USDA Compliance Review

| Regional Food Bank: | | | Date: |
|---|-----------------------------|------|--|
| Distribution Site I | nformation | | |
| | | | Туре: |
| Open Days/Hours: | | | Program(s): |
| Address (No., Street): | | | City/ZIP: |
| Contact Name: | | | Title: |
| Phone: | Ema | ail: | |
| Signage and Form | IS | | |
| Is the following posted in view of the public? | | | Comments |
| Distribution Days and Hours | | | |
| "And Justice for All" poster, 11x17 | | | |
| ADA-504 Statement | | | |
| Income Eligibility Requirements per Program | | | |
| HRP-1014A Civil Rights Complaint Form | | | |
| HRP-1065A Written No | otice of Beneficiary Rights | | |
| Intake and Record | ls | | |
| Are all clients asked for photo ID each visit? | | | Comments |
| Are TEFAP clients being asked if they meet income guidelines at each visit? | | | |
| Are program-related records being maintained for 5 years? | | | |
| Are CSFP clients being given HRP-1065A prior to their first distribution? | | | |
| Capacity | | | |
| | Quantity: | | Equipment Need (Identified or Wish-list) |
| Household Fridge | | | |
| Commercial Fridge | | | |
| Commercial Freezer | | - | |
| Built-in Fridge | | - | |
| Built-in Freezer | | - | |
| Other | | _ | |

| Inventory Management | | | | | |
|---|--|----------|--|--|--|
| Are commodities: | | Comments | | | |
| Clearly identifiable and labeled? | | | | | |
| Stored at least 6" off the floor and 4" away from walls? | | | | | |
| Stored away from other products that could cause contamination? | | | | | |
| • Stored in secure area? | | | | | |
| Stored at proper temperatures with daily logs being kept? | | | | | |
| Is First In-First Out (FIFO) being utilized? | | | | | |
| Is inventory <i>fully</i> utilized without waste? | | | | | |
| Is inventory reconciled each month? | | | | | |
| Are proper pest control measures being taken? | | | | | |
| Date of last pest control service: | | | | | |
| Have there been any reported commodity losses in the past 12 months? | | | | | |
| If yes, was the loss due to neglect, theft or improper handling? | | | | | |

If yes, describe what was done to prevent it from happening again.

| Civil Rights | | | | | |
|--|-----|----------|--|--|--|
| Are client-facing workers being given Civil Rights Training each year? | | Comments | | | |
| Are HRP-1015A forms completed by relevant staff/volunteers each year? | | | | | |
| Are HRP-1016A forms completed by relevant staff/volunteers? | | | | | |
| If activities unrelated to commodity distribution oc at this site, is it made clear that participation is not a a condition for the receipt of USDA foods? | cur | | | | |
| Congregate Meal Sites *Complete if TEFAP is used in meals. | | | | | |
| Are the State/County Health Dept. certificates available for review? | | Comments | | | |
| Do the proper staff/volunteers receive food safety training? | | | | | |
| Do the proper staff/volunteers have valid food handlers cards? | | | | | |

Summary of Findings and Recommendations *May include corrections taken at time of monitor, or narrative of the final resolution

Other Comments

Compliance Review Completed By (Name/Title):

This institution is an equal opportunity provider.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex (including gender identity and sexual orientation), national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local