



Agency Monitoring Form

A. REVIEWER INFORMATION

Reviewer Name:	
Reviewer Date:	Previous Visit Date:

B. VISIT INFORMATION

Reason for Visit				
<input type="checkbox"/> Biennial Monitoring	<input type="checkbox"/> 1 Year Follow Up	<input type="checkbox"/> Follow Up (other)	<input type="checkbox"/> Unannounced	<input type="checkbox"/> Suspension Lift
*Please describe reason for Follow Up (other), Unannounced, and Suspension Lift visits and provide any notes (i.e., delayed due to...)				
Previous Monitoring Date (if different from Previous Visit Date):				

C. AGENCY INFORMATION

AGENCY REPRESENTATIVE (PRIMARY CONTACT)				
Name:		Title:		
Email:		Phone:		
Agency Name (listed in Primarius):		Agency Ref:		
Street Address:		City:		
State:	Zip:	Neighborhood (Branch ID):		
City Code:	County Code:	State District:		
Fed District:	State Senator:	City Rep:		
Does information on Accounting & General 2 Tab in Primarius need updated? <i>Check LOJIC Online LOJIC, if applicable</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what needs updated?</i>		
Public Phone Number:		Website:		
Mailing Address (if different than above):				
Agency Type (select all that apply):	<input type="checkbox"/> Pantry	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Residential/Shelter	<input type="checkbox"/> Other (specify):

<input type="checkbox"/> Open Network	<input type="checkbox"/> Closed Network (if selected, describe program restrictions):
About the Organization:	
Food Distribution Program Name (if different than organization name):	

D. AGENCY ELIGIBILITY

<input type="checkbox"/> 501(c)(3) organization	<input type="checkbox"/> Under parent 501(c)(3) organization	<input type="checkbox"/> Church or religious organization
EIN:	Is the 501(c)(3) status current (verified on IRS website)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the EIN listed in Primarius under the Accounting tab?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Organization name as listed on IRS Determination Letter:		
<input type="checkbox"/> CHURCH OR RELIGIOUS ORGANIZATION (without independent 501(c)(3) status)		
Official organization name:		
<input type="checkbox"/> Option 1: If the church or religious organization is part of a national denomination that is a registered 501(c)(3), is the following on file?		
Section 1A:		
<input type="checkbox"/> Copy of IRS Letter of Determination from denomination’s headquarters		
OR		
<input type="checkbox"/> Employee Identification Number (EIN) for the denomination: _____		
AND		
Section 1B:		
<input type="checkbox"/> A letter from denominational headquarters stating that the church or religious organization applying for partnership is in good standing in the denomination and has not been denied 501(c)(3) status		
OR		
<input type="checkbox"/> Proof that the organization is registered with the denomination’s national office (i.e., link to convention’s directory)		
Missing documentation:		
<input type="checkbox"/> Option 2: If the church or religious organization is not part of denomination that is a registered 501(c)(3), is the following on file?		
<input type="checkbox"/> Completed 14-point IRS Church Qualifier Form with supporting documentation		
<input type="checkbox"/> Letter of confirmation on church letterhead		
Missing documentation:		

E. CONTACT INFORMATION

Agency Executive Director Name (if different from Agency Representative):	
Phone:	Email:
Additional Contact Name:	Title:
Phone:	Email:

