240536 PA Dept of Ag RTK Shepherd's Touch Farm Retail Food Applications and Inspection Reports

*No Meat Establishment License



May 21, 2024

Ms. Jenny Stephens Bucks County Beacon 868 West Street Road #313 Warminster PA 18974

Re: Right-to-Know Law Request No. 240536

Dear Ms. Stephens:

On May 15, 2024, the Agency Open Records Officer of the Pennsylvania Department of Agriculture (PDA) received your request for information pursuant to the Pennsylvania Right-To-Know Law, 65 P.S. §§ 67.101, et seq. (RTKL). Your request is as follows:

Please consider this a formal request under Pennsylvania's Right-to-Know Law, 65 P.S. §67.101 *et seq.*, (hereinafter "RTK") for the following records, which includes records maintained in electronic format.

Please provide a copy of all license applications, including those to renew an existing license, along with any required attachments that accompanied the license applications, submitted to the Pennsylvania Department of Agriculture to operate as a meat establishment, farm and retail food facility for the time period January 1, 2018 through March 31, 2024 by:

Shepherd's Touch Farm LLC Ephraim Stoltzfus 233 Gunhart Road Mohnton PA 19540

Additionally, please provide any inspection reports, citations for failing to comply with Title 3 of the Pennsylvania Statutes, and any consent decree(s) for the period January 01, 2018 through March 31, 2024.

As I am requesting electronic copies, I would like to request a waiver of all fees in that the disclosure of the requested information is in the public interest. The Pennsylvania Right to Know Law requires a response time within five business days. If access to the records I am requesting will take longer than this amount of time, please contact me ·with information as to when I might expect access to the requested records.

Should you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information.

To the extent that records are in the possession, custody or control of PDA, your request is granted in part and denied in part. Attached you will find a Farmers' Market Retail Food Facility license application, license and inspection report for your review. No other records were located in response to this request. PDA has withheld specific information that is exempt from disclosure by law, as follows:

 A record containing all or part of a person's Social Security number; driver's license number; personal financial information; home, cellular or personal telephone numbers; personal e mail addresses; employee number or other confidential personal identification number is exempt pursuant to Section 67.708(b)(6)(i)(A) of the Pennsylvania Right-To-Know Law 65 P.S. §§ 67.101, et seq.

No records were located regarding violations or a meat establishment farm. Therefore, PDA does not have these records in its possession custody or control. Pursuant to the Office of Open Records Final Decision in *Jenkins vs. Pennsylvania Department of State,* Docket # AP 2009-065, it should be noted that: "It is not a denial of access when an agency does not possess records and [there is no] legal obligation to obtain them (see, e.g. section 67.506 (d)(1))."

PDA is permitted to charge up to \$.25 cents per page for requested documents. In accordance with the policy that a fee will not be assessed when records are produced and provided electronically, or for requests of 20 or less pages, no fee is due.

If you believe this response is a denial of access to records, you may file an appeal in writing to the Executive Director, Office of Open Records (OOR), 333 Market Street, 16th Floor, Harrisburg, PA 17101-2234. If you choose to file an appeal you must do so within 15 business days of the mailing date of this response.

In order to appeal, you must send to the OOR and simultaneously to me, in the same manner as the appeal is sent to the Office of Open Records (e-mail, fax, mail or hand delivery):

- 1) This response;
- 2) Your request;
- 3) The appeal form that is available on the OOR website at: https://www.openrecords.pa.gov/Appeals/AppealForm.cfm

You must also include on the appeal form the reasons why you think the Agency was wrong in its response to your request and what relief or agency action you are seeking. All of the above must be submitted for your appeal to be valid.

Please let me know if you have any questions related to this response.

Very truly yours,

PENNSYLYANIA DEPARTMENT OF AGRICULTURE

Susan West, Agency Open Records Officer

2301 North Cameron Street

Jusan L. West

Harrisburg, PA 17110

Telephone: (717) 787-5653

suewest@pa.gov

Attachment



Commonwealth of Pennsylvania Department of Agriculture Bureau of Food Safety and Laboratory Services

2301 N CAMERON ST HARRISBURG, PA 17110 717-787-4315

Retail Food Facility Inspection Report

Facility: SHEPHERD'S TOUCH FARM Facility ID: 172784 Owner: EPHRAIM STOLTZFUS

Address: 233 Gunhart RD City/State: Mohnton PA

Zip: 19540 County: Berks Region: Territory 7S

Phone: (717) 471-7773

Insp. ID: 1047441 Insp. Date: 3/8/2024 Insp. Reason: Opening No. of Risk Factors: 0 No. of Repeat Risk Factors: 0 Overall Compliance: IN

