



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 either upload this form to GA ATLAS or email a copy to your assigned 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/purchase order 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 the institution’s program contact/authorized representative AND the 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/Authorized Representative: \_\_\_\_\_

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 and/or site)
  - Both (Vended and Self-Prep)

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**Instructions:** Please answer the question below and then select the item that best describes your meal service.

**Where is your food prepared, cooked, or otherwise manipulated?**

#### *At a Food Service Management Company (FSMC)/Third Party Location*

Item #	Description
1.	<input type="checkbox"/> Fully cooked, complete unitized meals or snacks are <u>purchased and prepared by a food service management company/third party</u> (e.g., caterer, restaurant, school, etc.) and are picked-up or delivered to each CACFP facility or SFSP site ready to consume. [ <i>Copy of Food Service Permit from food service management company/third party location is required.</i> ]

#### *At the Sponsor's Central Kitchen/Location*

Item #	Description
2.	<input type="checkbox"/> Pre-packaged/self-contained food items are purchased <sup>1</sup> from a food service management company, food distributor, or supermarket and are combined, cooked, and/or prepared by the sponsor's staff at a central kitchen/location to create a unitized meal or snack. The complete meals or snacks are then delivered to each CACFP or SFSP site ready to consume. [ <i>Requires a Food Service Permit in the name of the sponsoring organization for the central kitchen/location where the food is being manipulated.</i> ]

#### *At a Third-Party Central Kitchen/Location*

Item #	Description
3.	<input type="checkbox"/> Pre-packaged/self-contained food items are <u>purchased<sup>1</sup> by the sponsor.</u> The food is then combined, cooked, and/or prepared by a food service management company/third party (e.g., caterer, restaurant, school, etc.) to create a unitized meal or snack. The complete meals or snacks are then picked up or delivered to each CACFP or SFSP site ready to consume. [ <i>Copy of Food Service Permit from food service management company/third party location is required.</i> ]

#### *At the CACFP/SFSP Site Where Participants are Served*

Item #	Description
4.	<input type="checkbox"/> Pre-packaged/self-contained food items are purchased <sup>1</sup> from a food service management company, food distributor, or supermarket and are combined, cooked, and/or prepared at the physical CACFP or SFSP site. [ <i>Requires a Food Service Permit in the name of the sponsoring organization for the site that is manipulating the food.</i> ]

<sup>1</sup>All food products will be obtained from sources that are under inspection of the authority having jurisdiction or otherwise approved by the Health Authority except for fresh produce. Fresh produce may be obtained from local sources. A Cottage License Industry is not considered an approved source for a foodservice establishment. The source from where the food is purchased must have a wholesale license (unless it is fresh produce that is purchased). Sources of packaged food must be labeled in accordance with law. Food shall be kept at proper temperature during transport to the foodservice establishment and received at the proper temperature at the foodservice establishment.



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##### At Multiple Locations

Item #	Description
5.	<input type="checkbox"/> Complete meals or individual food items are purchased from a food service management company/third party and are then delivered to each CACFP or SFSP site. The meals or food items are further manipulated (e.g., unpackaging, plating, heating, etc.) at the CACFP or SFSP site. <i>If staff from the permitted food service management company/third party remains on site to cook, prepare, and/or plate the food, the only required form of documentation would be the Food Service Permit from the food service management company/third party.</i>  <i>However, if meals are instead cooked, prepared, and/or plated by CACFP/SFSP meal service operators/kitchen staff, a Food Service Permit is required for the food service management company/third party AND for the CACFP or SFSP feeding site.</i>
6.	<input type="checkbox"/> Complete meals or individual food items are combined, cooked, and/or prepared at a central kitchen <sup>1</sup> for which the sponsor holds a food service permit and then delivered to each CACFP or SFSP site. The meals or food items are further manipulated (e.g., unpackaging, plating, heating, etc.) at the CACFP or SFSP site. <i>[If the sponsor submits written documentation stating that the individuals working at the CACFP or SFSP site are employees or volunteers for the sponsor's food service program and are working under the supervision and active managerial control of the food service permit holder of the central kitchen, the site would not need a separate food service permit for the site. In these instances, the food service permit for the central kitchen must be posted at the site.</i>  <i>If these conditions are not met and the food prepared at the central kitchen is further manipulated at the site, the site must have a food service permit in the name of the sponsoring organization.</i>

##### No Manipulation of Food

Item #	Description
7.	<input type="checkbox"/> Meals are received/served pre-packaged and ready to consume to CACFP/SFSP participants. Pre-packaged food items, complete meals served as a single packaged unit, or ready to eat fruits/vegetables (e.g., apples, oranges, bananas) go directly to the CACFP/SFSP participants for opening and consumption. Pre-packaged meals and food items are not opened or manipulated in any way by the food service operators/kitchen staff before consumption. <i>[A Food Service Permit is not required.]</i>

Note: If other is selected, sponsors must still provide a copy of this form to the local health authority for review.

Other (Please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**List of Feeding Site Locations**

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

<b>Site/Facility Name</b>	<b>Site/Facility Address</b>	<b>FSMC/Central Kitchen Address</b>	<b>FSMC/Central Kitchen Contact Name/Number</b>	<b>Approximate Number of Meals Served Daily (<i>all meals combined</i>)</b>	<b>Insert Item # Selected on pages 2-3 of this document</b>



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Certification Statement:

I certify that the information contained in this entire document is true and correct to the best of my ability and that intentionally listing false or inaccurate information and/or failure to notify DECAL when the information contained in this document changes, may result in the denial of a claim(s) for 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**

**For Local Health Department Use Only:**

Food Service Permit is:  Required  Not Required

Food Service Permit will be issued by the Local Health Department:  Yes  No

*(If "No" but a permit is required based on criteria from pages 2 & 3, the applicant must provide evidence of a food service permit issued by the Health Department/Authority with jurisdiction upon request by this local Health Authority.)*

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 \_\_\_\_\_



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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form \(English\)](#) or [USDA Program Discrimination Complaint Form \(Spanish\)](#) This form (AD-3027) is found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
2. fax: (202) 690-7442 or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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