Additional Contact Name:	Title:
Phone:	Email:
Has the Agency reviewed the list of contacts in Primarius?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any new/existing staff that need to attend Dare to Care's training(s)? <i>If yes, list name(s) and training(s) needed:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the person responsible for ordering listed as the POL in Primarius? <i>If no, list person who needs access to username and password:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. AGENCY OPERATIONS			
Days of Operation	Hours of Operation	Distribution and intake notes for neighbors:	
<input type="checkbox"/> Sunday	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<input type="checkbox"/> Monday	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<input type="checkbox"/> Tuesday	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<input type="checkbox"/> Wednesday	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<input type="checkbox"/> Thursday	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<input type="checkbox"/> Friday	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<input type="checkbox"/> Saturday	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Distribution Frequency:		How often can neighbors receive food?	
<input type="checkbox"/> Twice a day		<input type="checkbox"/> More than once per day (specify):	
<input type="checkbox"/> Daily		<input type="checkbox"/> Daily	
<input type="checkbox"/> Weekly		<input type="checkbox"/> Weekly	
<input type="checkbox"/> Twice a month		<input type="checkbox"/> Twice a month	
<i>Specify week numbers:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Monthly	
<input type="checkbox"/> Monthly		<input type="checkbox"/> As often as needed	
<i>Specify week numbers:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Appointment Details	<input type="checkbox"/> Yes (preferred) <input type="checkbox"/> Yes (required) <input type="checkbox"/> No		
	<i>If yes, please describe how to make an appointment:</i>		
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Is the Agency distributing at least 1x month for at least 90 minutes?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Is the Agency alerting Dare to Care of operational changes?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Is the Agency familiar with other Dare to Care partners in the area?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Is the Agency accessible to anyone with disabilities and is there a plan in place to serve neighbors who cannot or do not wish to access the building?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
OPEN NETWORK AGENCIES:			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Does the Agency serve with boundaries?		<i>If yes, please describe:</i>	
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	If the Agency serves with boundaries, does the Agency serve neighbors outside of their service area the first time and direct them to other Dare to Care partners in their area?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Are distribution hours posted publicly?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Do you offer delivery?		<input type="checkbox"/> Yes, feel free to share publicly <input type="checkbox"/> Yes, please do not share publicly. <input type="checkbox"/> No	
		<i>If yes, to what zip codes?</i>	
How do people find out about the program? (Select all that apply):			
<input type="checkbox"/> Word of mouth <input type="checkbox"/> Website/social media <input type="checkbox"/> Flyers/printed materials <input type="checkbox"/> Newsletters <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Food Drives <input type="checkbox"/> Other (specify):			
Has the Agency had to close or limit service recently?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Reminder: please notify DTC with any changes to service.</i>		<i>If yes, please describe:</i>	
Does the Agency ever turn down someone asking for food?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Reminder: notify DTC with any issues.</i>			
Is there a policy in place when refusing service?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Recommendation: Develop a policy that is clear for your staff, volunteers, and neighbors.</i>			
What other services does the Agency offer? <input type="checkbox"/> Rental assistance <input type="checkbox"/> Utility assistance <input type="checkbox"/> Clothes closet <input type="checkbox"/> Benefit Application Assistance (e.g., SNAP, WIC, Medicaid) <input type="checkbox"/> Nutrition education <input type="checkbox"/> Employment assistance <input type="checkbox"/> Counseling <input type="checkbox"/> Education (i.e., GED classes) <input type="checkbox"/> Healthcare services <input type="checkbox"/> Child care <input type="checkbox"/> Tuition assistance <input type="checkbox"/> Other (specify):			
Level of choice offered:		<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Modified <input type="checkbox"/> Full Choice	
<i>Recommendation: explore different shopping models.</i>			
Distribution model (select all that apply): <input type="checkbox"/> In-person shopping <input type="checkbox"/> Menu/List <input type="checkbox"/> Hybrid (pre-pack and some choice) <input type="checkbox"/> Pre-packed <input type="checkbox"/> Drive-thru <input type="checkbox"/> Produce/bread only <input type="checkbox"/> Other (specify):			

G. COMPLIANCE WITH AGENCY AGREEMENT

<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Does the Agency include at least one element of choice in the distribution model?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Are any fees, donations, or memberships required to receive donated food? (prohibited activity)	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Are any religious observances/services/activities required to receive donated food? (prohibited activity)	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Is the Agency proselytizing or holding religious services during or within an hour of distributions? (prohibited activity)		
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Are any volunteer services required to receive food? (prohibited activity)	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Do volunteers who receive food go through the same process as non-volunteers to receive food?	<input type="checkbox"/> CDM	<input type="checkbox"/> R

<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Is the food being used for any other purpose than the purpose of the program for which it applied? (i.e., pantry cooking church dinners) (prohibited activity)	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Does the Agency have a process for neighbors to self-declare their need to receive services (i.e., neighbor intake sheet)	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Are records being kept on file for 3 years plus the current year?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Is the "In Partnership with Dare to Care" sign posted?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> N/A	Does the Agency communicate with the food bank regularly?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Has the Agency had any civil rights, discrimination, or general complaints? If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

H. FOOD & FUND STREAMS

Types of products accepted and available: Dry goods Fresh produce Refrigerated Frozen
 Baby food/formula Rescued food (i.e., leftover from conferences)
 Culturally-responsive foods (specify):
 Diet-friendly foods (specify):
 Allergen-friendly foods (specify):

Non-Food:
 Clothes Personal care and hygiene items Diapers Furniture Cleaning supplies Over-the-counter medications Cooking/kitchen supplies Houseware items Other (specify):

What days & hours do you accept donations?

