



SITE VISIT REPORT

Primary Evaluation

Dining Services

| | |
|---------------------------|--|
| Community Name: | |
| Date: | |
| SDS Representative: | |
| Executive Director: | |
| Dining Services Director: | |

| Review Area | Observations | Plan of Action | Person(s) Responsible | Completion Date | Measured Evaluation <small>1-great 5 Needs Improvement</small> |
|--------------------------|--------------|----------------|-----------------------|-----------------|---|
| Dining Services Overview | | | | | |

Kitchen:

| | | | | | |
|--------------------------|--|--|--|--|--|
| ✓ Menu Review | | | | | |
| ✓ Purchasing Review | | | | | |
| ✓ Standards in Place | | | | | |
| ✓ Sanitation | | | | | |
| ✓ Food Quality Assesment | | | | | |
| ✓ Labor Staffing Review | | | | | |
| ✓ Food Cost Audit | | | | | |

Service:

| | | | | | |
|-------------------------------|--|--|--|--|--|
| ✓ Staff/Management Evaluation | | | | | |
| ✓ Service Quality Assesment | | | | | |
| ✓ Labor/Staffing Review | | | | | |
| ✓ Sanitation | | | | | |
| ✓ Ambiance/DiningRoom Setting | | | | | |

Administration:

| | | | | | |
|-------------------------------------|--|--|--|--|--|
| ✓ Special events | | | | | |
| ✓ Resident Surveys | | | | | |
| ✓ Equipment/ Capital Review | | | | | |
| ✓ ED Feedback | | | | | |
| ✓ Department Head Feedback | | | | | |
| ✓ Nutritional/Regulatory Compliance | | | | | |

✓ *Indicates attached detailed report included.*