



**HAPPY HELPINGS: GEORGIA'S SUMMER FOOD SERVICE PROGRAM
PUBLIC RELEASE CERTIFICATION
Open Migrant and Open Sites**

Original Update Date of Revision _____

Sponsors are required to send public releases to the media located in the area where the site(s) draws its attendance. Include a list of all approved sites with their location, dates of operation, serving times and the non-discrimination statement. The Press Release should be on the organization letterhead, a sample is provided below. Keep a copy of the public releases sent to the media.

This certifies that the following media outlets received a Press Release containing the information in the Sample below.

Name of Media Outlet	Date of Scheduled Release		Name of Media Outlet	Date of Scheduled Release

Press Release Sample

The DeKalb County Recreation Department (*Name of Sponsor*) is participating in the Summer Food Service Program. Meals will be provided to all children without charge. Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at all sites listed on the attached form showing the specified start and end times for meals (Include Attachment C-3).

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

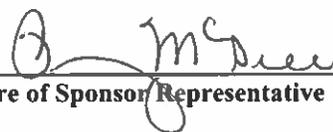
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

- 2. **fax:**
(833) 256-1665 or (202) 690-7442; or
- 3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

I certify that the Public Release sent to the above media outlets included all the information required for the Public Release; including a complete listing of all current sites and meal times and the non-discrimination statement. In addition, I certify that all children are served the same meals and that there is no discrimination in the course of the food service and the meals served are free at all sites.

R.B.M/ 
Signature of Sponsor/Representative

1-28-26
Date

2026 S.F.S.P APPLICATION INSTRUCTION

- (1). If you have any problems please call me @ 678-698-1114
- (2). Please complete and return A.S.A.P, cut off for ALL application, is May 22,2026.
- (3.) Returning sites, please use last year application for your Breakfast and Lunch A.D.A., Once Your application is submitted you can make any up-dates if needed.
- (4). Please schedule all staff working with your S.F.S.P come to training, You can't received and food until, Site Supervisor and everyone working with your program have, had training.
- (5). Make sure you sign all HI-LIGHTED AREA, on application. And all other forms, when returning, return all forms.

THANKS, ROSE' McGRUE 678-698-1114



Department of Recreation, Parks & Cultural Affairs

Chuck O. Ellis
Director

Chief Executive Officer
Michael Thurmond

Board of Commissioners
District 1
Robert Patrick

District 2
Jeff Rader

District 3
Larry Johnson

District 4
Stephen Bradshaw

District 5
Mereda Davis Johnson

District 6
Edward "Ted" Terry

District 7
Lorraine Cochran-Johnson

January 5, 2026

Dear Potential Site:

It is time to apply for the 2026 Summer Food Program. By submitting this application, you have chosen DeKalb County Department of Recreation, Parks and Cultural Affairs to serve as your sponsor. Please complete and submit the attached application and all other forms to:

Rose McGrue
Mason Mill Recreation Center
1340-B McConnell Drive
Decatur, Georgia 30033

If you have any questions, please contact Rose McGrue, via telephone at (678) 698-1114, or via e-mail: rosemyrick@yahoo.com and/or rbmyrick@dekalbcountyga.gov.

NOTE: Please read and complete the application carefully. Refer to the attached instructions to assist you in completing the application. **May 22, 2026 is the deadline for submitting the application.** Please call if you have difficulty completing the application.

The following are requirements to participate in the program:

- A minimum of 35 participants in the program to receive service
- Training is mandatory for all staff that will be working in the summer food service program. The program should be run and monitored by adults 18 and over
- This year's 2026 food service dates are **June 8, 2026 – July 17, 2026**
- You will need to provide meals for your children for any dates your site plans to operate outside of these dates
- New sites should prepare to stay in training for six (6) hours
- Returning sites will train for four (4) hours
-

Any returning site that experienced problems in 2025 must attend a new training class. Every worker from the returning site has to remain in the training to receive credit. **Leaving early is not permissible.**

With a new and improved menu, DeKalb County is looking forward to serving the nutritional needs of our children and youth.

Sincerely,
Rose McGrue
Summer Food Coordinator

SFSP SITE APPLICATION

Month: / Day: / Year:
 Birth Date:

Sponsor Name DeKalb County Recreation, Parks and Cultural Affairs	Site Name	Agreement No. 08025	Federal ID# 58-6000814	Fiscal Year 2026
Address:		Name: (First & Last)		
Address 2:		E-Mail:		
City:		Daytime Phone:		
State:	Zip Code:	Alternate Phone:		
County: Type text here		Fax:		
Site Location/Type		Site Description (Choose the one that applies)		
<input checked="" type="checkbox"/> Indoor Site <input type="checkbox"/> Outdoor Site		<input type="checkbox"/> Church <input type="checkbox"/> Playground <input type="checkbox"/> Yard <input type="checkbox"/> Park <input type="checkbox"/> Recreation Center <input type="checkbox"/> Other _____		
<input checked="" type="checkbox"/> Open site using school data: Enter the estimated no. of free & reduced Children attending this site: <input type="text"/>		NAME OF SCHOOL WHICH SITE DRAWS ITS ATTENDANCE School Name _____ Free + Reduced _____ ÷ Enrollment _____ = Total _____ %		
<input type="checkbox"/> Restricted open site using school data: Enter site capacity: <input type="text"/>				
<input type="checkbox"/> Special restricted open site using school data: Enter No. of eligible participants: <input type="text"/>				
<input type="checkbox"/> Open site using census tract data (attach census tract data eligibility)				
<input type="checkbox"/> Open site using migrant organization information (attach documentation)				
<input type="checkbox"/> Open site using tribal information (attach documentation)				
<input type="checkbox"/> Closed enrolled site – Income applications are collected No. of enrolled participants: <input type="text"/> No. of eligible participants: <input type="text"/>				
<input type="checkbox"/> Residential Camp / Day Camp – Income applications are collected: Enter no. of enrolled participants: <input type="text"/>				
<input type="checkbox"/> National Youth Sports Program (NYSP) – (attach certification)				
Begin Date: (mm/dd/yy)		End Date: (mm/dd/yy)		

Number of Operating Days			Hours Meals Served																		
			Breakfast/Snack up to 1 hour // Lunch/Supper up to 2 hours (3 hours between meals)																		
Oct. _____	Nov. _____	Dec. _____	MEAL	Begin Time	End Time	ADA	CAP (ADA + ADA *20%)														
Jan. _____	Feb. _____	Mar. _____	Breakfast																		
Apr. _____	May _____	Jun. _____	A.M. Snack	N/A																	
July _____	Aug. _____	Sept. _____	Lunch																		
Total Days: _____			P.M. Snack	N/A																	
			Supper	N/A																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:14.28%;">Monday</th> <th style="width:14.28%;">Tuesday</th> <th style="width:14.28%;">Wednesday</th> <th style="width:14.28%;">Thursday</th> <th style="width:14.28%;">Friday</th> <th style="width:14.28%;">Saturday</th> <th style="width:14.28%;">Sunday</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>								Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	<input type="checkbox"/>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/> Recreational/Cultural Program			<input type="checkbox"/> NYSP / Upward Bound			<input type="checkbox"/> Other															
<input type="checkbox"/> Summer School (OPEN SITE ONLY)			<input type="checkbox"/> No organized activities																		
Meal Preparation: <input checked="" type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen <input type="checkbox"/> Self-Preparation																					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Offer vs Serve (SCHOOL SPONSOR ONLY)																					
Children are served:				Children are supervised during meals by:																	
<input type="checkbox"/> Cafeteria Style		<input checked="" type="checkbox"/> Sack Lunch		<input type="checkbox"/> Teachers		<input type="checkbox"/> Site Supervisor															
<input type="checkbox"/> Family Style		<input type="checkbox"/> Other _____		<input type="checkbox"/> Aides		<input type="checkbox"/> Volunteers															
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	For receiving sites, is there a procedure for notifying sponsors of meal count adjustments?																			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	For receiving sites, are there procedures for maintaining the appropriate temperature of meals during delivery and before meal service?																			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	For receiving sites, is there adequate storage for leftovers onsite or procedure returning leftover meals to the central kitchen?																			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	For outdoor sites, have arrangements been made for food service during inclement weather?																			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Does the site participate in the USDA Child and Adult Care Food Program?																			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Has this site received a pre-operational visit from the sponsor, and is the site equipped to serve meals for the number anticipated?																			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Does the sponsor directly operate this site year-round?																			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, has a Sponsor/Site agreement been signed and dated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>Sponsor/Site Agreements must be signed and dated prior to start of operation and must be maintained on file for OSR to review.</small>																			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are there other sites located in the same district as this site? Attach list of site names and any known site addresses:																			
BCC USE ONLY <input type="checkbox"/> NEW <input type="checkbox"/> RETURNING <input type="checkbox"/> SITE APPROVAL DATE (MM/DD/YY) _____ BCC SIGNATURE: _____																					

**SPONSOR/SITE AGREEMENT
FOR THE SUMMER FOOD SERVICE PROGRAM**

Name of site:

Address of site:

Site supervisor/State agency official:

Telephone:

The person named above agrees to:

Serve meals to all needy children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled).

Serve meals that meet the minimum meal pattern requirements.

Provide adequate supervision during the meal service.

Maintain and submit promptly such reports and records that the sponsor requires.

Report to the sponsor any changes in the number of meals required as attendance fluctuates.

Report any other problems regarding the meal services.

Comply with civil rights laws and regulations.

Attend sponsor training sessions.

Site Supervisor/State Agency Official

Date

Sponsor

Date

[Handwritten signature]



BRIGHT FROM THE START

Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive, SE
 Suite 754, East Tower, Atlanta, Georgia 30334

**SFSP Field Trip &
 Closure Notification Form**

Organization Name DeKalb County Recreation Department
 Number 08025

Agreement

ONLY COMPLETE THE FIELD TRIP SECTION IF THE FIELD TRIP AFFECTS THE APPROVED MEAL TIMES AND LOCATION OF MEAL SERVICE AND IF THESE MEALS WILL BE CLAIMED FOR REIMBURSEMENT. You must ensure that all meals taken on field trips are maintained at the proper temperature. **For open sites, trained personnel must remain on site to serve children not attending field trips.** DECAL will review all requests and update the electronic application with approval. Sponsors will be contacted if additional information is needed. This form must be emailed or faxed to your Business Operations Specialist and uploaded in the *Attachment List* section of your current application in GA ATLAS at least three (3) calendar days **before** the field trip and/or closure date. **Meals served on field trips without submitting notice to DECAL are not eligible for reimbursement.**

Site Name <input type="checkbox"/> Check box if all site(s) are closed.	Dates Site(s) Closed Ex. 3/30/21 to 4/3/21	Field Trip or Reason Closed Ex. Holiday	Field Trip Destination	Meal Type Taken on Field Trip to be Claimed (Check the appropriate box) ADA (Indicate the estimated ADA for the field trip) New Meal Time (Indicate only if meal time will change, Ex: 11:30-1:30)			DECAL Approval Date			
				<input type="checkbox"/> Breakfast New Meal Time:	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper New Meal Time:	ADA:	<input type="checkbox"/> Snack New Meal Time:	ADA:	
				<input type="checkbox"/> Breakfast New Meal Time:	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper New Meal Time:	ADA:	<input type="checkbox"/> Snack New Meal Time:	ADA:	
				<input type="checkbox"/> Breakfast New Meal Time:	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper New Meal Time:	ADA:	<input type="checkbox"/> Snack New Meal Time:	ADA:	
				<input type="checkbox"/> Breakfast New Meal Time:	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper New Meal Time:	ADA:	<input type="checkbox"/> Snack New Meal Time:	ADA:	
				<input type="checkbox"/> Breakfast New Meal Time:	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper New Meal Time:	ADA:	<input type="checkbox"/> Snack New Meal Time:	ADA:	
				<input type="checkbox"/> Breakfast New Meal Time:	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper New Meal Time:	ADA:	<input type="checkbox"/> Snack New Meal Time:	ADA:	
				<input type="checkbox"/> Breakfast New Meal Time:	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper New Meal Time:	ADA:	<input type="checkbox"/> Snack New Meal Time:	ADA:	

Program Contact Signature  

Date 



2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334
(404) 656-5957

**Child and Adult Care Food Program and Summer Food Service Program
Racial and Ethnic Data Individual Collection Form for Families**

This form may be completed by a parent or guardian. Collection of the racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing this information is voluntary. Your response or lack of response will not impact the participant's eligibility for meals. The data is kept confidential, accessible only to authorized personnel, and may be protected by the Privacy Act of 1974.

Instructions for completion: (Please Print)

- 1) In Section I, input the number of children in the household based on the two ethnic categories: a) of Hispanic or Latino origin; or b) not of Hispanic or Latino origin.
- 2) In Section II, input the number of children in the household by racial category based on the six categories listed.
- 3) **The total number of children by ethnic category (Section I, Item C) and the total number by racial category (Section II, Item H) should be equal.**

After completion, the participant, parent and/or guardian may return this form in-person to the Program site.

Section I.

Ethnic Category	Number of Children
A) Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino")	
B) Not Hispanic or Latino	
C) TOTAL NUMBER OF CHILDREN BY ETHNIC CATEGORY	

Section II.

Racial Category	Number of Children
A) American Indian/Alaskan Native (A person having origins in any of the original peoples on North America, and who maintains cultural identification through tribal affiliation or community recognition [includes Aleuts and Eskimo])	
B) Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, for example Cambodia, China, India, Japan, Korea, the Philippine Islands, Thailand, Malaysia, Pakistan and Vietnam).	
C) Black or African American (A person having origins in the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American").	
D) Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).	
E) White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).	
F) Multiracial (A person having origins in two or more of the original peoples of Africa, Asia, Europe, Middle East, North America, or Pacific Islands).	
G) Number of Unknown Responses (Parent/guardian did not advise of a racial category)	
H) TOTAL NUMBER OF CHILDREN BY RACIAL CATEGORY	

I certify to the best of my knowledge and belief that the above information is collected in accordance with USDA guidelines and is accurate and complete. *A signature is not required for non-enrolled participants.*

Signature

Date

This institution is an equal opportunity provider.

Full Nondiscrimination Statement Link: <https://www.decal.ga.gov/Nutrition/Default.aspx>



BRIGHT FROM THE START
 Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive, SE
 Suite 754, East Tower, Atlanta, Georgia 30334
 (404) 656-5957

Pre-Operational Visit Form

DATE OF BIRTH;
 M / D / Y

Site Name: _____ Date of Visit: _____
 Site Address: _____ Meal Observed: _____
 Site Telephone Number: _____ Monitor's Arrival Time: _____ Departure Time: _____
 Site Supervisor Name: _____
 Discussion with site staff (list names): _____

Site Type: Open Closed Enrolled Camp NYSP Migrant Upward Bound Mobile

Location of Site : Church Park Playground Play Street Recreation Center Residential Camp
 School Settlement House Libraries Rural Development (RD)/Housing and Urban Development (HUD)
 Healthcare Apartment Community Center Other: _____

Geographical Location of Site: Urban Rural

Site Meal Service: Congregate Non-congregate (rural sites only) Hybrid (both congregate and non-congregate)
 Conditional Non-congregate

Non-congregate Meal Service Model: Home Meal Delivery Parent/Guardian Pick-up OVS (SFAs only)
 Multi-day Distribution (if selected, indicate the multi-day distribution method(s) below)
 Bulk Food Distribution
 Single-day Unitized Meal Distribution

Estimated number of children the site could serve: _____ Estimated number of needy children in the area: _____
 Estimated number of personnel needed to adequately control the food service: _____

For the estimated number of children, does the site have:

Shelter for inclement weather?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate cooking facilities (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate refrigeration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate storage for prepared or delivered food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A current health inspection on file (self-prep sites)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Storage space for records at site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Access to a telephone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Is the present facility adequate for an organized meal service? Yes or No
 Is an additional site needed in this area? Yes or No
 Is this a for-profit site? Yes or No

What type of organized activities are possible or planned at this site? _____

List any problems that were noted during the visit and any corrective action(s) that were initiated to eliminate the problem(s).

Problems	Corrective Actions
_____	_____
_____	_____
_____	_____

Site Supervisor's Signature

Monitor's Signature