



Dear Child Care Institution,

Thank you for your interest in applying for the Montana Child and Adult Care Food Program (CACFP)! In order to begin participating in the CACFP a single, permanent application is required. Once approved, you will only be required to complete an annual information update. If you would prefer, an on-line version of this application is available on our [website](#).

In addition to this completed application, please submit the following documents:

For all institutions:

- Completed W-9 form (available on our website)
- 2 week menu

For private nonprofit institutions:

- Documentation of tax exempt 501(c)(3) status

Please submit your application and all documentation via mail, fax, or email to:

Montana CACFP  
PO Box 202925  
Helena, MT 59620-2925  
Fax (406) 444-2547  
[Email: Sarah Adams](#)

Once we have received your completed application and accompanying documents, we will contact you to arrange for a pre-approval visit.

If you have any questions, please contact Montana CACFP at: (406) 444-1788 or toll free (888) 307-9333.

Thank you!  
*Montana CACFP*



## Montana Child and Adult Care Food Program Center Application

### 1. Center Information

Institution Name: \_\_\_\_\_

Main Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Montana Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: Montana Zip: \_\_\_\_\_

Is this an institution with  one facility OR  multiple facilities? (Complete one Facility Information Form for each.)

#### *Is this a:*

- Non-Profit Institution? (Private non-profit institutions must submit proof of IRS 501(c)(3) status)
- For-Profit Institution? For-Profit Certification: This institution certifies that at least 25% of enrolled children, or 25% of licensed capacity, whichever is less, are classified as Free or Reduced, and meet eligibility requirements at the time of application. [7 CFR 226.11(b)] (Income Eligibility Forms (IEFs) are available on our website. See Documents>Child Care Centers-Administrative Documents)

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### *Is this a: (choose one)*

- Nonpricing program? (Nonpricing program means an institution, child care facility, or adult day care facility in which there is no separate identifiable charge made for meals served to participants).

#### **Certification:**

'This institution has no separate charge for meals served to participants. It is the policy of this institution and this institution assures that all participants are served the same meals at no separate charge regardless of race, color, national origin, sex, age or disability and there is no discrimination in the course of food service. [7 CFR 226.23(b)]

- Pricing program? (Pricing program means an institution, child care facility, or adult day care facility in which a separate identifiable charge is made for meals served to participants). These Institutions may not charge families' fees for meals, whose child(ren) qualify for Free meals. The CACFP reimburses Institutions at the maximum rate for these meals. Pricing Institutions may not charge families, whose child(ren) qualify for Reduced meals more than **\$0.40** for lunch or supper, **\$0.30** for breakfast, and **\$0.15** for snack (values defined by the Secretary of Agriculture). **\*Must complete Pricing Policy Statement\***

## 2. Responsible Individuals

### Institution Director

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Same as institution

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Individual Signing Contract

Same as director

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Owner

N/A

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Board President/Chair

N/A

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 3. Food Service Personnel

a. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business phone:  Same as institution \_\_\_\_\_ Fax:  Same as institution \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address:  Same as institution \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street address:  Same as institution \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business phone:  Same as institution \_\_\_\_\_ Fax:  Same as institution \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address:  Same as institution \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street address:  Same as institution \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business phone:  Same as institution \_\_\_\_\_ Fax:  Same as institution \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address:  Same as institution \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street address:  Same as institution \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Add additional sheets if necessary

## 4. Records and Management

### Agreement to Maintain Records

BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of Title VI and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the Department of Agriculture, Food and Consumer Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear are authorized to sign this assurance on the behalf of the applicant.

Signature\_\_\_\_\_Date\_\_\_\_\_

### Training Attendance Certification

This Institution understands that it must complete annual Director and civil rights trainings offered by the State agency. Attendance at the Director Training does not substitute for an Institution providing its own training to its own employees.

Signature\_\_\_\_\_Date\_\_\_\_\_

### Staff training plan certification:

This institution certifies that the Staff Training Plan forms a part of the Child and Adult Care Food Program (CACFP) contract and must be accomplished annually. Two topics are required annually, the CACFP and Civil Rights. In addition, staff training must be provided to new employees before they perform CACFP duties. Staff training records must be kept, including the agenda (which contains the date, time, presenter, topics, and signatures of all attendees), and the detailed information covered as well as any handouts provided.