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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5/17/2024 11:37:02 AM

(Posted)



Commonwealth of Pennsylvania Department of Agriculture Bureau of Food Safety and Laboratory Services

2301 N CAMERON ST HARRISBURG, PA 17110 717-787-4315

Retail Food Facility Inspection Report

Facility: SHEPHERD'S TOUCH FARM Facility ID: 172784

Owner: EPHRAIM STOLTZFUS Address: 233 Gunhart RD City/State: Mohnton PA

Zip: 19540 County: Berks Region: Territory 7S

Phone: (717) 471-7773

Insp. ID: 1047441 Insp. Date: 3/8/2024 Insp. Reason: Opening No. of Risk Factors: 0 No. of Repeat Risk Factors: 0 Overall Compliance: IN

| | | OBSERVATIONS AND CORRECTIVE ACTIONS Violations cited in this report must be corrected within the timeframes below | 7 77 100 100 100 100 100 100 100 100 100 | |
|----------------|----------------------|--|--|---|
| Item Number | Violation of Code | Comment | Correct By Date | Repeat Violation |
| 54. | 6 - 501.12 | The floor area of the retail food facility is extremely dirty and in need of cleaning. | 3/9/2024 | *************************************** |

PUBLISHED COMMENTS

This is the initial inspection of this retail space. The space is a separate room at the end of the firm's custom slaughter barn. Firm is to continue to maintain a clean access area to the store entrance.

The firm is being licensed to only sell prepackaged shelf stable and refrigerated food items.

well water test: 1/29/2024.

Received Bird in Hand Band check # 13359 in the amount of \$103 made payable to the Commonwealth of PA for licensing fees.

Owner expressed interest in the near future to expand the retail space into a separate shed structure with a food handling room. Owner was instructed to contact the department when they start moving forward with those plans.

This report was reviewed with the person in charge and a copy was provided.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF AGRICULTURE BUREAU OF FOOD SAFETY AND LABORATORY SERVICES

6 MONTH **RETAIL FOOD FACILITY LICENSE**

License No: 218308

Business Name: SHEPHERD'S TOUCH FARM

Business Address: 233 GUNHART RD MOHNTON, PA 19540

Expiration Date: 3/8/2025

Owner's Name: **EPHRAIM STOLTZFUS**

Signature (applicant)

Director

Alphy Wan LICENSE IS NON-TRANSFERABLE

UNOFFICIAL COPY

Presorted First Class U.S. Postage PAID PA Department of Agriculture

Facility # 172784

Pa. Code. Chapter 46, Food Code, the Rules and Regulations of the PA Department of Agriculture, are issued under the Resail Food Facility retail food facility must be submitted to and approved by the Department before food can be prepared, served and sold. PDA Model Food Code as its regulations. The Retail Food Facility Safety Act also requires that "New" Proprietors, or Owners, of a

| Retail Food Facility apply for licensing as all licenses a | The Retail Food Facility Safety Act also we non-won-femals | pared, served and sole requires that "New" | PDA follows the most current Proprietars, or Owners of a | |
|---|---|---|---|-----|
| SECTION 1: | activate octiveen proprietors | | | |
| FACILITY OPENING: | | | | |
| Anticipated date of opening/operation for the | facility: 3 - 11-24 (date) | | | |
| PURI | POSE OF THE PLAN REVIE | W | | |
| LICENSE TYPE: Retail Food Facility - Fan | ners Market Vendor | | | |
| PART A: Facility is: Within a permanent structure/build Parking lot or open air market | | | | |
| PART B: Reason for review: New license for a new food vendor Other, describe | | | | |
| SECTION 2: | | | | |
| NAME OF VENDOR (Vendor Business Name) Shepherd's Touch Fac | ; m | | | |
| NAME OF FARMERS MARKET (Markets y | ou intend to sell from): | | | |
| NON-MOBILE: I will be located and | selling at the following Farmers Mand Selling at t | Market: he Followin | g Farmer's Ma | rke |
| MOBILE (selling at multiple markets) Packet for Mobile Food Facilities. | | | | |
| LOCATION OF MARKET (non-mobile vene | dors) or BUSINESS LOCATION | (: | | |
| 233 gunhar + RJ Street number and name | Mohn ton City | OA State | 19540 Zip code | |
| Berlss County County | Lumro Township/Borou | Township |) | |
| Phone number | (717) 43 Facility fax numb | | | |

cell number or alternate phone number

Shepherds touch Farm a grail com

All other vendors must SUBMIT copies of:

