



**ARKANSAS**  
DEPARTMENT OF HEALTH

Retail Food Program      Attn: Feeding Program Compliance  
4815 West Markham St., Slot 46, Little Rock, AR 72205-3867  
Phone: 501-661-2171      Fax: 501-661-2572  
E-mail: Katherine.Spencer@arkansas.gov

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**2019 NOTICE OF ACTION DOCUMENTATION FORM**

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Projected Start Date: \_\_\_\_\_ Projected End Date: \_\_\_\_\_

\_\_\_ Summer Feeding    \_\_\_ At-Risk Afterschool    Agreement #: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

County Program is located in: \_\_\_\_\_

License # of ADH permit: \_\_\_\_\_

Name of Main Site/ Central Kitchen: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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Days of Operation for this Program (Check all that Apply):

\_\_\_ Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday

Hours of Operation for this Program (List time for each Day):

Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Kitchen/Site Manager: \_\_\_\_\_

Number of Staff (paid and volunteer): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Expiration date of Sponsor Food Safety Certification \_\_\_\_\_

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Site Type (Check Only One):

- Self-Prep (Sponsor ORGANIZATION Prepares Food)  
 Vended (Purchased from a Food Service Management Company)

Level of Food Processing (Check Only One):

- Preparation Site—(Requires ADH permit) Food is handled before service or food/equipment is stored longer than meal service.  
 Storage Site—(Requires ADH permit) Food stored is shelf-stable and commercially, individual prepackaged servings.  
 Delivery Only—Food and related equipment is at site only during meal/snack service; food arrives individually prepackaged and does not require handling.

Do all Preparation Sites and Storage Sites have a permit in Sponsor's name?  Yes  No

What is the source of fresh water for food preparation and washing dirty wares?  
\_\_\_\_\_

Is wastewater disposed of using a  sewer system or  Septic System?

For Shared Kitchens do you have an Agreement to use this site?  Yes  No

What areas of the shared kitchen space will be used?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Meal Delivery**

Does a central kitchen prepare or store meals that are delivered to other satellite sites?  Yes  
 No (skip to Acknowledgement)

How many sites will serve food that is prepared or stored in this kitchen? \_\_\_\_\_

How many delivery vehicles will be used? \_\_\_\_\_ Will sites pick up meals?  Yes  No

You must submit a Standard Operating Procedure (SOP) that describes how food is packaged, transported, and maintained at proper temperatures in order for food to be transferred from a central kitchen to each satellite site. The SOP should also address the distance and travel time between a central kitchen and each satellite site.

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Acknowledgement of Program Sponsor Responsibilities  
(Initial each Responsibility)

\_\_\_\_\_ I have attained food establishment permits as required for all sites included in this Notice of Action Document.

\_\_\_\_\_ I have attached / will submit a copy of the ADH Food Establishment Inspection Report to the ADH Program Compliance Specialist.

\_\_\_\_\_ I have attached the Intent to Operate Sites Form for all satellite sites that receive food prepared or stored by this program. There are \_\_\_ pages of the Intent to Operate attached.

\_\_\_\_\_ The information I provided to the ADH Program Compliance specialist about my program matches the information that I provided to DHS regarding my application for the program.

\_\_\_\_\_ I will send / have sent the ADH Program Compliance Specialist a sample menu of at least a calendar month or indicated the length of menu if I use a shorter cycle.

\_\_\_\_\_ I will send / have sent the ADH Program Compliance Specialist required Standard Operating Procedures regarding food safety for this site. I will also provide these procedures and food safety records when they are requested during inspections.

\_\_\_\_\_ I will complete /have completed ADH Food Safety Compliance Training or have an equivalent certification that I have sent the ADH Program Compliance Specialist.

I hereby certify that the information contained within this notification form is true and accurate to the best of my knowledge. Failure to provide correct information to ADH may affect program application approval and reimbursement by the Department of Human Services.

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Signature of Program Sponsor

Date



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