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Description automatically generated with medium confidence**

**Agency Monitoring Form**

# **reviewer information**

|  |  |
| --- | --- |
| **Reviewer Name:** | |
| **Reviewer Date:** | **Previous Visit Date:** |

# **Visit Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for Visit** | | | | |
| Biennial Monitoring | 1 Year Follow Up | Follow Up (other) | Unannounced | 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):** | | | | |

# **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?**  *Check* [*LOJIC Online | LOJIC*](https://www.lojic.org/lojic-online)*, if applicable* | | | | **Yes** **No**  ***If yes, what needs updated?*** | | |
| **Public Phone Number:** | | | | **Website:** | | |
| **Mailing Address (if different than above):** | | | | | | |
| **Agency Type** **(select all that apply):** | | Pantry | Kitchen | | Residential/Shelter | Other (specify): |
| Open Network | Closed Network (if selected, describe program restrictions): | | | | | |
| **About the Organization:** | | | | | | |
| **Food Distribution Program Name (if different than organization name):** | | | | | | |

# **Agency eligibility**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **501(c)(3) organization** | **Under parent 501(c)(3) organization** | | **Church or religious organization** | | |
| **EIN:** | **Is the 501(c)(3) status current (verified on** [**IRS website**](https://apps.irs.gov/app/eos/)**)?** | | | | **Yes** **No** |
| **Is the EIN listed in Primarius under the Accounting tab?** | | | | **Yes** **No** | |
| **Organization name as listed on IRS Determination Letter:** | | | | | |
| **CHURCH OR RELIGIOUS ORGANIZATION (without independent 501(c)(3) status)** | | | | | |
| **Official organization name:** | | | | | |
| **☐ 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:***  **☐** Copy of IRS Letter of Determination from denomination’s headquarters  **OR**  **☐** Employee Identification Number (EIN) for the denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **AND**  ***Section 1B:***  **☐** Aletter 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**  **☐** Proof that the organization is registered with the denomination’s national office (i.e., link to convention’s directory) | | | | | |
| **Missing documentation:** | |  | | | |
| **☐ 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?** | | | | | |
| **☐** Completed 14-point IRS Church Qualifier Form with supporting documentation  **☐** Letter of confirmation on church letterhead | | | | | |
| **Missing documentation:** | |  | | | |

# **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?** | | **Yes** **No** |
| **Are there any new/existing staff that need to attend Dare to Care’s training(s)?**  ***If yes, list name(s) and training(s) needed:*** | | **Yes** **No** |
| **Is the person responsible for ordering listed as the POL in Primarius?**  ***If no, list person who needs access to username and password:*** | | **Yes** **No** |

# **agency operations**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Days of Operation** | | | | **Hours of Operation** | | **Distribution and intake notes for neighbors:** | | |
| **Sunday** | | | | |  |  |  | | --- | --- | --- | | **AM** | **PM** |  | | | | | |
| **Monday** | | | | |  |  | | --- | --- | | **AM** | **PM** | | | | | |
| **Tuesday** | | | | |  |  | | --- | --- | | **AM** |  | | | | | |
| **Wednesday** | | | | |  |  | | --- | --- | | **AM** | **PM** | | | | | |
| **Thursday** | | | | |  |  | | --- | --- | | **AM** | **PM** | | | | | |
| **Friday** | | | | |  |  | | --- | --- | | **AM** | **PM** | | | | | |
| **Saturday** | | | | |  |  | | --- | --- | | **AM** | **PM** | | | | | |
| **Distribution Frequency:**  **Twice a day** | | | | | **How often can neighbors receive food?**  **More than once per day (specify):** | | | |
| **Daily**  **Weekly**  **Twice a month *Specify week numbers:***  **1**   **2**  **3**  **4**  **Monthly *Specify week numbers:***  **1**   **2**  **3**  **4** | | | | | **Daily**  **Weekly**  **Twice a month**  **Monthly**  **As often as needed** | | | |
| **Appointment Details** | | | | Yes (preferred) Yes (required) No | | | | |
| *If yes, please describe how to make an appointment:* | | | | |
| **C** | **NC** | **N/A** | Is the Agency distributing at least 1x month for at least 90 minutes? | | | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is the Agency alerting Dare to Care of operational changes? | | | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is the Agency familiar with other Dare to Care partners in the area? | | | | **CDM** | **R** |
| **C** | **NC** | **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? | | | | **CDM** | **R** |
| **OPEN NETWORK AGENCIES:** | | | | | | | | |
| **Does the Agency serve with boundaries?** | | | | Yes No | | | | |
| *If yes, please describe:* | | | | |
| **C** | **NC** | **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? | | | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are distribution hours posted publicly? | | | | **CDM** | **R** |

