

Louisiana Department of Health: CACFP At-Risk Site Questionnaire

Strike through items are due to non-pandemic operations. Please request waivers from operation to LDOE. Rev. 8/19/2022

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-Packaged Meals
Non-Congregate Meals: _____ Cooking Kitchen _____ Grab and Go _____ Delivery to Homes _____ Mobile Food Establishment
14. What will you Serve at this site (Select your answer): _____ Single Meals _____ ~~Multiple Meals~~
15. Dates Food Service Will Occur: Start Date: _____ End Date: _____
16. Days of the Week this site will operate: _____
17. List meal(s) served. (Breakfast, Lunch, Snack, Dinner) _____
What times are they served? _____
18. What is the average daily participation? _____ How many meals does that equal for each serving time?

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 and Non-congregate: Grab and Go and Home Delivery): 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?*

For Grab and Go sites or Meal Delivery to Homes: Answer questions 26 and 27, and provide a menu of meals served. For satellite meals from a source kitchen, maintain temperature logs at the source kitchen and at the delivery site.

31. Grab and Go meals and home delivery are not available options. ~~If you are providing single or multiple meals at each delivery, include a sample of the label attached to each meal. Labels should include identity of the source, contents (identify allergens), date to use by (7 days with day of preparation = Day 1), handling instructions (Keep refrigerated; Keep frozen; etc.), warming instructions (Ex. heat in microwave on high for 3 minutes, let stand 1 minute, etc.).~~

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. 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 removal time)
- Include space for signatures of the persons completing each step

32. 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. If you are operating as a mobile unit, submit the LDH Mobile Unit Plans Review Questionnaire. 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.