



Eastern Highlands Health District

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Community Food Distribution Sites

Recommendations

During the COVID 19 response period, local Food Banks and food distribution sites to residents will continue to operate. They provide important support for our communities.

Operation procedures should follow CDC social distancing requirements. The overall objective is to place distance between your operation and individuals, i.e., no unnecessary public contact.

Safety -

1. Excluded from operations workers who are ill or who have been exposed to an ill individual.
2. Practice good hygiene; wash hands frequently with soap and water for 20 seconds, when handwashing is not available use a hand sanitizer with 60% or more alcohol,
3. Avoid touching face.
4. Use gloves for food package handling as necessary. Exposure from packaging is low risk. No direct hand contact of ready to eat foods.
5. Clean frequently touched surfaces.

Strategies –

1. Use a system of preordering supplies, an electronic submission or manual form with drop off location.
2. Prepackage supplies.
3. Distribute through delivery or pick-up on an established schedule.
4. Designate a pick up location.
5. Designate one individual per family for pick up.

Attached: Checklist used by the Town of Tolland.

FOOD PANTRY ASSISTANCE

ID Number: _____

Number of Adults: _____

Family Total: _____

Children's Ages: _____

Date: _____

DIETARY NEEDS: Circle all that apply: Gluten Free Organic Vegetarian Allergies: _____

(Please check below all non-perishable food items you would like if available)

<p><u>COFFEE/TEA/HOT COCOA</u> <input type="checkbox"/> Coffee Regular or Decaf (circle one) <input type="checkbox"/> Tea Regular or Decaf (circle one) <input type="checkbox"/> Hot Cocoa</p> <p><u>JUICE/JUICE BOXES</u> <input type="checkbox"/> Apple or Grape (circle one) <input type="checkbox"/> Cran-Grape <input type="checkbox"/> Fruit Punch</p> <p><u>FRUIT/FRUIT CUPS</u> <input type="checkbox"/> Applesauce <input type="checkbox"/> Cranberry Sauce <input type="checkbox"/> Mandarin Oranges <input type="checkbox"/> Mixed Fruit <input type="checkbox"/> Peaches <input type="checkbox"/> Pears <input type="checkbox"/> Pineapples</p> <p><u>CANNED PASTA</u> <input type="checkbox"/> Ravioli (or like) <input type="checkbox"/> SpaghettiOs (or like)</p> <p><u>BEANS (canned)</u> <input type="checkbox"/> Chick Peas <input type="checkbox"/> Baked Beans <input type="checkbox"/> Black Beans <input type="checkbox"/> Kidney Beans <input type="checkbox"/> White Beans <input type="checkbox"/> Chili</p> <p><u>CANNED MEAT</u> <input type="checkbox"/> Chicken <input type="checkbox"/> Tuna <input type="checkbox"/> Beef Stew</p> <p><u>VEGETABLES (canned)</u> <input type="checkbox"/> Beets <input type="checkbox"/> Carrots <input type="checkbox"/> Corn or <input type="checkbox"/> Creamed Corn <input type="checkbox"/> Green Beans <input type="checkbox"/> Mixed Vegetables <input type="checkbox"/> Peas <input type="checkbox"/> Spinach</p>	<p><u>SOUP (canned)</u> <input type="checkbox"/> Beef Vegetable <input type="checkbox"/> Chicken Noodle <input type="checkbox"/> Chicken Rice <input type="checkbox"/> Clam Chowder <input type="checkbox"/> Cream of _____ <input type="checkbox"/> Minestrone <input type="checkbox"/> Tomato <input type="checkbox"/> Vegetable</p> <p><u>SIDE DISHES</u> <input type="checkbox"/> Beans (dried) <input type="checkbox"/> Instant Potatoes <input type="checkbox"/> Pasta Sides <input type="checkbox"/> Quinoa <input type="checkbox"/> Ramen Noodles <input type="checkbox"/> Rice (Brown) <input type="checkbox"/> Rice (White) <input type="checkbox"/> Rice Sides <input type="checkbox"/> Stuffing Mix</p> <p><u>CEREAL</u> <input type="checkbox"/> Cheerios (any kind) <input type="checkbox"/> Chex (any kind) <input type="checkbox"/> Cornflakes <input type="checkbox"/> Raisin Bran <input type="checkbox"/> Rice Krispies <input type="checkbox"/> Shredded Wheat <input type="checkbox"/> Total</p> <p><u>HOT CEREAL</u> <input type="checkbox"/> Cream of Wheat <input type="checkbox"/> Instant Oatmeal (flavored) <input type="checkbox"/> Instant Oatmeal (regular) <input type="checkbox"/> Oatmeal (canister)</p> <p><u>MACARONI & CHEESE</u> <input type="checkbox"/> Annie's or Kraft (circle one)</p> <p><u>PASTA</u> <input type="checkbox"/> Elbow Macaroni <input type="checkbox"/> Spaghetti (or like) <input type="checkbox"/> Ziti (or like) <input type="checkbox"/> Lasagna Noodles <input type="checkbox"/> Egg Noodles</p>	<p><u>TOMATOES/TOMATO SAUCE</u> <input type="checkbox"/> Tomato Sauce (with meat) <input type="checkbox"/> Tomato Sauce (w/o meat) <input type="checkbox"/> Tomatoes (canned)</p> <p><u>BAKING NEEDS</u> <input type="checkbox"/> Flour <input type="checkbox"/> Oil <input type="checkbox"/> Sugar <input type="checkbox"/> Pancake Mix/Maple Syrup <input type="checkbox"/> Biscuit/Muffin Mix <input type="checkbox"/> Jello/Pudding</p> <p><u>CONDIMENTS</u> <input type="checkbox"/> Ketchup <input type="checkbox"/> Mayonnaise <input type="checkbox"/> Mustard <input type="checkbox"/> Salad Dressing</p> <p><u>PEANUT BUTTER & JELLY</u> <input type="checkbox"/> Jelly (flavor) _____ <input type="checkbox"/> Peanut Butter (crunchy) <input type="checkbox"/> Peanut Butter (smooth)</p> <p><u>SNACKS</u> <input type="checkbox"/> Crackers <input type="checkbox"/> Granola Bars</p> <p><u>TOILETRIES</u> <input type="checkbox"/> Shampoo & Conditioner <input type="checkbox"/> Soap-Bar <input type="checkbox"/> Toothbrush <input type="checkbox"/> Toothpaste <input type="checkbox"/> Shaving Cream <input type="checkbox"/> Deodorant-women <input type="checkbox"/> Deodorant-men</p> <p><u>PAPER GOODS</u> <input type="checkbox"/> Paper Towels <input type="checkbox"/> Tissues <input type="checkbox"/> Toilet Paper</p> <p><u>CLEANING PRODUCTS</u> <input type="checkbox"/> Dish Detergent <input type="checkbox"/> Laundry Detergent</p>
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