[Ref: MT CACFP 1998-3 Rev 4]

Signature\_\_\_\_\_Date\_\_\_\_\_

## 5. Business Documentation

Tax ID #:  Exempt \_\_\_\_\_

License/PV #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ OR  License Not Required

Environmental/Sanitarian Inspection Date: \_\_\_\_\_ (must be within the last 12 months)

### Certification:

The food service provided by this institution complies with State and local health sanitation requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Insurance Information:

General Liability:  Current  Exempt Policy# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Workers Compensation:  Current  Exempt Policy# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## 6. Viability, Capability and Accountability

Demonstrate the financial viability, administrative capability and program accountability by providing the following:

### Financial Viability

Please provide an explanation of the accounting system, whether software is used, and whether the business has its own checking account and credit card.

### Administrative Capability

Provide the name and contact information of the person overall responsible for the CACFP at your institution.

Name: \_\_\_\_\_

Business phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Program Accountability

Provide the name and contact information of the person responsible for the accounting functions of the CACFP at your institution.

Name: \_\_\_\_\_

Business phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Other Publicly Funded Programs

In addition to CACFP, list all publicly funded programs this institution and its principals have participated in within the last seven years.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## 7. Business Profile

Center type:

- Adult Day Care\*     Head Start Program     Outside School Hours Program  
 Child Care Center     Emergency Shelter\*     After School Program\*

\*Complete applicable addendum for your center type

This center agrees to accept cash in lieu of commodities: Yes    No

The age range of children in care is: \_\_\_\_\_ to \_\_\_\_\_ the licensed or authorized capacity is: \_\_\_\_\_

Hours of operation are from \_\_\_\_\_ to \_\_\_\_\_ Days of operation are: \_\_\_\_\_

List all dates which the institution will not operate for periods of 1 week or longer (including spring, summer or winter breaks): not applicable \_\_\_\_\_

Additional business names used, if applicable:

Business name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type of business: \_\_\_\_\_

Business name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type of business: \_\_\_\_\_

## 8. Meals and Procurement

Meals are prepared (check all that apply):  On-site  At another facility  School vendor  Commercial Vendor

If school or commercial vendor, list vendor name: \_\_\_\_\_

Contract Type:

Vended Meal Contract

RFP & Solicitation Contract

Contract Effective Date: \_\_\_\_\_ Contract Expiration Date: \_\_\_\_\_

**Meals that will be served and/or claimed:** List the meals that will be served and identify the meals that will be claimed. You may only claim up to 2 meals and 1 snack OR 1 meal and 2 snacks per child per day. *Note: Afterschool programs may only claim 1 snack and 1 supper per child per day during the school year.*

Meals	Meal Served	Meal Claimed	Meal Start Time	2 <sup>nd</sup> Meal Shift Start Time (if applicable)
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
AM Snack	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
PM Snack	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
Supper	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
Evening Snack	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm

Identify any type of alternate schedule that your institution will be providing meals for.

(Such as half day, early release, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 9. Annual Budget Income

Income Category	Amount
Child and Adult Care Food Program	\$
Child Care Scholarships	\$
Tuition and Fees	\$
Other (describe):	\$
<b>Total Income</b>	<b>\$</b>

## 10. Annual Budget Expenses

Expense Category	Amount
..... CACFP Expenses	
Food	\$
Milk	\$
Food Service Labor (cook's salary, etc.)	\$
Cleaning Supplies (dishwashing soap, etc.)	\$
Non-food Supplies (napkins, etc.)	\$
Food Service Equipment	\$
Staff Training Costs for the CACFP	\$
Administrative Costs for the CACFP	\$
..... Other Business Expenses	
General Liability & Workers Compensation Insurances	\$
Overhead (rent, utilities)	\$
<b>Total Expenses</b>	<b>\$</b>

### Certification:

This institution certifies that the Budget is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 11. Civil Rights

County(ies) served: \_\_\_\_\_

Reservation(s) Served (check all that apply):

- Blackfeet Reservation
- Crow Reservation
- Flathead Reservation
- Fort Belknap Reservation
- Fort Peck Reservation
- Northern Cheyenne Reservation
- Rocky Boy's Reservation

### Census:

Using the most recent census data available on our website, please provide an estimate of the racial/ethnic makeup of the population being served by your institution. In addition, please provide an actual count of the racial/ethnic makeup of the population attending your institution.

