

UNANNOUNCED VISIT MONITORING REPORT-NUTRITION NYC DEPARTMENT FOR THE AGING

Nutrition Consultant: _____

Program Name: _____ Program ID#: _____

Location: _____ Date of visit: _____

Catered Program: Yes ___ No ___ If catered, name of caterer: _____

If the program caters for other DFTA programs, please list the name/s of those programs: _____

Name of person/s present during visit	Position

For the following 3 questions, please check all that apply

The program provides the following meals: Congregate ___ Home Delivered ___
 The program serves the following meals: Breakfast ___ Lunch ___ Dinner ___ Weekend ___
 The program serves the following meals: Kosher ___ Non Kosher ___ Other ___

I. MEAL STANDARDS

Please answer the following based on observations made on the day of the unannounced visit

- a. Approved menu is being followed: Yes ___ No ___ NA ___
- b. Meals are of good quality and appearance: Yes ___ No ___ NA ___
- c. Portion sizes appear adequate to meet 1/3 RDA: Yes ___ No ___ NA ___
- d. Drinking water is available: Yes ___ No ___ NA ___

Comments on Meal Standards: _____

II. FOOD SAFETY AND SANITATION

Please answer the following based on observations made on the day of the unannounced visit

Food Temperatures

- a. Food served at proper temperatures: Yes ___ No ___ NA ___
- b. Probe thermometer used correctly to take food temperatures: Yes ___ No ___ NA ___
- c. Temp logs for the previous week are available and complete: Yes ___ No ___ NA ___

**UNANNOUNCED VISIT MONITORING REPORT-NUTRITION
NYC DEPARTMENT FOR THE AGING**

Items Prepared	Plating/Panning Temperature

Food Protection

- d. All equipment used for food prep/service adequately maintained: Yes___ No___ NA___
- e. Program serves meals within 2 hours of the completion of cooking: Yes___ No___ NA___
- f. Leftovers are handled in a way that prevents contamination: Yes___ No___ NA___
- g. Ready to eat foods are washed & served in a sanitary way: Yes___ No___ NA___
- h. Food, cleaning supplies & disposals are stored appropriately: Yes___ No___ NA___
- i. Food is stored in a way that protects it from contamination: Yes___ No___ NA___

Facility

- j. All rooms used for food production/service adequately maintained: Yes___ No___ NA___
- k. Temperatures of refrigerators and/or freezers are adequate: Yes___ No___ NA___
Please list refrigerator and/or freezer temps: _____
- l. Garbage cans are lined & maintained in a sanitary way: Yes___ No___ NA___
- m. Adequate facility for hand washing in kitchen: Yes___ No___ NA___
- n. Permit to operate: Yes___ No___ NA___

Catered Meals

- o. The program packages and delivers meals safely: Yes___ No___ NA___
- p. Meals are received safely: Yes___ No___ NA___

Food Handlers

- q. Food handlers maintain a high degree of cleanliness: Yes___ No___ NA___

Comments on Food Safety & Sanitation: _____

III. ADMINISTRATIVE

- a. A file quantity of recipes is available: Yes___ No___ NA___
- b. Last month's physical inventory is complete: Yes___ No___ NA___
- c. Last month's monthly food cost: Yes___ No___ NA___
- d. DFU records for the previous week are available & complete: Yes___ No___ NA___

Comments on Administrative: _____