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

# **compliance with agency agreement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **C** | **NC** | **N/A** | Does the Agency include at least one element of choice in the distribution model? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are any fees, donations, or memberships required to receive donated food? **(prohibited activity)** | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are any religious observances/services/activities required to receive donated food? **(prohibited activity)** | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is the Agency proselytizing or holding religious services during or within hour of distributions? **(prohibited activity)** |  |  |
| **C** | **NC** | **N/A** | Are any volunteer services required to receive food? **(prohibited activity)** | **CDM** | **R** |
| **C** | **NC** | **N/A** | Do volunteers who receive food go through the same process as non-volunteers to receive food? | **CDM** | **R** |
| **C** | **NC** | **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)** | **CDM** | **R** |
| **C** | **NC** | **N/A** | Does the Agency have a process for neighbors to self-declare their need to receive services (i.e., neighbor intake sheet) | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are records being kept on file for 3 years plus the current year? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is the “In Partnership with Dare to Care” sign posted? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Does the Agency communicate with the food bank regularly? | **CDM** | **R** |
| Has the Agency had any civil rights, discrimination, or general complaints?  **If yes, please describe:** | | | | **Yes** **No** | |

# **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 is 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:**  too much,  too little, **or**  the right amount of food? | | | |
| **Does the Agency participate in the Co-Op Program?** | | | | Yes  No  No, but interested | | | |
| **Does the Agency submit payment on time?**  *Recommendation: Follow up with co-op lead* | | | | Yes  No | | | |
| **Does Dare to Care have a co-op agreement on file?**  *Recommendation: if no, follow up with co-op lead* | | | | Yes  No | | | |
| **Does the Agency have to purchase food to supplement what it receives from the food bank?** | | | | Yes No  *If yes, please describe:* | | | |
| **Does the Agency have funding to support the food distribution program?** | | | | Yes No  *If yes, please describe:* | | | |
| **Does the Agency participate in the Retail Pickup Program?**  *Recommendation: if not but interested, follow up with Food Sourcing* | | | | | Yes  No  No, but interested | | |
| **C** | **NC** | **N/A** | Is there a current agreement on file?  **Date:** | | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are donated products reported regularly? | | | **CDM** | **R** |
| Does the Agency have badges for the retail recovery program?  *Recommendation: if no, follow up with Food Sourcing* | | | | | | Yes  No | |

# **ordering & statistics**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C** | **NC** | **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:** | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are statistics being entered regularly (by the 3rd of the month)  **Total people served last month:**  **Total people served same month of previous year:** | | **CDM** | **R** |
| **C** | **NC** | **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). | | **CDM** | **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?**Yes No | | | | | | |

# **kitchens and feeding programs (on-site)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does the Agency prepare meals on-site?** | | | | **Yes (complete section J)** **No (skip to section K)** | | |
| **What types of meals are provided?** Breakfast Lunch Dinner Snack Other (specify): | | | | | | |
| **On average, how many meals are served per month?** | | | | | | |
| **How are meals counted?** Plate count  Person count Sign-In Other (specify): | | | | | | |
| **Who is preparing the meals?** Paid Staff Volunteers Residents Self Others (specify): | | | | | | |
| **C** | **NC** | **N/A** | If volunteers and staff also receive meals, are meals consumed in a group setting? | | **CDM** | **R** |
| **C** | **NC** | **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**: | | **CDM** | **R** |
| **Is the Agency required to be licensed for food service?** Yes No Exempt **(all kitchens must receive a health inspection, exemptions for shelters/residential facilities are permitted).** | | | | | | |
| **C** | **NC** | **N/A** | If yes, does the Agency have a current local health department inspection report?  **Date of inspection:**  **Please describe any findings and resolutions if applicable:** | | **CDM** | **R** |

