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**Agency Monitoring Form**

# **reviewer information**

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

# **Visit Information**

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| --- |
| **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**

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| --- |
| **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 houseHow 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** |
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| **Name of Cold Storage Unit:**  |
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| [ ] **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**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 