

DANE COUNTY SENIOR NUTRITION PROGRAM - DINING SITE REVIEW

Site Name	
Date of Visit	
Completed By	

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

Yes	No	N/A	Volunteers
			Were volunteers friendly and helpful to participants?
			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
			Was making the reservation easy?
			Was parking available close to the site?
			Did the site have efficient and accurate registration procedures?
Comments:			
Yes	No	N/A	Food
			Did the meal look good?
			Did the food taste good?
			Was the meal served on time?
			Were you offered milk if you ordered it?
			Did the food served seem to be at the right temperature? (Hot food hot, cold food cold)
			Was there a lot of left-over food on people's plates?
Comments:			
Overall Feedback:			