

Summer Food Service Program (SFSP) Letter to Health Department Regarding Inspections

Instructions: Complete this prototype letter and print on the sponsor's letterhead stationery. Submit one copy to Arkansas Health and Nutrition Programs (HNP), one copy to your local health department and retain a copy for your files.

Date: _____

Inside Address: _____

Health Inspections for the Summer Food Service Program

_____ intends to sponsor the Summer Food Service Program (SFSP). This program is administered in Arkansas by Arkansas Department of Human Services, Health and Nutrition Programs (HNP). SFSP regulations require that the local health department be notified of our intention in this regard and of the information listed below.

Meal service will be at the following site(s):

Site Name/Address	Dates of Operation	Meal Type and Service times(s)	Site Supervisor's Name	Self-Prep or Vended

Meals for the above site(s) are prepared at the following facility:

Food Preparation Center

Delivery Time(s)

Please feel free to visit the above location(s) at any time during SFSP operation.

Sincerely,