Ethnicity	Census Data	Actual
Asian		
Black		
Hispanic		
American Indian or Alaskan Native		
Pacific Islander		
White		
Other		
Two or more races		
<b>Total</b>		

## 12. Civil Rights Certification

### Civil Rights Compliance Statement

This institution HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the Regulations of the Department of Agriculture (7 CFR Part 15, Department of Justice (28 CFR Parts 42 and 50), and FNS directives or regulations issued pursuant to that Act and the Regulations, to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, or disability be excluded from participation in, or be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the applicant received Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement. THIS ASSURANCE IS given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the applicant by the Department. This includes any Federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance such as food, food stamps, cash assistance for the purchase of food and any other financial assistance extended in reliance on the representations and agreements made in this assurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Agreement to Read Instructions and Guidance: Civil Rights Compliance

I assure the center director and individuals responsible for direct administration of the CACFP have read the Instructions and Guidance: Civil Rights Compliance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Non-Discrimination Clause

I assure the institution(s) operations, including current admission and recruitment policies, do not restrict, deny enrollment, or create a barrier to participation on the basis of race, color, national origin, sex, age, or disability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Agreement to Comply with Public Notification**

This institution has contacted grassroots organizations including those serving minority organizations in our area to announce participation in CACFP and has retained, on file, a copy of the announcement and where the announcement was sent; has included the non-discrimination statement on all of the information distributed to parents, guardians and/or the public including parent handbooks, leaflets, brochures, bulletins, newspaper announcements, and websites; has displayed The Civil Rights Poster "And Justice for All" near the institution(s) public entrance (day care homes exempt).

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Agreement to Notify Interested Parties about Participation in the CACFP**

This institution has informed and will continue to inform the institution(s) parents and/or guardians of beneficiaries and potential beneficiaries of participation in the CACFP; activities of the CACFP (referred to as parent notification); the non-discrimination statement and the complaint procedure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Understanding of News Release**

This institution understands that the state agency annually issues a news release in a regional newspaper; and the state agency will notify all institution(s) when ads are placed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Agreement to Document Civil Rights Complaints**

I assure the institution(s) understands that civil rights complaints and/or potential civil rights complaints must be documented and the institution(s) must have a system in place to document such complaints.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Application Certification

I hereby certify that all information provided in this application process is true and correct. During the past seven years, neither the institution nor any of its principals have been declared ineligible to participate in any other publicly funded program by reason of violating that program's requirements. Neither the institution nor any of its principals has been convicted of any activity that occurred during the past seven years that indicated a lack of business integrity to include but is not limited to; fraud, embezzlement, theft, forgery, bribery falsification of records. I understand that this information is being given in connection with the receipt of Federal funds that Department Officials may, for cause, verify information, and that deliberate misrepresentation will subject me to prosecution under applicable State and Federal criminal statutes. REF: CFR [226.6 (b)(1)(xiii)(B)(2)], [226.6 (b)(1)(xiv)(B)], [226.6(b)(1)(xv)]

The Institution itself, and the Institution's principals, are not currently on the CACFP National Disqualified List.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature on behalf of  
Institution by Authorized  
Representative

Montana Department of Public  
Health & Human Services  
(Child & Adult Care Food Program)

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature

Name: \_\_\_\_\_  
(Print or Type)

Name: \_\_\_\_\_  
(Print or Type)

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



## Facility Information

(Print additional sheets if needed; complete one sheet for each facility)

Name of Institution: \_\_\_\_\_

1. Facility:

A. Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Street Address: \_\_\_\_\_

City State Zip

C. Mailing Address: \_\_\_\_\_

City State Zip

D. Food Service Personnel: \_\_\_\_\_

2. Facility Type:

Adult Day Care     Head Start Program     Outside School Hours Program

Child Care Center     Homeless Shelter     After School Program

3. Child Care License/PV #:  Not required \_\_\_\_\_

4. Operating Information:

A. Hours of Operation: From: \_\_\_\_\_ To: \_\_\_\_\_ Shift Care:  Yes  No

B. Circle Operating Days for the Week:    Mon    Tue    Wed    Thurs    Fri    Sat    Sun

C. List all dates which the institution will not operate for periods of one (1) week or longer (including spring, summer or winter breaks): \_\_\_\_\_

5. Meals Are Prepared (check all that apply):  On site  At another facility  School vendor  Commercial Vendor

Is school or commercial vendor, list vendor name: \_\_\_\_\_

Contract Type:

Vended Meal Contract

RFP & Solicitation Contract

Contract Effective Date: \_\_\_\_\_ Contract Expiration Date: \_\_\_\_\_

6. **Meals That Will Be Served and Claimed:** List the meals that will be served and identify the meals that will be claimed. You may only claim up to 2 meals and 1 snack OR 1 meal and 2 snacks per child per day. *Note: Afterschool programs may only claim 1 snack and 1 supper per child per day during the school year.* Changes to the meal start times must be submitted to the Montana CACFP in writing as they occur.

