

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.*

Date of Plans Submission: _____

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/ meals

1. Dates Food Service Will Occur: Start Date: _____ End Date: _____

2. Days of the Week this site will operate: _____

3. List meal(s) served. (Breakfast, Lunch, Snack, Dinner) _____

What times are they served? _____

4. What is the average daily participation? _____ How many meals does that equal for each serving time

5. How frequently will food deliveries occur? Site will require adequate cold or hot holding equipment to safely store any PHF/TCS food. _____

6. Indicate any dates that you know the site will not operate (Holidays, etc.) _____

7. Select the types of meals provided from the site: _____ Hot Meals _____ Bag/Box Lunches _____ All Shelf Stable

_____ Combo Describe Other (fill in) _____

8. Describe the meal (Shelf stable meal, cold milk; etc.) _____

9. For congregate dining sites, where is the hand sink for the children to use (Must have hot water, soap and paper towels.)

10. What restroom facilities are available to the children and staff _____

11. Name of the Site: _____

Is this site currently permitted for CACFP At-Risk Program? _____ List the Permit Number: _____

12. Name of the Permitted Establishment: _____

13. Physical address of the site: _____

14. 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? _____

15. Agency Sponsoring the Site: _____

16. Sponsor Contact(s): _____

17. Sponsor Contact Number: _____ Cell Number: _____

18. **Sponsor Contact Email Address:** _____

This is a required field. (Email used to contact applicant with questions, schedule appointments and to provide approvals.)

19. Sponsor Mailing address: _____

20. Main Office Number of Sponsor: _____ Fax Number: _____

Organization Operating the Site: _____

21. Name of On-site Contact Manager: _____

22. Phone Number of On-Site Manager: _____ Email of On-Site Manager: _____

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.