

**New York City Department for the Aging**  
 Bureau of Community Services  
 FY 2012 Senior Center Assessment

Program: \_\_\_\_\_

Program ID#: \_\_\_\_\_

Nutrition Consultant: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

**FY 2012 Senior Center Nutrition Quality Review**

Question		Score			Comments
1.	The program provides meals that are of good quality	1	3	5	
2.	The program provides meals that are culturally appropriate	1	3	5	
3.	Overall, the meals have improved if improvement was needed	1	3	5	
4.	The program maintains a clean environment	1	3	5	
5.	The health and safety of the program has improved if improvement was needed	1	3	5	
6.	The program provides quality nutrition education	1	3	5	
7.	The program maintains good records	1	3	5	
8.	The program was responsive to technical assistance provided by DFTA Nutrition Staff	1	3	5	

\_\_\_\_\_  
 DFTA Nutrition Consultant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date