

FOOD PANTRY MONITORING FORM

1) NAME & ADDRESS OF PANTRY:	2) NAME/TITLE OF PERSON(S) INTERVIEWED:
3) TELEPHONE#:	4) DATE OF REVIEW
5) RESPONSIBLE FOOD BANK	

6) Does the Food Pantry have a signed contract/agreement for the current period with the Food Bank?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7) Does the Food Pantry have documentation designating it as an "eligible recipient agency"? Indicate documentation:	Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Does the agency keep all records for 3 years plus the current year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Does the Sub-Outlet Agreement predate the first food issuance date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) What are your days and hours of operation?	
Explain:	
11) How many clients on average do you serve per month?	
12) What % of your clients from #11 are "regulars"(participate 3 or more times per year)?	
a) If a church, what % of your clients from #11 are from your own congregation?	
b) How large is your congregation?	
c) State observation of the local agency distribution to ensure that no worship, religious instruction, or proselytization occurred, as part of or a condition of the programs or services funded by USDA direct assistance. Explain:	
13) Do you have restrictions on who you serve (i.e., elderly, single women, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:	

14) Do you screen your clients for others serves.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe your Screening Procedures:	
15) Do you require personal identification from people you serve?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16) Do you require appointments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17) Is your service limited by any of the following?	<input type="checkbox"/> storage space <input type="checkbox"/> availability of staff/volunteers <input type="checkbox"/> money <input type="checkbox"/> ability to get food from the Food Bank, etc.
18) Do you feel the program is meeting the demand in your area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, explain:	
19) Do you charge and/or ask for donations for the food you serve?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Explain:	
20) What % of the food you receive comes from the Food Bank?	
21) What are your other sources of food?	
22) How is your agency/program funded?	
23) Review the agencies Commodity Application Register (KY-FD-30-FB) or reasonable Facsimile. Does the record contain:	<input type="checkbox"/> Date of service <input type="checkbox"/> Names of all household members <input type="checkbox"/> Number in household
24) Review the past months Commodity Application Registers and indicate any discrepancies (as contained in the procedural instructions) below:	
25) Has there been any commodity loss within the past three months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, review the Donated Food Loss Reports, KY-FD-25-FB, for accuracy. Also, determine if there appears to be any consistent patterns of losses, i.e., theft, rodent/insect activity, etc.:	

<p>26) Civil Rights Compliance:</p> <p>a) Is the "And Justice For All" poster in a prominent place within the facility?</p> <p>b) Is the "Partnerships with Faith-Based and Neighborhood Organizations" written notice visible to all beneficiaries and prospective beneficiaries upon entrance into the distribution site?</p> <p>c) Is the nondiscrimination statement included on the Commodity Application Register, all printed materials and websites?</p> <p>d) Has the agency received any discrimination complaint during the past or present fiscal year? If yes, what was the nature of the complaint?</p> <p>e) Have all Staff and Volunteers received civil rights training?</p> <p>f) Are reasonable steps taken to ensure meaningful access for persons with limited English proficiency? If yes what steps taken?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>g) How are applicants and participants advised of their right to file a Civil Rights complaint of discrimination?</p>	
<p>27) Food Ordering:</p> <p>a) Is the amount of commodity food received from the Food Bank in proportion to distribution?</p> <p>b) Does the selection of food indicate the facility is ordering/accepting a variety of foods to distribute?</p> <p>c) Have there been any complaints about the amount or variety of foods ordered or received by the facility from the Food Bank?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, explain?</p>	
<p>24. Do you have an agreement with a for-profit company to deliver Food Packages? Please review the agreement(s).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, how many food packages are being delivered from those companies?</p>	
<p>25. Complete the Review of Storage Facility, KY-FD-33-FB.</p>	
<p>26. Complete the Physical Inventory, KY-FD-34-FB.</p>	
<p>27. Name of Reviewer:</p>	
<p>28. Comments:</p>	

REVIEW OF STORAGE FACILITY

NAME OF SK/FB/FP: _____ **REVIEW DATE:** _____

	YES	NO
1. Is space adequate?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is space in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is storage area secure from theft?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are foods stored separately from pesticides, herbicides, cleaning solvents, lubricants or other materials that could contaminate the foods?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are foods palletized and/or on shelves and store away form walls?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is first-in, first-out method used according to packing date?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there regular extermination treatments? What is the frequency of the treatment? _____ Date of last treatment and by who? _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Is storage area free of rodent and insect infestation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the facility contain internal thermometers in each storage area used for commodity foods? Record temperature in: a) Refrigerator _____ b) Freezer _____ c) Dry Storage _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the facility maintain a Temperature Recording Chart in each storage area?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the State and Local Health Department require inspection certificates? If yes, attach a copy of the most recent inspection.	<input type="checkbox"/>	<input type="checkbox"/>
13. Is TEFAP & CSFP food stored separately? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Comments: _____ _____ _____		