What product categories and food streams are the Agency accessing? Food Bank Food bank Purchased Food Drive Product Produce Co-Op Salvage Value Added Product Plated Meals Donated Plated Meals Purchased Innovative Foods TEFAP CSFP Foundational Food Donated Foundational Food Purchased Other (specify):

Agency Size (in Primarius):	Is the amount of product received from the food bank: <input type="checkbox"/> too much, <input type="checkbox"/> too little, or <input type="checkbox"/> the right amount of food?
Does the Agency participate in the Co-Op Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but interested
Does the Agency submit payment on time? <i>Recommendation: Follow up with co-op lead</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Dare to Care have a co-op agreement on file? <i>Recommendation: if no, follow up with co-op lead</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Agency have to purchase food to supplement what it receives from the food bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>

Does the Agency have funding to support the food distribution program?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>	
Does the Agency participate in the Retail Pickup Program? <i>Recommendation: if not but interested, follow up with Food Sourcing</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but interested	
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is there a current agreement on file? Date:
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are donated products reported regularly?
Does the Agency have badges for the retail recovery program? <i>Recommendation: if no, follow up with Food Sourcing</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

I. ORDERING & STATISTICS

<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is the Agency ordering or picking up produce at least once a month or an average of 12 months per calendar year? Date of last order or produce pickup: Number of orders beginning of this calendar year:	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are statistics being entered regularly (by the 3 rd of the month) Total people served last month: Total people served same month of previous year:	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does the Agency have a standard and acceptable process in place for collecting neighbor statistics (e.g., not requiring IDs. Collecting social security number, driver license number, birth dates etc).	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Previous YTD Poundage (as of July 1) Dates:			Current YTD People Served: Dates:		
Have you seen an increase in neighbors requesting food in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No					

J. KITCHENS AND FEEDING PROGRAMS (ON-SITE)

Does the Agency prepare meals on-site?		<input type="checkbox"/> Yes (complete section J) <input type="checkbox"/> No (skip to section K)			
What types of meals are provided? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack <input type="checkbox"/> Other (specify):					
On average, how many meals are served per month?					
How are meals counted? <input type="checkbox"/> Plate count <input type="checkbox"/> Person count <input type="checkbox"/> Sign-In <input type="checkbox"/> Other (specify):					
Who is preparing the meals? <input type="checkbox"/> Paid Staff <input type="checkbox"/> Volunteers <input type="checkbox"/> Residents <input type="checkbox"/> Self <input type="checkbox"/> Others (specify):					
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	If volunteers and staff also receive meals, are meals consumed in a group setting?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does at least one staff member have a current food safety training at the level required by state and local authorities? Name: Expiration Date:	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Is the Agency required to be licensed for food service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt (all kitchens must receive a health inspection, exemptions for shelters/residential facilities are permitted).					
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	If yes, does the Agency have a current local health department inspection report?	<input type="checkbox"/> CDM	<input type="checkbox"/> R

	Date of inspection: Please describe any findings and resolutions if applicable:		
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K. KENTUCKY TEFAP

Does this site receive Kentucky TEFAP?		<input type="checkbox"/> Yes (complete section K) <input type="checkbox"/> No (skip to section L)	
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does the Agency have a copy of their current TEFAP contract? Signed date:
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does the Agency keep all records for 3 years plus the current year?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does the Agency keep a record of number of people receiving TEFAP product during each distribution?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does the Agency have a copy of Civil Rights Training Agreements for the Agency Representative and staff and volunteers? Signed date for Agency Representative:
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does the Agency have the Commodity Application Register (Neighbor Eligibility Form) with the most recent income guidelines and nondiscrimination statement in English and Spanish? (pantries only)
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does the Agency keep TEFAP product separate from all other inventory?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are TEFAP items labeled to distinguish them from other inventory?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are all TEFAP items within their expiration dates and received less than 6 months ago?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is the "And Justice for All" poster within clear view in each distribution location?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is the Agency entering statistics by the 7 th of each month?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is the Agency entering inventory by the 7 th of each month?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is there a procedure in place to handle complaints?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are TEFAP items being mixed in with other food streams (during distributions/meals)?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is food being distributed equitably to all households and adjusted for family size (i.e., household breaks)?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	If there has been any food loss or food transfers, was the food bank notified and proper procedures followed?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is the Agency familiar with the other TEFAP locations in the county?
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does the Agency have current proof of liability insurance? Policy/Expiration Date:
Is the amount of TEFAP product received from the food bank: <input type="checkbox"/> too much, <input type="checkbox"/> too little, or <input type="checkbox"/> the correct amount of food?			

