Agency Monitoring Form

# Monitoring information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency ID: |  | | | Agency Name: | | | | | | | | | Date: | |
| Site Address: | |  | | | | | | | | Phone: |  | | | |
| Type of Visit: | |  |  | | Announced |  | Unannounced |  | New Agency | | |  | | Follow-Up |
| Agency Type: | |  |  | | Pantry |  | Community Meal |  | Daycare | | |  | | Residential |
| TEFAP Agency: | |  |  | | Yes |  | No | | | | | | | |
| Date of Last Visit: | | Grade of Last Visit and Notes: | | | | | | | | | | | | |

# Agency Compliance Review (Complete Prior to site visit)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 501c3 Verified:  Yes No | Current ServSafe:  Yes No | Civil Rights Trained:  Yes No | Current Agreement:  Yes No | Current Information Form:  Yes No |
| Date of Last Order Placed: | Pounds Ordered (last 30 days): | Monthly Statistics Current:  Yes No | Reported HH Served/Meals Served: | Lbs. per HH or People per Month: |

|  |  |
| --- | --- |
| Food Rescue Participant? Yes No  Monthly Reports Current? Yes No N/A | If no, is agency interested? Yes No N/A  Current MOU on file? Yes No N/A |

# Agency Information reivew

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Highest Agency Authority** | | | | | |
| Title/Role with Agency: |  | | | | |
| Phone: |  | | Email: | |  |
| **Contact Person (to receive all correspondence from NEIFB unless situation requires other contact)** | | | | | |
| Title/Role with Agency: |  | | | | |
| Phone: |  | | Email: |  | |
| **Agency Support** | | | | | |
| Number of Paid Staff: | | Average Number of Volunteers: | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Succession Plan** | | | | |
| Does the Agency have a succession plan? |  | Formal/Documented |  | Informal/Undocumented |
| Please Describe: | | | | |
| **Food Assistance/SNAP** | | | | |
| Does the agency inform clients of SNAP?  Yes  No | | | | |
| Please Describe: | | | | |

**\*Pantry Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hours of Distribution and Availability** | | | |
| How often do you distribute food?  Other (explain): | Weekly | Bi-weekly | Monthly |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Method of Distribution** | |
| Do you have requirements for HH that use your services (i.e. only one pick up per month, must live in X county or zip code, etc.?) | |
| How do you serve your clients?  Client Choice Pre-Packed Box Client Order Home Delivery Other (please explain): | |
| Approximately, how much do you provide to each HH per visit? | What categories do you provide?  Produce Shelf Stable Frozen Refrigerated  Non-food Baby Items Personal Care |
| **Method of Documenting Client Visits and Record Keeping** | |
| How do you determine client eligibility? (51% or more of clients served must be infant, ill or needy)  TEFAP Guidelines Other (please explain): | |

Comments:

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**On-Sites Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hours of Meal Service** | | | |
| How often do you serve a meal?  Other (explain): | Weekly | Bi-weekly | Monthly |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

|  |
| --- |
| **Method of Distribution** |
| Do you have requirements for individuals that use your services (i.e. only one visit per month, must live in X county or zip code, etc.?) |
| How do you serve your clients?  Dine-in To-Go Home Delivery Other (please explain): |
| How do you determine number of individuals/meals served?  Number of Plates Used By Count of Individuals By Sign-in Sheet Other (please explain): |
| **Method of Documenting Client Visits and Record Keeping** |
| How do you determine client eligibility? (51% or more of clients served must be infant, ill or needy)  Census Nearby School Free/Reduced Lunch Status CACFP Other (please explain): |

Comments:

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# record keeping

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Does the agency have access to current Agreement? | Yes=15 | No | |
|  | Does the agency have a current Safe Food Handling Certificate posted? | Yes=15 | No | N/A |
|  | Does the agency have latest Inspection of Appeals on file? (if required) | Yes=15 | No | N/A |
|  | Has the agency consistently submitted monthly reports up to date? (prior to the 15th of each month) | Yes=10 | No |  |
|  | Does the agency have access to invoices? | Yes | No |  |
|  | Does the agency keep record of all client visits? (pantry) | Yes=5 | No | N/A |
|  | Does the agency keep record of # of people receiving food from each distribution? (on-sites) | Yes=5 | No | N/A |
|  | Does the agency keep record of a cleaning schedule? *Frequency:* | Yes=5 | No |  |
|  | Does the agency retain copies of pest control visits or internal monitoring? Who provides this service? | Yes=5 | No |  |
| **Subtotal Possible=75** | |  | | |

