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# Network Partner Monitoring Form

|  |
| --- |
| Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Monitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_  Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_  Additional Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Most Recent Food Safety Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does Northern Illinois Food Bank have current verification of tax exempt status on file? □ Yes □ No  Was it verified on the IRS Automatic Revocation of Exemption List? □ Yes □ No  Date of Verification: \_\_\_ (Found at <http://www.irs.gov/charities/article/0,,id=240099,00.html>) Emergency Food Program (EFP)? □ Yes □ No Date of contract:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Meal Program** □ Soup Kitchen □ Group Home □ Shelter/Transitional Living

(5 year certificate) □ Daycare □ Youth Program/After School

**Grocery Program** □ Food Pantry □ Seasonal □ Mobile Pantry □ Backpack

(2 year certificate)

**Person Interviewed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day(s) & time(s) of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization required to have a single audit? □ Yes □ No   
If YES, obtain a copy or ask the site to provide a copy of the most recent audit within the next 30 days.

Does the agency appear to be handicapped accessible? □ Yes □ No

###### PART I: MEAL PROGRAM INFORMATION

Monthly service data reported? □ Yes □ No

Number of meals served last month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Food Bank have the Safe Food Handling Certification on file? □ Yes □ No

Name/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are fees/donations/memberships required of the clients for any service? □ Yes □ No

If yes, please explain:

Funding Sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Safe Food Handling Certification posted in kitchen? □ Yes □ No Are days and hours of operation posted on the outside of the facility & visible to clients? □ Yes □ No

What are the requirements for food assistance?

Average number of people served per month: \_\_\_\_\_\_\_\_\_\_\_\_\_

#### Group Homes / Transitional Living

Number of residents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of meals served daily: \_\_\_\_\_\_\_\_\_\_\_\_\_

Who participates in meal preparation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### School/Day Care Program

Number of free lunches\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of reduced lunches\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lunch fee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reduced lunch fee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### PART II: Grocery program information

What type of distribution method is utilized?

□ Choice pantry □ Traditional □ Combination □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often can a household receive food from the grocery program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average number of people served per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average number of households served per month: \_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated amount of food provided per household, in days or pounds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the grocery program have a designated geographic service area? □ Yes □ No

Has a member of the grocery program attended food safety class? □ Yes □ No

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are fees/donations/memberships required of the clients for any service? □ Yes □ No

If yes, please explain.

Funding Sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are days & hours of operation posted on the outside of the facility & visible to clients? □ Yes □ No

What are the requirements for food assistance?

Does the grocery program track client participation? □ Yes □ No

Is intake process done in a confidential manner? □ Yes □ No

Does grocery program deliver food to clients? □ Yes □ No

###### PART III: Food Safety, Storage and Inventory *(all programs)*

Does the Local Health Department require a permit? □ Yes □ Not Required

If yes, provide copy of permit and date of last inspection. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Score: \_\_\_\_\_\_\_\_\_\_\_

Is there a regular cleaning schedule established and posted? □ Yes □ No

Does the site have routine professional pest control? ***(Get Copy of Contract or Invoice)***……□ Yes □ No

With whom and what was the last inspection date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is all food stored at this location? □ Yes □ No

If no, where is the additional storage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is all food stored 6 inches off the floor? □ Yes □ No

Refrigerator(s) temp 35 – 40 F? □ Yes □ No Freezer(s) temp 0 F or below? □ Yes □ No

Are there working thermometers in all storage areas and temps in proper range? □ Yes □ No

Are temperature logs maintained and posted? □ Yes □ No

**PART IV: DIRECT CONNECT PROGRAM**

Does the partner participate in DIRECT CONNECT (pick up at a retail store)? □ Yes □ No

If yes, how are cold foods kept cold during transport? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they have copies of their pickup paper work? (Must keep on file for 7 years)............ □ Yes □ No

Are sample temperatures documented at the time of pick up and delivery? ……………..... □ Yes □ No

Do they have temperature controlled devices to be used during food transportation?..... □ Yes □ No

###### PART V: EMERGENCY FOOD PROGRAM (EFP) INFORMATION

Have there been any discrimination complaints at the program in the past year? □ Yes □ No

If yes, have the complaints been forwarded to the food bank? □ Yes □ No □ N/A

Total cases of EFP/TANF product currently in inventory: \_\_\_\_\_\_\_\_\_ ***(Must be counted during visit)***

Does the partner also operate another program? □ Yes □ No

If yes, is the food separated and tracked for the two programs? □ Yes □ No □ N/A

Does the program have the EFP Site Manual on-site? □ Yes □ No

Are visible signs posted appropriately announcing the days and hours of operation? □ Yes □ No

Is the “And Justice For All” poster visible to the clients? □ Yes □ No

Is this a religious organization? □ Yes □ No

Is the Written Notice of Beneficiary Rights Poster visible to the clients? □ Yes □ No □ N/A

Are clients offered a referral to a non religious EFP feeding program? □ Yes □ No □ N/A

**Program Procedures**

Does the program require any documents from clients? □ Yes □ No (Programs are prohibited from asking for social security cards, pay stubs and income data).

Describe the types of documentation requested.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the purpose for requesting documentation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the program allow households to receive food at least once every 30 days? □ Yes □ No

Are clients required to obtain referral from an outside agency in order to receive food? □ Yes □ No

**EFP GROCERY PROGRAMS:**

Does the pantry have other foods to distribute with government commodities? □ Yes □ No

Are the “And Justice For All”, “Income Eligibility”, “Notice to Program Participants” and “Prohibited Activities” posters visible to the clients? □ Yes □ No

**Signature Documents**

Are DHS/TANF signature documents used? □ Yes □ No

Are signature sheets for the correct year? □ Yes □ No

Is the food bank name on the signature sheet? □ Yes □ No

Is the date on ths signature sheet? □ Yes □ No

Does the recipient sign his/her name on signature sheet? □ Yes □ No

Is the client’s address recorded on signature sheets? □ Yes □ No

Is the household size recorded on signature sheets? □ Yes □ No

Are the number of children that are 18 years or younger recorded in the TANF box?.......□ Yes □ No

**Complete the following questions if proxy forms are used.**

Are proxy forms for the correct year? □ Yes □ No

Does the proxy form contain the original signature of recipient? □ Yes □ No

Does the designated proxy sign the proxy form in the presence of pantry personnel? □ Yes □ No

**PART VI: FORMS**

The agency has completed and submitted the following documents at this time:

**□** AgencyMembership Agreement & Liability Release (attached) **□** Pest Control (attached)

**□** Copy of Illinois Food Sanitation License (meal programs only, attached)

**□** Copy of Health Department Permit and Inspection (if required by local health department, attached)

# PART VII: VIOLATIONS/CONCERNS

**\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PART VIII: COMMENTS/ACCOLADES

**Comments from agency staff** concerning this visit, ordering, pickup, or other related issues.

How can Northern Illinois Food Bank better serve this agency?

\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Capacity Building Needs (What does the agency need to better serve their clients?)**

□ Volunteers □ Equipment □ Funding □ Training

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

Northern Illinois Food Bank Representative Date

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

Agency Signature Date

(Form Rev. 4-2015)



