

# Agency Monitoring Review

Second Harvest Food Bank Greater New Orleans and Acadiana

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Program Type: \_\_\_\_\_ Parish: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agency's Phone Number: \_\_\_\_\_ Agency's Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_

Name of the person(s) being interviewed and their title: \_\_\_\_\_

Circle "Yes" and "No" in the proper column. Indicate NO for items not observed at the time of review. Indicate N/A for items not applicable.

## PART 1: Reason For Visit

	Annual Review
	60 day follow-up
	Re-Activate

## PART 2: Hours of Operation

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

## PART 3: Authorized Shoppers and email address (Assign a user name for AE3)

1.	3.
2.	4.

## PART 4: Pantries

How many households receive assistance per month? \_\_\_\_\_ people \_\_\_\_\_ clients allowed to receive food \_\_\_\_\_

Y / N / NA Do orders appear to reflect the number of households served?

Y / N / NA Is the distribution rate guidelines used reasonable and equitable?

If an agency has more than one site, what steps are taken to prevent an applicant from receiving assistance from multiple locations? \_\_\_\_\_

## PART 5: Soup Kitchen/Residential Sites

How many meals are served per month? \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Snacks

How is the count determined? \_\_\_\_\_

Date of sanitarian's last inspection: \_\_\_\_\_. Inspected within past year? Y / N

## PART 6: Food Safety, Storage and Inventory

### Safety

Y / N / NA Are food storage areas clean, odor free and equipment well maintained?

Y / N / NA Are doors, windows, and roofs sealed to prevent pest entry and/or water damage?

Y / N / NA Do storage areas have adequate safeguards to prevent theft or other loss? (locks, limited access)

Y / N / NA Does agency have a contract with a licensed pest control firm? Last inspection date: \_\_\_\_\_

Y / N / NA If not, is there someone on staff to maintain a good pest control system? Who? \_\_\_\_\_

Y / N / NA Does agency ever repack products? Explain \_\_\_\_\_

Y / N / NA Has a safe food handling course been completed by at least one staff member? Who? \_\_\_\_\_

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215 East Pinhook Road | Lafayette, LA 70501 | 337.237.7711 | 337.237.7794 fax

[www.no-hunger.org](http://www.no-hunger.org)

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## Storage

- Y / N / NA Is food stored at any other site or location? If yes, where? \_\_\_\_\_
- Y / N / NA Are storage facilities adequate for the program? Cooler \_\_\_\_\_ Freezer \_\_\_\_\_ Dry \_\_\_\_\_
- Y / N / NA Is sufficient shelves available so food may be stacked off the floor and away from the walls for air circulation?
- Y / N / NA Are toxic items and chemicals properly packaged and labeled and stored away from food items?

## Cold Temperature Storage

- Y / N / NA Are temperature logs maintained?
- Record temperature reading: Cooler \_\_\_\_\_ Freezer \_\_\_\_\_ Dry \_\_\_\_\_

## Inventory

- Y / N / NA Are controls in place to assure that product is moved in a first in first out inventory flow?
- Y / N / NA Are food items checked regularly for signs of damage and/or spoilage?
- Y / N / NA Does the amount of food on hand appear to be excessive?

## **PART 7: Program Integrity and Procedures**

### Program Integrity

- Y / N / NA Are fees, donations and/or membership required of the clients? Explain: \_\_\_\_\_
- Y / N / NA Does site serve all persons in an equitable manner regardless of race, color, national origin, age, sex or disability?

### Program Procedures

- Y / N / NA Are clients required to make an appointment for assistance? Phone: \_\_\_\_\_
- Y / N / NA Is assistance offered to help complete an application for Food Stamps?
- Y / N / NA Does agency deliver food to clients? Describe: \_\_\_\_\_

## **PART 8: USDA**

### Administration

- Y / N / NA Is the current agreement, Food Bank reviews and LDAF reviews on file and available?
- Y / N / NA Is the "And Justice for All" poster prominently displayed?
- Y / N / NA Does the agency/client know how to handle a discrimination claim?
- Y / N / NA Have there been any losses at this site?
- Y / N / NA Does the person in charge know the procedure for disposing of out-of-condition commodities/SHFB product?

### USDA Eligibility Certification (Pantries Only)

- Y / N / NA Is the most update application being used?
- Y / N / NA Are applications filled out correctly and filed properly?
- Y / N / NA Have any applications been denied? If so, are they on file?
- Y / N / NA Are current income guidelines used to determine eligibility, posted and visible to the clients?

## **PART 9: Record Retention**

### All Agencies

- Y / N / NA Does the agency have a copy of the current Second Harvest Food Bank Member Agency Handbook?
- Y / N / NA Are the records retained for the required three years?

## **PART 10: Public Awareness**

- Y / N / NA Are days and hours of distribution posted on the outside of the facility and visible to the clients?  
If not, when will they be posted? \_\_\_\_\_
- Y / N / NA Does the agency appear to be handicapped accessible?

## **PART 11: Other Information**

- Y / N / NA Are monthly reports current and accurate? If not, list missing monthly report: \_\_\_\_\_
- Y / N / NA Were there any deficiencies noted at the last visit and were they corrected? \_\_\_\_\_  
When did the agency receive its last order? \_\_\_\_\_  
Balance: \$ \_\_\_\_\_ Purpose? \_\_\_\_\_

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Site Name: \_\_\_\_\_

Y / N / NA Approved

Y / N / NA Not Approved

I. The following deficiencies and factors contributing to each were noted on \_\_\_\_\_ (Date):

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II. The following action is needed to correct the above deficiencies:

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III. Comments:

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IV. Follow-up Action:

\_\_\_\_\_ Corrective action must be completed by \_\_\_\_\_ by sending a **letter** to Second Harvest Food bank  
(**Attn: Agency Relations Department**) outlining measures that have been taken to correct the above deficiencies.

\_\_\_\_\_ A follow-up review will be conducted by \_\_\_\_\_ to ensure that corrective action has been taken to  
to correct the above deficiencies.

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Signature of Monitor

\_\_\_\_\_  
Signature of Official Interviewed