Comments:

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# Public awareness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Are the hours of distribution clearly posted on a permanent basis? | Yes=10 | No | N/A |
|  | Does the sign clearly state Community Meal or Food Pantry? | Yes=5 | No | N/A |
|  | Does the agency serve clients in emergency need outside of scheduled hours of distribution? | Yes | No | N/A |
|  | Is this a private program or serves a unique demographic? | Yes | No | N/A |
| **Subtotal Possible=15** | |  | | |

# Facilities

|  |  |  |  |
| --- | --- | --- | --- |
|  | Are accommodations made for people who are disabled? | Yes=5 | No |
|  | Are clients protected from the elements of weather while waiting? | Yes | No |
| **Subtotal Possible=5** | |  | |

# Kitchen/Food preperation areas

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Is the floor clear from clutter, debris, food and other particles? | Yes=10 | No | N/A |
|  | Are the counters and tables clean and free of debris? | Yes=10 | No | N/A |
|  | Is an approved method of defrosting being used (refrigerator, cold running water, cooking)? | Yes=5 | No | N/A |
|  | Is a probe thermometer used to check the temperature of cooked food? | Yes=5 | No | N/A |
|  | Are there separate cutting boards for meats and vegetables? | Yes=5 | No | N/A |
|  | Do staff and volunteers wear gloves when preparing and serving meals? | Yes=5 | No | N/A |
| **Subtotal Possible=40** | |  | | |

# Cold Storage

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Are there thermometers in each unit? | Yes=5 | No | N/A |
|  | Is agency tracking temperatures and maintaining a temperature log? *Frequency:* | Yes=10 | No | N/A |
|  | Are the units clean with no rust, fluids, or other contaminants? (deduct 5 point for each No after the first) | Yes=15 | No | N/A |
|  | Are the units defrosted? (no ice buildup) (deduct 5 point for each No after the first) | Yes=5 | No | N/A |
|  | Are units secured in a room away from harm or theft? OR Are the units lockable with limited keys? | Yes=5 | No | N/A |
|  | Are the units stored correctly in cooler (raw meat on bottom, ready to eat food on top)? | Yes=15 | No | N/A |
|  | Are the units organized using FIFO/FIFE? | Yes=10 | No | N/A |
|  | Does the agency have an insulated freezer blanket or insulated cooler for transportation of product? How many? | Yes=5 | No | N/A |
|  | Is there food at the time of the monitoring? | Yes | No | N/A |
| **Subtotal Possible=70** | |  | | |

**Cold Storage Temperatures**

Acceptable range for freezer: -10° to 0°. Acceptable range for cooler:35° to 40° [Reference: TEFAP Handbook]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit Type** | **Temp** | **Location** |  | **Unit Type** | **Temp** | **Location** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# Dry storage

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Is room temperature in a safe zone upon arrival? (50-70 degrees)? (Temperatures may never fall below 32 and rarely exceed 70 to preserve food quality) | Yes=10 | No |  |
| 2. | Is agency tracking temperatures and maintaining a temperature log? *Frequency:* | Yes=10 | No |  |
| 3. | Is it well maintained? (clean, organized, holes/cracks in the walls, temperature) | Yes=10 | No |  |
| 5. | Is the environment free of pest activity? | Yes=10 | No |  |
| 6. | Is agency practicing FIFO/FIFE and rotating product? | Yes=5 | No |  |
| 7. | Is the area in a secure/locked location? | Yes=5 | No |  |
| 8. | Are chemicals stored separately from food items? | Yes=10 | No |  |
| 9. | Is the food stored on a non-porous surface? | Yes=5 | No |  |
| 10. | Is food stored 6” from floor, 24” from ceiling and 4” from wall? | Yes=5 | No |  |
| 11. | Are bulk food items stored in protective containers? (meal programs only) | Yes=5 | No | N/A |
| 12. | Do you have any additional food or non-food storage? | Yes | No |  |
| 13. | Is there food in the pantry at the time of the monitoring? | Yes | No |  |
| **Subtotal Possible=75** | |  | | |

|  |  |
| --- | --- |
| **Temperature** | **Location** |
|  |  |
|  |  |

Comments:

