

# Louisiana Department of Health: CACFP At-Risk Site Questionnaire

Permit duration is limited to the operational time of the annual school session. This permit does not renew automatically. Rev. 10/2023

Date of Plans Submission: \_\_\_\_\_

1. Name of the Site: \_\_\_\_\_
2. Is this site currently permitted for CACFP At-Risk Program? \_\_\_\_\_ List the Permit Number: \_\_\_\_\_
3. Name of the Permitted Establishment: \_\_\_\_\_
4. Physical address of the site: \_\_\_\_\_  
\_\_\_\_\_
5. Has this site been previously permitted by your organization for the At-Risk Program? \_\_\_\_\_  
Enter the year: \_\_\_\_\_ If yes, will the type of food service stay the same? \_\_\_\_\_
6. Agency Sponsoring the Site: \_\_\_\_\_  
Sponsor Contact(s): \_\_\_\_\_
7. Sponsor Contact Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
**Sponsor Contact Email Address:** \_\_\_\_\_ **This is a required field.**  
Email used to contact applicant with questions, schedule appointments and to provide approvals.
8. Sponsor Mailing address: \_\_\_\_\_  
\_\_\_\_\_
9. Main Office Number of Sponsor: \_\_\_\_\_ Fax Number: \_\_\_\_\_
10. Organization Operating the Site: \_\_\_\_\_
11. Name of On-site Contact Manager: \_\_\_\_\_
12. Phone Number of On-Site Manager: \_\_\_\_\_ Email of On-Site Manager: \_\_\_\_\_

## About the program:

13. Type of Feeding Site (Select all that apply): **Congregate Sites:** \_\_\_\_\_ Full Prep and Service Kitchen  
\_\_\_\_\_ Satellite Kitchen Handling Food \_\_\_\_\_ Satellite Site Serving Pre-plated Meals \_\_\_\_\_ Pre-Packaged, shelf-stable  
snacks and meals \_\_\_\_\_ Pre-Packaged Manufactured Ready to Eat PHF/TCS snacks and meals
14. Dates Food Service Will Occur: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
15. Days of the Week this site will operate: \_\_\_\_\_
16. List meal(s) served. (Breakfast, Lunch, Snack, Dinner) \_\_\_\_\_  
What times are they served? \_\_\_\_\_
17. What is the average daily participation? \_\_\_\_\_ How many meals does that equal for each serving time?  
\_\_\_\_\_
18. How frequently will food deliveries occur? Site will require adequate cold or hot holding equipment to safely store any  
PHF/TCS food. \_\_\_\_\_
19. Indicate any dates that you know the site will not operate (Holidays, etc.) \_\_\_\_\_  
\_\_\_\_\_
20. Select the types of meals provided from the site: \_\_\_\_\_ Hot Meals \_\_\_\_\_ Bag/Box Lunches \_\_\_\_\_ All Shelf Stable  
\_\_\_\_\_ Combo Describe Other (fill in) \_\_\_\_\_  
Describe the meal (Shelf stable meal, cold milk; etc.) \_\_\_\_\_
21. For congregate dining sites, where is the hand sink for the children to use (Must have hot water, soap and paper towels.)  
\_\_\_\_\_
22. What restroom facilities are available to the children and staff? \_\_\_\_\_  
\_\_\_\_\_

**For Kitchens with cooking and/or heating; handling food:**

23. Identify the location of the hand sink(s) in the food prep area. Sinks must have hot water, soap, and paper towels.

\_\_\_\_\_

24. Does the site have a grease trap? \_\_\_\_\_

25. Is there a three-compartment sink for dishwashing and sanitizing? \_\_\_\_\_

List the sanitizer you will use \_\_\_\_\_

26. What kind of equipment will be in use? Note how many of each. \_\_\_\_\_refrigerators \_\_\_\_\_freezers  
\_\_\_\_\_ovens \_\_\_\_\_steam lines/warmers \_\_\_\_\_microwave ovens \_\_\_\_\_ice chests

**For Serving Sites (All Sites--Congregate Meals):** Vended food sources must have LDH Manufacturing Permits.

27. What is the food source? \_\_\_\_\_

Facility name: \_\_\_\_\_

LDH Permit Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name, Phone and Email: \_\_\_\_\_

28. Who delivers the meals to the site/recipients? \_\_\_\_\_

Include a written plan describing the transportation of meals from the source to the site or the recipients. Give details regarding the control of food temperature, the time of delivery, holding time before service, disposition of un-received meals. Include charts used to record temperatures and times and any other food safety charts employed.

29. Provide a menu and drawn floor plan of site. The floor plan must include plumbing fixtures, equipment, preparation and serving spaces, and restrooms.

30. Submit a **site agreement** if you are operating in a site that you do not own. The agreement should include information regarding the availability of equipment your operation will have at this site. *Ex. In a school kitchen, will you have access to the walk-in cooler?*

31. For satellite meals from a source kitchen, maintain temperature logs at the source kitchen and at the delivery site.

32. Use of "Time as a Public Health Control" applies to single day meals only. Provide a written plan describing the process. Describe how individual meals will be marked with discard time. Food must be discarded at the end of the 4-hour time with time starting as soon as food is removed from temperature control (taken off the stove, out of the refrigerator, etc.). Provide a list of food handled in this manner and the logs used. Include example logs in the plan. Time as a public health control contributes to food waste.

Log should include:

- The date of the log (from the permitted kitchen)
- State the time the food is removed from temperature control
- State the discard time (4 hours from the time item is removed from temperature control)
- Include space for signatures of the persons completing each step

33. Submit a copy of the food safety-training program that the food handlers at the site complete. The sponsor is responsible for the safe handling of the food served.

**Submit this CACFP At-Risk Program Questionnaire to the LDH office in the parish where the site is located. If the site has no annual permit, submit the LDH Plans Review Questionnaire (PRQ). If your organization has never operated at the site, submit a PRQ. If the site has changed their floor plan, you will need to submit a new PRQ. After receipt of your questionnaire, please allow up to two weeks for review. After receiving notice of the plans approval, request an inspection through the office to which you submitted your application.**