

DANE COUNTY SENIOR NUTRITION PROGRAM - DINING SITE REVIEW

Site Name	NW DANE
Date of Visit	2-3-2025
Completed By	PFY.

Please indicate the appropriate response for each statement listed by checking Yes, No, or N/A in the corresponding space. Use the space provided at the end of each section to provide additional comments or to clarify your responses. Thank you!

Yes	No	N/A	
			Creation of an Inviting Atmosphere
<input checked="" type="checkbox"/>			Were you greeted as you came in?
		<input checked="" type="checkbox"/>	If needed, was the contribution system explained?
	<input checked="" type="checkbox"/>		Did the seating arrangement allow for new participants to be integrated into the group?
	<input checked="" type="checkbox"/>		Was there an announcement time?
	<input checked="" type="checkbox"/>		Were new participants introduced to the group?
<input checked="" type="checkbox"/>			Did the site appear clean & neat?
		<input checked="" type="checkbox"/>	Were the bathrooms clean?
<input checked="" type="checkbox"/>			Was there a bulletin board or place where notices were posted, such as: activity calendars or menus
<input checked="" type="checkbox"/>			Was the site accessible to a handicapped person?
<input checked="" type="checkbox"/>			Did participants at the site, seem to mix well together?
Comments:			I was seated at my own table.
			Participants
<input checked="" type="checkbox"/>			Were participants friendly to you as a newcomer?
<input checked="" type="checkbox"/>			Did participants seem to enjoy talking to each other?
			Did participants seem happy with the following?
<input checked="" type="checkbox"/>			a) the site manager
<input checked="" type="checkbox"/>			b) the volunteers
<input checked="" type="checkbox"/>			c) the food
<input checked="" type="checkbox"/>			d) the program
Comments:			only 5 (4 are part of adult day care & need assistance) (canceled due to weather) more on other days - wed bingo @ 10-20 (30-40 Home Delivered)
			Site Manager Rachel
<input checked="" type="checkbox"/>			Was the site manager readily identified (for example, the manager was wearing a badge or name tag)?
<input checked="" type="checkbox"/>			Was the site manager friendly to participants and volunteers?
<input checked="" type="checkbox"/>			Was the site manager helpful to people with special needs?
Comments			

Yes	No	N/A	Volunteers
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were volunteers readily identified by a name tag? <i>INTRO. THEMSELVES</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did volunteers seem to enjoy their work and know what was expected of them?
Comments:			
Yes	No	N/A	Reservations
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was making the reservation easy?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was parking available close to the site?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the site have efficient and accurate registration procedures?
Comments:			
Yes	No	N/A	Food
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the meal look good?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the food taste good?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the meal served on time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were the people serving the meal clean and wearing aprons?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the food served seem to be at the right temperature? (Hot food hot, cold food cold)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was there a lot of left-over food on people's plates?
Comments:			<i>FISH OR SHRIMP ON FRIDAYS. APPEARED FOOD MOSTLY FOR DAY CARE FOLKS.</i>
Overall Feedback:			<i>NICE Center.</i>

DANE COUNTY SENIOR NUTRITION PROGRAM - DINING SITE REVIEW

Site Name	Middleton Senior Center
Date of Visit	1-31-2025
Completed By	DL

Please indicate the appropriate response for each statement listed by checking Yes, No, or N/A in the corresponding space. Use the space provided at the end of each section to provide additional comments or to clarify your responses. Thank you!

Yes	No	N/A	
			Creation of an Inviting Atmosphere
<input checked="" type="checkbox"/>			Were you greeted as you came in?
<input checked="" type="checkbox"/>			If needed, was the contribution system explained?
<input checked="" type="checkbox"/>			Did the seating arrangement allow for new participants to be integrated into the group?
	<input checked="" type="checkbox"/>		Was there an announcement time?
	<input checked="" type="checkbox"/>		Were new participants introduced to the group?
<input checked="" type="checkbox"/>			Did the site appear clean & neat?
		<input checked="" type="checkbox"/>	Were the bathrooms clean?
<input checked="" type="checkbox"/>			Was there a bulletin board or place where notices were posted, such as: activity calendars or menus
<input checked="" type="checkbox"/>			Was the site accessible to a handicapped person?
<input checked="" type="checkbox"/>			Did participants at the site, seem to mix well together?
Comments:			GREAT PLACE SETTINGS
			Participants Approx. 20, Twice as many Home Delivered.
<input checked="" type="checkbox"/>			Were participants friendly to you as a newcomer?
<input checked="" type="checkbox"/>			Did participants seem to enjoy talking to each other?
			Did participants seem happy with the following?
<input checked="" type="checkbox"/>			a) the site manager
<input checked="" type="checkbox"/>			b) the volunteers
<input checked="" type="checkbox"/>			c) the food
<input checked="" type="checkbox"/>			d) the program
Comments:			
			Site Manager
<input checked="" type="checkbox"/>			Was the site manager readily identified (for example, the manager was wearing a badge or name tag)? JACKIE
<input checked="" type="checkbox"/>			Was the site manager friendly to participants and volunteers?
<input checked="" type="checkbox"/>			Was the site manager helpful to people with special needs?
Comments			