L. FOOD SAFETY - GENERAL

<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are food storage areas secured (locked or limited access)?
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C = in compliance NC = not in compliance N/A = not applicable CDM = Corrected during monitor R = Repeat violation

<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are food storage areas clean and odor free?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are ceilings, walls, and floors clean and in good condition?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is there a schedule for regular cleaning activities?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are doors, windows, and roofs sealed to prevent pest entry and water damage?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Does the Agency have a pest control system in place? <input type="checkbox"/> Professional <input type="checkbox"/> In house How often are areas monitored/treated? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As needed	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is the area pest free?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are temperatures being recorded regularly (weekly for pantries; daily for kitchens)?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is the Agency repacking any bulk dry, refrigerated, or frozen products (aside from fresh produce exposed to air and bulk, shelf-stable baked goods not in retail packaging)? (prohibited activity for pantries)	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Has at least one regular staff and/or volunteer received food safety training from the food bank within the past 2 years?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Do volunteers and staff (pickup drivers and food handlers) receive training on food safety practices?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is food rotated to ensure first expired, first out (FEFO) product movement?	<input type="checkbox"/> CDM	<input type="checkbox"/> R

M. FOOD SAFETY – DRY STORAGE

<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is food stored 6" off the floor and stored on pallets, platforms, shelves, or sealed containers?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is food stored at least 4" from the walls to allow proper ventilation, cleaning, and inspection?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is food stored at least 2' from the ceilings to allow proper ventilation, cleaning, and inspection?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is food stored separately from cleaning materials and chemicals?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are toxic items properly packaged and labeled?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are all canned products in acceptable condition (not bulging, leaking, or rusted)?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is all baby food/formula within expiration dates?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are any over-the-counter products within their expiration dates?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Are home canned products accepted (prohibited activity)	<input type="checkbox"/> CDM	<input type="checkbox"/> R

Name of Dry Storage Area:					
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>
Name of Dry Storage Area:					

C = in compliance NC = not in compliance N/A = not applicable CDM = Corrected during monitor R = Repeat violation

<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Dry Storage Area:							
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R

N. FOOD SAFETY – COLD STORAGE (SKIP IF NO COLD STORAGE)

<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Is food stored to avoid cross-contamination (raw foods below ready to eat food)?	<input type="checkbox"/> CDM	<input type="checkbox"/> R
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	If the Agency transports cold food from the food bank to the Agency, is transport temperature controlled?	<input type="checkbox"/> CDM	<input type="checkbox"/> R

Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer				Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In			
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer				Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In			
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer				Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In			
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer				Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In			
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer				Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In			
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer				Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In			
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer				Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In			
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							

C = in compliance NC = not in compliance N/A = not applicable CDM = Corrected during monitor R = Repeat violation

Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer			Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In				
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R

O. ADDITIONAL UNIT/TEMPERATURE LOGS

Name of Dry Storage Area:							
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Dry Storage Area:							
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Dry Storage Area:							
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Dry Storage Area:							
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Dry Storage Area:							
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R

Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer			Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In				
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer			Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In				
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer			Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In				
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R
Name of Cold Storage Unit:							
Unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer			Type: <input type="checkbox"/> Upright <input type="checkbox"/> Chest <input type="checkbox"/> Walk-In				
<input type="checkbox"/> C	<input type="checkbox"/> NC	<input type="checkbox"/> N/A	Temperature:	Thermometer Visible & Working <input type="checkbox"/>	Temperature Log Checked <input type="checkbox"/>	<input type="checkbox"/> CDM	<input type="checkbox"/> R

P. AGENCY FEEDBACK

Follow Up Items for Agency:

Follow Up Items for Dare to Care:		
Additional Questions:		
Feedback for Dare to Care Team:		
Wish List Items:		
Item	Size/Type	Amount Needed
Carts		
Refrigerator		
Freezer		
Shelving		
Other (describe):		

Q. SUMMARY & RECOMMENDATIONS

If the Agency is currently suspended, has the Agency resolved all actions to become Active? <i>Recommendation: if no, complete the Corrective Action Form</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there corrective action items for the Agency to resolve within 30 days? <i>Recommendation: if yes, complete the Corrective Action Form</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are there any compliance violations that would cause suspension? <i>If yes, please describe:</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Follow Up Items for Dare to Care:			

R. FILE REVIEW

File Name	Last Signed Date:	Renewed:
Food Safety Agreement		<input type="checkbox"/>
Agency Agreement		<input type="checkbox"/>
Liability Release Form		<input type="checkbox"/>
Pickup Agreement (if applicable)		<input type="checkbox"/>
Suspension & Termination and Partnership Pause Policies		<input type="checkbox"/>
Monitoring Form		<input type="checkbox"/>

C = in compliance **NC** = not in compliance **N/A** = not applicable **CDM** = Corrected during monitor **R** = Repeat violation

Agency Representative: _____
(sign)

(print)

Agency Representative Title: _____

Date: _____

DTC Representative: _____
(sign)

(print)

DTC Representative Title: _____

Date: _____

Hope starts here.