



**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, audiotope, 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:

- I. 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](mailto: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.

R.B.McGrue/



Signature of Sponsor Representative

Date



# 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

November 17, 2023

Dear Potential Site:

It is time to apply for the 2024 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](mailto:rosemyrick@yahoo.com) and/or [rbmyrick@dekalbcountyga.gov](mailto:rbmyrick@dekalbcountyga.gov).

NOTE: Please read and complete the application carefully. Refer to the attached instructions to assist you in completing the application. **May 24, 2024 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 2024 food service dates are **June 3, 2024 – July 19, 2024**
- 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 2023 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** Site Supervisor date of birth  
M/ D/ Y

Sponsor Name	Site Name	Agreement No.	Federal ID#	Fiscal Year
DeKalb County Recreation Department		08025	58-6000814	2024
Address:		Name: (First & Last)		
Address 2:		E-Mail:		
City:		Daytime Phone:		
State:	Zip Code:	Alternate Phone:		
County:		Fax:		
Site Location/Type		Site Description (Choose the one that applies)		
<input 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		<b>NAME OF SCHOOL WHICH SITE DRAWS ITS ATTENDANCE</b>  School Name _____  Free + Reduced _____ ÷ Enrollment _____ = Total _____ %		
<input type="checkbox"/> Restricted open site using school data: Enter site capacity				
<input type="checkbox"/> Special restricted open site using school data: Enter No. of eligible participants:				
<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: _____ No. of eligible participants: _____				
<input type="checkbox"/> Residential Camp / Day Camp – Income applications are collected: Enter no. of enrolled participants: _____				
<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				
Oct. _____ Nov. _____ Dec. _____ Jan. _____ Feb. _____ Mar. _____ Apr. _____ May _____ Jun. _____ July _____ Aug. _____ Sept. _____  Total Days: _____			Breakfast/Snack up to 1 hour // Lunch/Supper up to 2 hours (3 hours between meals)				
			MEAL	Begin Time	End Time	ADA	CAP (ADA + ADA *20%)
			Breakfast				
			A.M. Snack	N/A			
			Lunch				
			P.M. Snack	N/A			
			Supper	N/A			
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <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				
<b>Meal Preparation:</b>			<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)				
<b>Children are served:</b>				<b>Children are supervised during meals by:</b>			
<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 checked="" type="checkbox"/> Yes	<input 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					
Sponsor/Site Agreements must be signed and dated prior to start of operation and must be maintained on file for OSR to review							
<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: [redacted]

Address of site: [redacted]

Site supervisor/State agency official: [redacted]

Telephone: [redacted]

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.

[redacted]  
\_\_\_\_\_  
Site Supervisor/State Agency Official

[redacted]  
\_\_\_\_\_  
Date

[redacted]  
\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Date







**Pre-Operational Visit Form**

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

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  Mobile  Other: \_\_\_\_\_

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 checked="" 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 checked="" type="checkbox"/> N/A
Adequate refrigeration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate storage for prepared or delivered food?	<input checked="" 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 checked="" type="checkbox"/> N/A
Storage space for records at site?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Access to a telephone?	<input checked="" 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





**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**

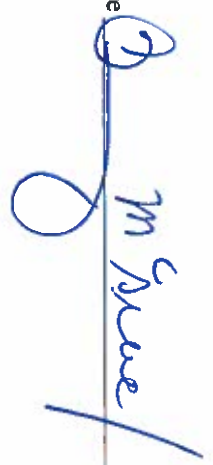
Organization Name DEKALB COUNTY RECREATION DEPARTMENT

