



BRIGHT FROM THE START

Georgia Department of Early Care and Learning: Nutrition Services

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, Georgia 30334

(404) 656-5957

Food Service Permit Inquiry Form
Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP)

The purpose of this form is to assist CACFP institutions and SFSP sponsors with determining food service permit requirements for non-licensed Program facilities based on the type of meal service operation. Please be sure to complete all sections below and return to DECAL via facsimile to: (404) 651-7430 Attn: Nutrition Services Application Specialist.

When requesting an evaluation to determine whether a food service permit is required from your local Health Authority, CACFP institutions and SFSP sponsors must:

1. Provide a copy of this form to the local Health Authority for review along with:
 - a copy of a sample menu for each meal type being served during Program operations; and
 - a copy of a receipt/invoice of vended meals purchased (for institutions or sponsors purchasing meals from a food service management company or food distributor).
2. Ensure the form has been authorized (signed and dated) by both the delegated principal and local health department prior to submission to DECAL.

Program(s): SFSP - Agreement Number _____
(SFSP Program Operation Begin Date: _____ Program Operation End Date: _____)

CACFP - Agreement Number _____

CACFP – At-Risk Afterschool - Agreement Number _____

Organization Name: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Name of Program Contact/Delegated Principal: _____

Contact Number: _____ Fax Number: _____

Email Address: _____

Institutions/sponsors completing this form must fall under **one or more** of the following categories. However, School Food Authorities (SFAs), governmental agencies, National Youth Sports Program (NYSP), residential camps, and Upward Bound programs are exempt from this process. Please select all that apply:

- Institution/Sponsor Type:
- Private Non-Profit Organization
 - Church/Church Affiliates
 - At-risk Afterschool Program

- Program/Meal Service Description:
- Vended (meal preparation is outsourced)
 - Self-Prep (meals prepared in central kitchen by Program staff)
 - Both (Vended and Self-Prep)



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Please select the item(s) that best describe your meal service:

Item #	Description
1.	<input type="checkbox"/> Fully cooked, complete unitized meals or snacks are catered (prepared) by a third party and are picked-up or delivered to each CACFP facility or SFSP site ready to consume. [<i>Copy of food service permit from catering company is required.</i>]
2.	<input type="checkbox"/> Pre-packaged/self-contained food items/components are purchased in bulk from a food service management company or food distributor (vendor or supplier), delivered to a location (central kitchen, CACFP facility or SFSP meal site) to be combined, cooked, and prepared to create a unitized meal or snack. [<i>Requires a Food Service Permit</i>]
3.	<input type="checkbox"/> Individual food items/components purchased from multiple locations (super market/wholesale market, vendor, or supplier), and cooked/prepared at a kitchen facility (owned or rented). Cooked items are later combined to make a unitized meal and served for consumption. [<i>Requires a Food Service Permit</i>]
4.	<input type="checkbox"/> This section was initially left blank and will be revisited in FY 2020 to capture various other scenarios that are not depicted within the remaining items listed on this form.
5.	<input type="checkbox"/> Meal components are received from a third party caterer which are delivered to the Sponsor's location; meals are assembled by SFSP/CACFP meal service operators/kitchen staff for buffet style serving, or meal service operators plate meals for consumption. (If staff from the permitted catering establishment remains on site to further assemble or plate the food, the only required form of documentation would be the food service permit from the catering establishment.) [<i>Requires a copy of food service permit from the catering company.</i>] **However, if the CACFP/SFSP staff further manipulates the food, a food service permit is required for that feeding location. [<i>See Item #7</i>].
6.	<input type="checkbox"/> Meals are received/served pre-packaged and ready-to-consume to SFSP/CACFP participants (e.g., hot/cold pre-packaged components, unitized meals where the participant receives a complete meal as a single packaged unit, ready to eat fruits/vegetables (e.g., apples, oranges, bananas for snack meals). Pre-packaged meals go directly to the SFSP/CACFP participants for opening and consumption. Pre-packaged meals are <u>not</u> opened or manipulated in any way by the food service operators/kitchen staff before the participant receives the meals for consumption. [<i>A food service permit not required.</i>]
7.	<input type="checkbox"/> Pre-packaged meals are assembled and served to SFSP/CACFP participants (e.g., hot/cold pre-packaged components); involves CACFP/SFSP food service operators/kitchen staff: (a) combining non-unitized meals; (b) separating items from packages; and (c) plating and serving meals for consumption (e.g., cold cut sandwiches, etc.). [<i>Requires a food service permit at the location where the food is being combined, manipulated, handled. A copy of a permit from where the pre-packaged meals were originally prepared would also be required (e.g., food service management companies).</i>]
8.	<input type="checkbox"/> Prepared/cooked hot/cold meals are served to participants; involves purchasing, ordering cooked or uncooked food items, separating items from their original packaging, preparing the food items (e.g., cleaning, dicing, seasoning, cooking, heating), plating and serving the food items for SFSP/CACFP participant consumption. [<i>Requires a food service permit at the location where the food is being manipulated, packaged, diced, cooked, etc.</i>]
8(a).	<input type="checkbox"/> Prepared/cooked hot/cold meals are served to participants from the Sponsor's central kitchen; involves purchasing, ordering cooked or uncooked food items, separating items from their original packaging, preparing the food items (e.g., cleaning, dicing, seasoning, cooking, heating), plating and serving the food items for SFSP/CACFP participant consumption. If the sponsoring organization is the permit holder, the site supervisors would automatically be part of the food service establishment since the role of the site supervisor is to oversee the meal service. Whether the site supervisor was present to see the food being prepared in the central kitchen or not, the site supervisor must be positioned at the site to receive the meals from the sponsor's central kitchen and must be present during the entire meal service [<i>SFSP sponsors hire/assign site supervisors to oversee the meal service for their respective sites and if the site supervisor remains on site to further assemble or plate the food, the only required form of documentation would be the food service permit from the Sponsor's central kitchen.</i>]



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None of the above

Other (Please explain) _____



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Certification Statement:

I certify that the information contained in this document is true and correct to the best of my ability and that listing false or incorrect information and failure to notify DECAL when the information contained in this document changes, may result in the denial of reimbursement and/or termination and disqualification of the organization, its responsible principals and/or individuals from participation the CACFP, SFSP, or any other Child Nutrition Program (CNP).

Signature of Delegated Principal

Date of Submission

List of Affiliated Kitchen/Feeding Locations

Please list below each feeding site/facility serving SFSP or CACFP meals. Please include the physical address of the central location from which food is prepared and the address of the feeding site/facility where meals are delivered and then consumed if different from the central kitchen. To add additional sites, please add separate sheet to the back of this form.

Site/Facility Name	Approximate Number of Meals Served Daily (all meals combined)	Central Kitchen Address	Feeding site/facility <i>(if meals are delivered from the kitchen address to a separate location)</i>	Central Kitchen Contact Name/Number

For Local Health Department Use Only:
 Food Service Permit is: Required Not Required
 Item Number(s) _____ have been selected and are applicable to this CACFP Institution and/or SFSP Sponsor.
 Name of Health Department Official _____ Department/Office _____
 Health Department Official Signature _____ Date _____

