



Partner Agency Monitoring Form

A. VISIT INFORMATION	
Date of visit:	Date of Last Visit:
Type of visit: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Initial <input type="checkbox"/> Annual/Biennial <input type="checkbox"/> Follow-Up	
For follow up visit, describe the reason for follow up:	

B. CONTACT INFORMATION	
Agency Name:	
Agency Address:	
Agency Phone Number:	Agency ID Number:
Agency Site Contact:	
Distribution Type: <input type="checkbox"/> Pantry <input type="checkbox"/> Prepared Meals <input type="checkbox"/> Other	

C. AGENCY OPERATIONS Days Agency is open?	
Hours of Operations?	
How often can neighbors access services?	Comments:
Is the agency open to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Date of last agency order:	Pounds Distributed YTD:
Are monthly reports current?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
How does agency get food from HACAP	<input type="checkbox"/> Pickup <input type="checkbox"/> Delivery
Retail pickup partner? Yes <input type="checkbox"/> No <input type="checkbox"/>	if yes, are pounds reported up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>
USDA Participant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Distribution Method:	<input type="checkbox"/> Client Choice <input type="checkbox"/> Pre-boxed <input type="checkbox"/> Combo
What is your agencies procedure for ensuring the final recipient of food is for the ill, infant or needy?	



Sections or statements with a **** by them are new areas that will be monitored but not scored.

These are requirements that will be added to next year's agreement based on the new Feeding America Contract. Coaching and guidance provided to prepare for future implementation.

C- Compliant	NC- Not Compliant	NA- Not Applicable	X- Previously Addressed
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D. PEST CONTROL

C	NC	N/A	Facility has a pest control program in place	
C	NC	N/A	There is no current evidence of pest activity inside the facility	
Comments related to the above items:				

E. DRY STORAGE/SANITATION

C	NC	N/A	Food storage area is secured (locked or limited access)	
C	NC	N/A	Ceilings, walls and floors are clean, in good condition, and free of debris	
C	NC	N/A	Food is stored in a clean and sanitary condition	
C	NC	N/A	Food is stored at least 6 inches off of the floor	
C	NC	N/A	Food is stored away from the wall to facilitate cleaning and inspection	
C	NC	N/A	Food is stored separately from cleaning materials and chemicals	
C	NC	N/A	Food is rotated to ensure first in, first out (FIFO) product movement	
C	NC	N/A	Describe the process for checking expiration dates and ensuring disposal of food that has passed its acceptable code date for distribution	
C	NC	N/A	All food is labeled properly	
C	NC	N/A	All canned product is in acceptable condition, not swollen, leaking or rusted	
C	NC	N/A	All baby food/formula is within expiration date	
C	NC	N/A	Food is not repackaged before distribution	
C	NC	N/A	Home canned products are not accepted	
Comments Related to above items:				



F. COLD STORAGE/SANITATION

Total Refrigerators:	Total Freezers:
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C	NC	N/A	Each cold storage unit has a functioning thermometer	
C	NC	N/A	Food is stored at least 6 inches off of the floor	
C	NC	N/A	All refrigerators hold temperatures at 41 degrees F or below	
C	NC	N/A	All freezers hold temperatures at 0 degrees F or below	
C	NC	N/A	Each cold storage unit has a temperature log	
C	NC	N/A	All cold storage units are in good repair (tight seals, no dripping condensation, no frost build up)	
C	NC	N/A	Food is arranged to allow for air circulation in cold storage units	
C	NC	N/A	Food is stored to avoid cross-contamination (such as raw foods below ready to eat foods)	
C	NC	N/A	Food is rotated to ensure first in, first out (FIFO) product movement	
C	NC	N/A	The agency has a process for checking code dates (such as best by, sell by, and used by dates) and ensuring disposal of food that has passed its acceptable date of distribution. Formal, or informal, explain the process	
C	NC	N/A	If the agency transports perishable foods that are temperature controlled for safety (TCS) from the food bank to their location, transport includes active or passive temperature control (active= refrigerated vehicle, passive= thermal blankets and/or coolers with ice packs)	
Comments Related to above items:				



G. SITE STAFF FOOD SAFETY PRACTICES/FACILITIES

Date food safety certification expires:	Person who is certified:
Describe your facilities cleaning schedule/process:	
Comments Related to above items:	

H. KITCHEN/MEAL DISTRIBUTION SITES

NA

Approximate number of meals served per distribution:
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C	NC	N/A	The organization has a current local health department inspection report	
C	NC	N/A	Kitchen area is clean and has adequate space for quantity of meals served	
C	NC	N/A	Workspaces appear clean	
C	NC	N/A	Cooking appliances appear clean and functioning properly	
C	NC	N/A	Someone trained in food safety is present during meal prep and distribution	
C	NC	N/A	Kitchen staff/volunteers follow good health and hygiene practices	
C	NC	N/A	If a USDA distribution meal site, how does the agency demonstrate to HACAP that they serve a predominantly needy population? _____	
C	NC	N/A	Restrooms are clean and in good repair	
C	NC	N/A	A sink is provided and accessible for handwashing	
C	NC	N/A	Handwashing signs are posted	
Comments Related to above items:				



I. TEFAP/USDA DISTRIBUTION

NA

Date of last Civil Rights Training:

C	NC	N/A	The “And Justice for All” poster is displayed in plain sight	
C	NC	N/A	The “Written Notice” is posted in plain sight	
C	NC	N/A	The agency keeps all TEFAP records for 3 years. (Request to see a few files for current year, and from a prior year to validate)	
C	NC	N/A	All TEFAP items are within their expiration dates	
C	NC	N/A	Hours of Operation are posted	
C	NC	N/A	“This institution is an equal opportunity provider” is on all written material including hours of operations signs	
C	NC	N/A	Agency website, social media, pamphlets, etc include the USDA full nondiscrimination statement, or the link to the full statement (check prior to review)	
C	NC	N/A	Does the agency require any other intake besides the TEFAP form? If so, does it follow TEFAP requirements only (name, # in house, address)	
Comments Related to above items:				

J. COMPLIANCE WITH IRS CODE 170(E) 3 AND MEMBER CONTRACT

C	NC	N/A	No fees, donations, or memberships are required to receive donated food	
C	NC	N/A	No religious observations, activities or volunteering required to receive food	
C	NC	N/A	Does the agency take appropriate administrative and technical measures to ensure individual privacy and data confidentiality of their neighbors?	****
C	NC	N/A	Volunteers who need food assistance go through the same process as the neighbors do to receive food	



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

HACAP Staff (Print)

Signature

Date

Partner Agency Representative (Print)

Signature

Date