Agreement Number 08025

**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 <small>New Meal Time</small> ADA: <input type="checkbox"/> Lunch <small>New Meal Time</small> ADA: <input type="checkbox"/> Supper <small>New Meal Time</small> ADA: <input type="checkbox"/> Snack <small>New Meal Time</small> ADA:	
				<input type="checkbox"/> Breakfast <small>New Meal Time</small> ADA: <input type="checkbox"/> Lunch <small>New Meal Time</small> ADA: <input type="checkbox"/> Supper <small>New Meal Time</small> ADA: <input type="checkbox"/> Snack <small>New Meal Time</small> ADA:	
				<input type="checkbox"/> Breakfast <small>New Meal Time</small> ADA: <input type="checkbox"/> Lunch <small>New Meal Time</small> ADA: <input type="checkbox"/> Supper <small>New Meal Time</small> ADA: <input type="checkbox"/> Snack <small>New Meal Time</small> ADA:	
				<input type="checkbox"/> Breakfast <small>New Meal Time</small> ADA: <input type="checkbox"/> Lunch <small>New Meal Time</small> ADA: <input type="checkbox"/> Supper <small>New Meal Time</small> ADA: <input type="checkbox"/> Snack <small>New Meal Time</small> ADA:	
				<input type="checkbox"/> Breakfast <small>New Meal Time</small> ADA: <input type="checkbox"/> Lunch <small>New Meal Time</small> ADA: <input type="checkbox"/> Supper <small>New Meal Time</small> ADA: <input type="checkbox"/> Snack <small>New Meal Time</small> ADA:	
				<input type="checkbox"/> Breakfast <small>New Meal Time</small> ADA: <input type="checkbox"/> Lunch <small>New Meal Time</small> ADA: <input type="checkbox"/> Supper <small>New Meal Time</small> ADA: <input type="checkbox"/> Snack <small>New Meal Time</small> ADA:	

Program Contact Signature

A handwritten signature in blue ink, appearing to read "M. Green", written over a horizontal line.

Date

\_\_\_\_\_

**SFSP Field Trip & Closure Notification Form (cont'd)**

Organization Name \_\_\_\_\_

Agreement Number \_\_\_\_\_

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 ADA. <input type="checkbox"/> Lunch ADA. <input type="checkbox"/> Supper ADA. <input type="checkbox"/> Snack ADA. <small>New Meal Time</small>	
				<input type="checkbox"/> Breakfast ADA. <input type="checkbox"/> Lunch ADA. <input type="checkbox"/> Supper ADA. <input type="checkbox"/> Snack ADA. <small>New Meal Time</small>	
				<input type="checkbox"/> Breakfast ADA. <input type="checkbox"/> Lunch ADA. <input type="checkbox"/> Supper ADA. <input type="checkbox"/> Snack ADA. <small>New Meal Time</small>	
				<input type="checkbox"/> Breakfast ADA. <input type="checkbox"/> Lunch ADA. <input type="checkbox"/> Supper ADA. <input type="checkbox"/> Snack ADA. <small>New Meal Time</small>	
				<input type="checkbox"/> Breakfast ADA. <input type="checkbox"/> Lunch ADA. <input type="checkbox"/> Supper ADA. <input type="checkbox"/> Snack ADA. <small>New Meal Time</small>	
				<input type="checkbox"/> Breakfast ADA. <input type="checkbox"/> Lunch ADA. <input type="checkbox"/> Supper ADA. <input type="checkbox"/> Snack ADA. <small>New Meal Time</small>	
				<input type="checkbox"/> Breakfast ADA. <input type="checkbox"/> Lunch ADA. <input type="checkbox"/> Supper ADA. <input type="checkbox"/> Snack ADA. <small>New Meal Time</small>	
				<input type="checkbox"/> Breakfast ADA. <input type="checkbox"/> Lunch ADA. <input type="checkbox"/> Supper ADA. <input type="checkbox"/> Snack ADA. <small>New Meal Time</small>	
				<input type="checkbox"/> Breakfast ADA. <input type="checkbox"/> Lunch ADA. <input type="checkbox"/> Supper ADA. <input type="checkbox"/> Snack ADA. <small>New Meal Time</small>	

Program Contact Signature \_\_\_\_\_

Date \_\_\_\_\_

