
			7. Is the physical inventory completed monthly? If not, how often is the physical inventory done? <i>Review inventory log.</i>
			8. Is the physical inventory reconciled to the book inventory? <i>Review reconciliation.</i>
			9. Has the ERA experienced any losses during the past 12 months (including those that occurred at the ERAs)? If yes, explain the losses and describe the process used by the ERA to deal with the losses. <i>If no losses, ask agency how they would process a loss.</i>

General Comments/Suggestions:	
Feedback on Food Selection Provided by TEFAP	
Any suggestions for OCS to improve the TEFAP program?	
Reviewer's Name:	Reviewer's Signature
Date of Review:	Any deficiencies found? <input type="checkbox"/> Yes <input type="checkbox"/> No
Follow Up Review Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Follow Up Review:
Area(s) of excellence:	
Area(s) of particular concern:	
Additional comments:	
Deficiencies Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Comments: