

Agency Monitoring Report

with comments

Agency Name /ID _____ Date _____

Agency Type Pantry School Pantry
 Congregate CACFP/SFSP

Agency Visit Announced Presite
 Unannounced Follow-Up

Code Reference

YES = All Correct FOS = Fixed on Site NI = Needs Improvement N/A = Not Applicable

Compliance	Record Keeping	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Membership agreement	Must keep on file
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Four years of invoices	Must keep all invoices
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Health inspection	Required for feeding sites
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Pest control ___ Self ___ Prof.	Suggested monthly/ keep record log
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Prominent door sign w/ hours, emergency #	Hours and emergency # displayed
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Written guidelines or brochures for services	Copies available to keep on file
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Client intake forms in secured location	Copies available to keep on file
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Sign-in sheet/Meal count procedure	Copies available to keep on file
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Religious/political meeting not required	Cannot require religious/political services

Compliance	Physical Facilities	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	All food stored at agency site	If additional site, OFH must approve it
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	All products kept off floor	4-6 inches with pallet being the minimum
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	All food containers labeled or dated	no unlabeled cans/product dated
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	No unreasonable reserves or hoarding	No more than a 6 month supply
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	First in/first out method, rotating	Older product placed in front of new product
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Cleaning chemicals separate from food	
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Storage area adequately ventilated	Room temperature between 50-70 degrees
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Temperature logs maintained weekly	Must log temps on all units weekly
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Temperatures below danger zone 0/40	Refrigerator 36-40 degrees Fahrenheit
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Refrigerators: ___ Refridge walk-ins	Freezer -10 to 0 degrees Fahrenheit
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Freezers: ___ Freezer walk-ins	



Compliance	USDA Commodities	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	FD-6 TEFAP Agreement on file	Must keep on file
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	FD-19D Distribution Chart (displayed during dist.)	TEFAP itmes must be listed for clients
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Current income guidelines	Visible for clients at each distribution
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	FD-15A Back page posted	Visible for clients at each distribution
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	FD-15A Signature page complete	Visible for clients at each distribution
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Proxy slips available	Available for homebound clients
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Faith based written notice/referral form	Visible for clients at each distibution
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Justice For All poster	Displayed for clients to see
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Food stamp applications available	Optional but encouraged
<input type="checkbox"/> Yes <input type="checkbox"/> NI <input type="checkbox"/> FOS <input type="checkbox"/> N/A	Commodities separated from donated items	Must be separated from other food items

Additional School Pantry Questions

Do staff/volunteers with direct contact with children receive a national background check YES NO N/A

Where in the school is the pantry located

Are foods stored in a space that has restricted access/ is lockable YES NO N/A

Who has access

How are students/families notified about the pantry

How does staff determine student need

Have any student groups become involved in the pantry YES NO N/A

If "yes" please explain

Testimonials

Comments/Concerns

Follow-up visit required Yes No

Agency Representative

OFH Representative