- Vendor stand floor plan/layout
- Location of all food service equipment (even if minimal)
- List of equipment including manufacture's names and model numbers
- Location of handwashing and warewashing sinks (if applicable)
- Restroom locations

BUILDING CODES AND ZONING:

- Surface or materials for floors, walls and ceilings (overhead protection) even if temporary
- Site plan showing the location of the vendor stand within the market

Plans may be hand drawn, but must be to approximate scale, neat and legible. Plans will <u>NOT</u> be returned. See "Application Instructions" for your guidance on completing this section of the application.

SECTION 6:

ZONING AND OTHER CODES

| Market stand is compliant with local zoning/business requirements. | 5 ma | 11 For | m Stane |
|--|---------------|---------------|-----------------|
| N/A Market building/structure is compliant with all building Code requiren | nents (electr | ical, plumbii | ng, ventilatior |
| structural, etc.) where applicable. | Small | Farm | Stand |

SALES TAX: Select one;

| A license to collect sales tax has been obtained or applied for. | For information on applying for a sales tax |
|---|---|
| license, contact the Pennsylvania Department of Revenue at (717) proof of application is attached to this application | 1787-8201. A copy of the sales tax license or |
| | |

According to the PA Department of Revenue rules and regulations, I have determined that my business is exempt from collection of sales tax.

| MAILING ADDRESS (if different than above); | | | |
|---|--|---|-------------------|
| 233 Gunhar A Rd | Mohadon | Q _A | 19540 |
| Street number and name | City | State | Zip code |
| RESPONSIBLE OFFICIAL AT THE FARME | ERS MARKET (if not the own | er): | |
| Ephraim 5 to 1 +2 Gus | Own | | |
| Name | Title | \$1000000000000000000000000000000000000 | |
| SECTION 3: | | | |
| FARM MARKET / | FACILITY SERVICE IN | FORMATION | |
| TYPE OF SERVICE: Check ALL that apply: | | | |
| ☐ Raw meats | the market in packages/contain rket Candy Drink mixes Dried herbs/spices | Maple products Money & related Acidified canne | d products |
| ☐ NON Pre-packaged foods: Product of takes place at the market ☐ Baked goods ☐ Deli meat or ch ☐ Other, describe: | | | |
| EMPLOYEE INFORMATION: | | | |
| Do you have a Certified Food Manager of | □NO □ Exempt (n □ Exempt, co | on-profit) or other commercially pre-pactll non-TCS foods | exempt facility |
| Do you have an employee health policy? Do you have a written employee policy for | | rheal events in the f | acility? □YES □NO |

| 10000 | 960 to 100 | | | | |
|-------|------------|-----------|-----|---|------|
| Sec | 24. 6 | 10.100.00 | 5.2 | W | 2666 |
| | | | | | |
| | | | | | |

The Applicant understands and agrees that this document is an application for licensure of a retail food facility. The applicant understands and agrees that only a "peopyridor" of a retail food facility may obtain a retail food facility license, and that a "The Applicant understands and agrees that this document is an application for licensure of a retail food facility. The applicant understands and agrees that only a "proprietor" of a retail food facility may obtain a retail food facility license, and that a "proprietor" may be a person, partnership, association or carporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies by signature below, that they are the "proprietor" of the retail food facility that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa C.S.A. § 4904, relating to unsworn faisification to authorities.