# **kentucky tefap**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does this site receive Kentucky TEFAP?** | | | | **Yes (complete section K)** **No (skip to section L)** | | |
| **C** | **NC** | **N/A** | Does the Agency have a copy of their current TEFAP contract? **Signed date:** | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Does the Agency keep all records for 3 years plus the current year? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Does the Agency keep a record of number of people receiving TEFAP product during each distribution? | | **CDM** | **R** |
| **C** | **NC** | **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:** | | **CDM** | **R** |
| **C** | **NC** | **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)** | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Does the Agency keep TEFAP product separate from all other inventory? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are TEFAP items labeled to distinguish them from other inventory? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are all TEFAP items within their expiration dates and received less than 6 months ago? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is the “And Justice for All” poster within clear view in each distribution location? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is the Agency entering statistics by the 7th of each month? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is the Agency entering inventory by the 7th of each month? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is there a procedure in place to handle complaints? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are TEFAP items being mixed in with other food streams (during distributions/meals)? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is food being distributed equitably to all households and adjusted for family size (i.e., household breaks)? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | If there has been any food loss or food transfers, was the food bank notified and proper procedures followed? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is the Agency familiar with the other TEFAP locations in the county? | | **CDM** | **R** |
| **C** | **NC** | **N/A** | Does the Agency have current proof of liability insurance?  **Policy/Expiration Date:** | | **CDM** | **R** |
| **Is the amount of TEFAP product received from the food bank:**  too much,  too little, or  the correct amount of food? | | | | | | |

# **food safety - general**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **C** | **NC** | **N/A** | Are food storage areas secured (locked or limited access)? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are food storage areas clean and odor free? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are ceilings, walls, and floors clean and in good condition? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is there a schedule for regular cleaning activities? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are doors, windows, and roofs sealed to prevent pest entry and water damage? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Does the Agency have a pest control system in place?  Professional In house  How often are areas monitored/treated?  Weekly Monthly Bi-monthly Quarterly As needed | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is the area pest free? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Are temperatures being recorded regularly (weekly for pantries; daily for kitchens)? | **CDM** | **R** |
| **C** | **NC** | **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)** | **CDM** | **R** |
| **C** | **NC** | **N/A** | Has at least one regular staff and/or volunteer received food safety training from the food bank within the past 2 years? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Do volunteers and staff (pickup drivers and food handlers) receive training on food safety practices? | **CDM** | **R** |
| **C** | **NC** | **N/A** | Is food rotated to ensure first expired, first out (FEFO) product movement? | **CDM** | **R** |

# **food safety – dry storage**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Dry Storage Area:** | | | | | | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Dry Storage Area:** | | | | | | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Dry Storage Area:** | | | | | | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |

# **food safety – cold storage (skip if no cold storage)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **C** | **NC** | **N/A** | Is food stored to avoid cross-contamination (raw foods below ready to eat food)? | **CDM** | **R** |
| **C** | **NC** | **N/A** | If the Agency transports cold food from the food bank to the Agency, is transport temperature controlled? | **CDM** | **R** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |

# **additional unit/temperature logs**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Dry Storage Area:** | | | | | | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Dry Storage Area:** | | | | | | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Dry Storage Area:** | | | | | | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Dry Storage Area:** | | | | | | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Dry Storage Area:** | | | | | | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |
| **Name of Cold Storage Unit:** | | | | | | | |
| **Unit:**  Refrigerator  Freezer | | | | | **Type:**  **Upright**  **Chest**  **Walk-In** | | |
| **C** | **NC** | **N/A** | Temperature: | Thermometer Visible & Working | Temperature Log Checked | **CDM** | **R** |

# **agency feedback**

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

# **summary & recommendations**

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

# **File review**

|  |  |  |
| --- | --- | --- |
| **File Name** | **Last Signed Date:** | **Renewed:** |
| Food Safety Agreement |  |  |
| Agency Agreement |  |  |
| Liability Release Form |  |  |
| Pickup Agreement (if applicable) |  |  |
| Suspension & Termination and Partnership Pause Policies |  |  |
| Monitoring Form |  |  |

**Agency Representative: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(sign) (print)

**Agency Representative Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DTC Representative: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(sign) (print)

**DTC Representative Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 