Yes	No	N/A	Volunteers
<input checked="" type="checkbox"/>			Were volunteers readily identified by a name tag? <i>APPROX</i>
<input checked="" type="checkbox"/>			Did volunteers seem to enjoy their work and know what was expected of them?
Comments:			
Yes	No	N/A	Reservations
<input checked="" type="checkbox"/>			Was making the reservation easy?
<input checked="" type="checkbox"/>			Was parking available close to the site?
<input checked="" type="checkbox"/>			Did the site have efficient and accurate registration procedures?
Comments:			
Yes	No	N/A	Food
<input checked="" type="checkbox"/>			Did the meal look good?
<input checked="" type="checkbox"/>			Did the food taste good?
<input checked="" type="checkbox"/>			Was the meal served on time?
<input checked="" type="checkbox"/>			Were the people serving the meal clean and wearing aprons?
<input checked="" type="checkbox"/>			Did the food served seem to be at the right temperature? (Hot food hot, cold food cold)
	<input checked="" type="checkbox"/>		Was there a lot of left-over food on people's plates?
Comments:			
Overall Feedback:			

DANE COUNTY SENIOR NUTRITION PROGRAM - DINING SITE REVIEW

Site Name	Messiah Lutheran Church
Date of Visit	04/17/2025
Completed By	Kristy Schuster

Please indicate the appropriate response for each statement listed by checking Yes, No, or N/A in the corresponding space. Use the space provided at the end of each section to provide additional comments or to clarify your responses. Thank you!

Yes	No	N/A	Creation of an Inviting Atmosphere
<input checked="" type="checkbox"/>			Were you greeted as you came in?
<input checked="" type="checkbox"/>			Did the site appear clean & neat?
<input checked="" type="checkbox"/>			Did the seating arrangement allow for new participants to be integrated into the group? (Sites need to avoid assigned or reserved seating.)
<input checked="" type="checkbox"/>			Were new participants introduced to the group?
<input checked="" type="checkbox"/>			Did participants at the site, seem to mix well together?
<input checked="" type="checkbox"/>			Was the site accessible to a physically disabled person?
		<input checked="" type="checkbox"/>	If needed, was the contribution system explained?
<input checked="" type="checkbox"/>			Did you see a donation box where contributions could be placed AND a sign nearby that explained the suggested contribution amount?
<input checked="" type="checkbox"/>			Was everything on the table that you needed to eat your meal?
<input checked="" type="checkbox"/>			Were the bathrooms clean?
Comments:			
Yes	No	N/A	Participants
<input checked="" type="checkbox"/>			Were participants friendly to you as a newcomer?
<input checked="" type="checkbox"/>			Did participants seem to enjoy talking to each other?
			Did participants seem happy with the following?
<input checked="" type="checkbox"/>			a) the site manager
<input checked="" type="checkbox"/>			b) the volunteers
<input checked="" type="checkbox"/>			c) the food
<input checked="" type="checkbox"/>			d) the program
Comments:			
Yes	No	N/A	Site Manager
<input checked="" type="checkbox"/>			Was the site manager readily identified (for example, the manager was wearing a badge, name tag, or introduced themselves)?
<input checked="" type="checkbox"/>			Was the site manager friendly and helpful to participants and volunteers?
<input checked="" type="checkbox"/>			If working with food, was the site manager wearing a hair restraint and gloves?
Comments:			

Yes	No	N/A	Volunteers
<input checked="" type="checkbox"/>			Were volunteers friendly and helpful to participants?
<input checked="" type="checkbox"/>			If working with food, were hair restraints and gloves worn? (If food is simply being carried from kitchen window to table, no gloves/hair restraints are required.)
Comments:			
Yes	No	N/A	Reservations
<input checked="" type="checkbox"/>			Was making the reservation easy?
<input checked="" type="checkbox"/>			Was parking available close to the site?
<input checked="" type="checkbox"/>			Did the site have efficient and accurate registration procedures?
Comments:			
Yes	No	N/A	Food
<input checked="" type="checkbox"/>			Did the meal look good?
<input checked="" type="checkbox"/>			Did the food taste good?
<input checked="" type="checkbox"/>			Was the meal served on time?
<input checked="" type="checkbox"/>			Were you offered milk if you ordered it?
<input checked="" type="checkbox"/>			Did the food served seem to be at the right temperature? (Hot food hot, cold food cold)
	<input checked="" type="checkbox"/>		Was there a lot of left-over food on people's plates?
Comments:			
Overall Feedback:			<p><i>Kristen & Christina were delightful. A poem was even read.</i></p> <p><i>There were flowers on the table & placemats.</i></p> <p><i>Food was at appropriate temperature and tasted good. Portions were good.</i></p> <p><i>I don't remember if she said this when I registered, but it would be good to ensure new participants know to go to the lower parking lot and the entrance there. Meant to tell her that, but forgot.</i></p>