| MINDSVIDUAL PERSON: | ☐ PART | NERSHIP: | | |
|--|----------------|--|--|-----------------------------------|
| la if i ifa ka ka ka lila hakira kamana i siya mana ka fa fa ka ka ka ka manana isa mana ka mana ka mana ka ma Ka 1978 1978 1979 | Signature - 1 | General Panner | Signature C | Seneral Pariner |
| FOLKEN 7 STAHTEUS | | | | |
| the second of the second secon | Legibly Prin | 1 Name | Legibly Prin | í Name |
| 3-6-34 <u>2-39-80</u> Date of Birth | Date | Date of Birth | Date | Date of Birth |
| ☐ CORPORATION OR ASSOCIAT | TON / NON-PRO | FIT ENTITY: | | |
| Name of Corporation or Non-Profit Entity | | | | |
| Name of current CEO/President/or similar | Official Title | | Date of Birth of CEO/Pr | esident/or similar |
| Signature of Corporate / Association / Non-Profit Offi | cial | tantina eta 1,1 terrorria errota eta especifica eta eta eta eta eta eta eta eta eta et | Official Title of Signate | ry |
| Legibly Print Name | | | Date | |
| | | | | |
| LIMITED LIABILITY COMPA | NY (LLC) OR LI | MITED LIABILITY I | 'ARTNERSHIP | (LLP): |
| Name of LLC or LLP | | | | |
| Name of Senior Official/General Partner, or Similar | Official Title | D | te of Birth of Senior Off | ficial/General Partner, or Simila |
| Signature - Member | Date | Signature - Member | nethrodeletics et enterteletics to nethrodeletics to his incorrect and despectation access | Date |
| Legibly Prior Name | | Legibly Print Name | oneren en elektristerin er en | |

| LEGAL BUSINESS NAME (if differ | ent than facility name) | | | |
|---|--|-----------------------|---------------------------------|--|
| Ephrain Stoltze | | - 0 | | |
| LEGAL OWNER MAILING ADDI | RESS (if different than | above mailing addre | ss): | |
| 233 Crunhar + A4 | | Mohnton | DA | 195 U.Q |
| Owner street number and name | | City | State | |
| Owner phone number | (717) 438 Owner fax number | 5500 | Ephroim @ Owner e-mail addre | Mingdom Livesbook. |
| SECTION 8: ALL APPLICAN | TS READ AND SIG | n | | |
| All material must be submitted at least 66 all required information could delay your | davs prior to the prep plan review. | paration/sale of food | from a retail food faci | lity. Failure to provide |
| Please check and sign you | have included | all required su | pporting docum | entation along |
| with : | submission of th | ie completed a | pplication. | |
| Section 3: | | | | |
| I have attached the following | supporting documen | ts: | | |
| ☐ Food Employee Cert | ification N/A | | | |
| Section 4: I have attached proof of mun have attached my non-public proof from DEP will result | water supply results | and affidavit/DEP d | ocumentation Failur | approval letter OR I e to provide written |
| ☐ Proof of municipal w | | | | |
| ☐ DEP Approval Letter OR | r for a non-communit | y public water syste | m | |
| Non-public water sup | oply results AND affi | davit / DEP docume | entation | |
| Section 5: | | | | |
| I have attached the following | supporting documen | ts: | | |
| ☑ Vendor floorplan / la | vout* | | | |
| ☐ Location of all food: | service equipment | | | |
| ☐ List of equipment inc | cluding manufacture' | s names and model | numbers | |
| Section 6: | | | | |
| I have attached the following | supporting documen | ts: | | |
| ☐ Sales tax license or p | roof of application | | | |
| OR | | | | |
| According to the PA exempt from collecti | on of sales tax. | | itions, I have determine | ned that my business is |
| I certify the facility is | s compliant with sale | s tax licensing. | | |

splans may be hand drawn, but must be to approximate scale, neat and legible. Plans will NOT be returned.

Thave attached all required documentation for each section outlined above that are applicable to this plan review application. I have signed all applicable individual sections within the application. Failure to provide documentation or sign all sections will result in a delay of processing and/or the application may be denied.

Applicant Signature:

The Department of Agriculture will review the plans and notify you of its approval/disapproval. Please allow 4-6 weeks for processing. Once you receive your approval, notify your Food Inspector or regional office at least ten (10) days prior to operation to RA-AGPlanReview@pa.gov.

All material must be fully completed and returned with any necessary accompanying documentation to:

RA-AGPLANREVIEW@pa.gov

or mail / fax to:

Pennsylvania Department of Agriculture Bureau of Food Safety and Laboratory Services Attn: Plan Review 2301 N. Cameron St, Room 112 Harrisburg, PA 17110

Fax: 717-787-1873

There are NO fees associated with this Plan Review Application. DO NOT SEND MONEY WITH THIS APPLICATION.