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# Food Rescue Program

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | What store(s) does the agency pick up from? |  | | | |
| 2. | How many days a week do they pick up each store? |  | | | |
| 3. | Does the assigned individual(s) have food safety training? | | Yes=5 | No |  |
| 5. | Are thermal blankets or other temp control methods used to transport food from stores? *Describe other:* | | Yes=5 | No | N/A |
| 6. | Are temperature probes or digital thermometers being used? | | Yes=5 | No | N/A |
| 7. | Is agency interested in picking up from more locations if available? | | Yes | No |  |
| 8. | Are there any issues with current donors? *If yes, please explain:* | | Yes | No |  |
| **Subtotal Possible=15** | | |  | | |

Comments:

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# tefap agencies only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Is the “And Justice for All” poster accessible to clients in each distribution location? | Yes=15 | No |  |
| 2. | Has the current staff/volunteers received their annual civil rights training? | Yes=15 | No |  |
| 3. | Is the USDA nondiscrimination statement included on: **agency website**, **agency social media**, **agency printed material**? (deduct 5 for each *No*) | Yes=15 | No |  |
| 4. | Is tracking each distribution involving TEFAP food? *Identify how:* | Yes=10 | No |  |
| 5. | Does the agency keep TEFAP items separated from all other inventory for other programs? | Yes=10 | No |  |
| 6. | Are TEFAP items tracked properly to ensure distribution by BIUB date, as well as preventing storage over 6 months? (FIFO, FEFO) | Yes=10 | No |  |
| 7. | Is agency using current fiscal year forms? (Pantry only) | Yes=5 | No |  |
| 8. | Is agency using original TEFAP forms and not altering or translating them? | Yes=10 | No |  |
| 9. | Does the agency keep all TEFAP records for 3 years plus current year? | Yes=5 | No |  |
| 10. | Does the agency have blank eligibility forms for all available languages? | Yes=5 | No |  |
| 11. | Not requiring proof of income, residency, or other eligibility factors? | Yes=10 | No |  |
| 12. | Has the agency had any civil rights complaints? If yes, please explain. | Yes | No=5 |  |
| 13. | Does the agency’s hours of distribution sign list the USDA disclaimer? | Yes=5 | No |  |
| 14. | Has the agency posted the beneficiary form and referral form if located/affiliated with a church? | Yes=5 | No | N/A |
| 15. | Has the agency had to dispose of any TEFAP food excess of 5 cases? | Yes | No | N/A |
| 1. Did they notify the Food Bank? | | Yes | No | N/A |
| **Subtotal Possible=120** | |  | | |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Program development

Review the following, as needed: **(Agency initials each topic after review, enter N/A if not required)**

\_\_\_\_\_\_\_ Agency Partner Agreement

\_\_\_\_\_\_\_ How to track and enter statistics

\_\_\_\_\_\_\_ Food Safety, storage and inventory information

\_\_\_\_\_\_\_ Picture and/or video permitted during visit

Please describe agencies current internet accessibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Site visit evaluation

|  |  |  |
| --- | --- | --- |
| **Total Points** | | |
| **Category** | **Actual Score** | **Possible Score** |
| Record Keeping |  |  |
| Public Awareness |  |  |
| Facilities |  |  |
| Kitchen/Food Preparation |  |  |
| Cold Storage |  |  |
| Dry Storage |  |  |
| Food Rescue |  |  |
| TEFAP Agencies |  |  |
| **Total=** |  |  |

**Actual Score ÷ Possible Score = \_\_\_\_\_\_%**

**A = 90% -100% B=80%-89% C=70%-79% D=60%-69% F=59% and below**

**Grade of “A or B”** – Compliance form may be issued, depending on violation.

**Grade of “C”** – Compliance form issued and given to agency contact and highest authority, corrective action plan created, and follow-up scheduled by NEIFB representative.

**Grade of “D or F”** – Immediate inactivation, compliance form issued and given to agency contact and highest authority, corrective action plan created, and re-monitoring scheduled by NEIFB representative

# Findings and Recommendations

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | If problems were noted during the last inspection, have they been corrected? |  | Yes |  | No |  | N/A |
|  | List problems identified: | | | | | | |
|  | List recommendations/ corrective actions as needed: | | | | | | |
|  | Other comments/ observations: | | | | | | |

# Signatures

By signing this form, I agree that the information recorded herein during this monitoring visit is accurate.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Site Staff Interviewed (Print)* | *(Signature)* | *Date* |
|  |  |  |
| *NEIFB Representative (Print)* | *(Signature)* | *Date* |
|  |  |  |
| *NEIFB Management (Print)* | *(Signature)* | *Date* |