License fees will be collected at the time of the licensing inspection pending the facility is compliant with all Food Safety laws and regulations. The fees are as follows (payable to: Commonwealth of PA):

License Fee Exemptions (not exempt from inspections)

- Pre-packaged non-TCS (time and temperature control for safety) foods ONLY
- Raw agricultural commodities ONLY

Retail Food License

- · New Licenses:
 - Under 50 seats AND Owner Operated \$103

Other fees

- Annual Renewals \$82
- 2nd Follow-up Inspection \$150
- 3rd or Subsequent Follow-up Inspection \$300
- Duplicate License \$14
- Courtesy Inspection \$150

^{*}If your county is under a County Health Department Jurisdiction, you should contact them directly for licensing. These counties include Allegheny, Bucks, Chester, Delaware, Erie, Montgomery, and Philadelphia.

The following chart/schedules are for your optional use. Complete and submit with your plans ALL facility details and equipment schedules

FLOORS, WALLS, CEILINGS SCHEDULE

| | Wall Finishes | Floor Finishes | Ceiling Finishes |
|---------------------------|---------------------|----------------|------------------|
| Example | Drop down screening | Lindess | Overhead tarp |
| Kitchen/Cooking Food Prep | | | |
| Sales Area | Concrete | Concrete | Painted Ceiling |
| Dry Storage | | | |
| Warewashing | | | |

| Notes: | | | | |
|--------|--|--|--|--|
| | | | | |

LIGHTING SCHEDULE
If lighting is not provided due to outside/natural lighting, please indicate such.

| | Foot Candles (fc) | Arrangement | Cleaning and Service | Shielding and Protection |
|-----------------------|------------------------------------|---------------------------------------|--------------------------|---|
| Example | 35 fluorescent overhead lights) | 35 fluorescent lights spaced 4' apart | Routine monthly cleaning | Protected by plastic sheaths and end caps |
| Preparation/Work Area | NIA | | | |
| Storage | NIA | | | |
| Serving | NA | | | |
| Dining Area | NIA | | | |
| Special | NSA | | | |

| ** | | | | | | | | |
|--------|------|---|--|---|---|--|--------------------------|--|
| Notes: | | | | | | | | |
| | | \$20,000,000,000,000,000,000,000,000,000, | ************************************ | CONTRACTOR | SERVICE AND | MARKET AND ADDRESS OF THE PARKET AND ADDRESS | ************************ | |

EQUIPMENT SCHEDULE provide a scaled layout drawing of all equipment, even if minimal, in the retail food facility. Complete the following list of equipment and submit with your plans.

| Item No. | Type of Equipment Manufacturer's Name Model No. Quanti | | | | | | |
|----------|--|-----------------|---------------------|----------|--|--|--|
| Stample | Freezer | Name | Model No. | Quantity | | | |
| | Ceff.gerador | Hobart O B D | ABC124 6D5-47-HC | | | | |
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REV 11/2023



Report of Analysis

Mail to: Kingdom Livestock 233 Gunhart Rd Mohnton PA 19540

Lab Number: 412445-01 Date Reported: 02/01/2024

| Analyte | Result | Pass/Fail | Maximum Contaminant Level | Analysis Date Time | | Analysi | Method | | |
|---|--|--|--|-----------------------|------------|---------------|--------|-----------------|--|
| Sampled: 01/29/2024 14:43 Sa | mpler: Seth Kulp Source: | Outdoor Tap Ki | madem Livertuck 22 | 3 7 | 7 x 1 72.6 | | | Reporting Limit | |
| Sactaria - Total Coliforni | <1 MPN/(Qont | P286 | 0 MPN/100ml | 01/30/2024 | 14.10 | Aohnton P | SM5023 | • | |
| Colfiorm bacteria are a large grou- bacteria occur frequently in private may cause gastrointestimal illness per 100 milliliters (m.L.) of water. | | | | | | | | | |
| Saderia - Elocii | <1 MPN/100mi | Pass | 0 MPN/100ml | 01/30/2024 | 14.10 | 6wm | SM9223 | | |
| E. coli (short for Escherictia coli) result is a strong indication that hi | is a more specific bacteria. This is uman sewage or animal waste has | a type of fecal colifi contaminated the | orm bacteria commonly l water. E. coli can produc | cound in the in | testines o | of animals an | | Sitive E. coli | |
| This sample was coll | ected by a lab-auti standard Days (MCL) is the maximum storettled \$38,00008 by the Personne | horized sau pomission levil de | mpler. Columnatin waser per the | SDWA Some | otameters | | | 4DE | |

Report Approved By: and I Blist