Meals	Meal Served	Meal Claimed	Meal Start Time	2 <sup>nd</sup> Meal Shift Start Time (if applicable)
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
AM Snack	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
PM Snack	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
Supper	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm
Evening Snack	<input type="checkbox"/>	<input type="checkbox"/>	am/pm	am/pm

Identify any type of alternate schedule that your institution will be providing meals for. (Such as half day, early release, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Facility Representative

\_\_\_\_\_  
Date



## Instruction and Guidance: Civil Rights Compliance

### Montana CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

This Instruction and Guidance document is to assist in understanding civil rights compliance in the CACFP, acts as instructions to fill out the initial and annual civil rights paper work titled, Record of Civil Rights Compliance, and serves as a resource for annual and ongoing civil rights requirements. If you have questions, please contact Child & Adult Care Food Program at 406-444-1788 or 888-307-9333.

The Child and Adult Care Food Program is a federally funded program and because the CACFP is federally funded, all institution(s) participating must assure CACFP benefits are made available to all eligible individuals without regard to race, color, national origin, sex, age or disability. All institution(s) participating in the CACFP must comply with civil rights requirements, as stated in 7 CFR 226.6(m)(1): Title VI of the Civil Rights Act of 1964, prohibiting discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance; Americans with Disability Act and Section 504 of the Rehabilitation Act of 1973, prohibiting discrimination on the basis of disability; Title IX of the Education amendments of 1972, prohibiting discrimination on the basis of sex; and the Age Discrimination Act of 1975, prohibiting discrimination on the basis of age.

MT CACFP refers to FNS Instruction, number 113-1, for All FNS Employees and State Agencies, as a resource to guide and enforce Civil Rights Compliance.

MT CACFP refers to state agency policies MT CACFP 1999-6 Rev 4 State Agency Responsibility for Civil Rights Compliance and MT CACFP 2000-5 Rev 4 Non-discrimination Statement to guide and enforce Civil Rights Compliance.

## 1. Data Collection and Maintenance

Institution(s) must collect racial/ethnic data of the area it serves and of beneficiaries (participants receiving CACFP benefits), by racial/ethnic category, initially and annually thereafter. Once collected, the data must be maintained on file at the institution as well as submitted to the state agency. The data must be maintained using safeguards which prevent its use for discriminatory purposes. Such safeguards include allowing access to CACFP records containing this data to only authorized personnel.

An institution(s) must determine the racial/ethnic data of their service area by the county (counties) or reservation the institution(s) serves. To determine this information, please use racial/ethnic data provided for the State of Montana available on the Federal website: [2010 Census](#). Once the information is determined, enter the data using ethnic/racial categories provided. Racial/ethnic data of beneficiaries is collected by the institution(s) using its own data. Institution(s) must refer to the information provided on the Income Eligibility Forms or rely on other records for this information.

Please use the following guidance when determining actual racial/ethnic data:

- a. Visual identification may be used to determine a beneficiary's racial/ethnic category. The parents or guardians of beneficiaries may also be asked to identify the racial/ethnic group of the beneficiaries.
- b. For data collection purposes, a beneficiary may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. Parents or guardians of beneficiaries may be asked to identify the racial/ethnic group of the participant only after it has been explained, and they understand that the collection of this information is strictly for statistical reporting requirements, if kept in a confidential manner and has no effect on the determination of the participant's eligibility to receive benefits under CACFP.
- c. The following racial/ethnic categories are used for collecting beneficiary data:
  - AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).
  - ASIAN OR PACIFIC ISLANDER: A person having origins in any of the original peoples of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Hawaii and Samoa.
  - BLACK (NOT OF HISPANIC ORIGIN): A person having origins in the black racial groups of Africa.
  - HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  - WHITE (NOT OF HISPANIC ORIGIN): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

## 2. Nondiscrimination in Program Delivery

It is necessary that institution(s) review and assure that program operations are non-discriminatory. This includes but is not limited to the current admission and recruitment policies and procedures, to determine that they do not restrict, deny enrollment, or create a barrier to participation on the basis of race, color, national origin, sex, age, or disability.

Some specific examples of discrimination and non-compliance are as follows:

- a. Service or delivery of foods in a place, time or manner that results in or has the effect of denying or limiting the benefits of the CACFP on the basis of race, color, national origin, gender, age, or disability.
- b. Failure to apply the same eligibility criteria to all potential eligible individuals seeking participation in the CACFP.
- c. Maintenance of a waiting list which makes distinctions on the basis of race, color, national origin, sex, age, or disability.
- d. Failure to use or provide material which provides non-English speaking persons full and equal opportunity to receive benefits or services under CACFP.

It is important that all institutions are familiar with the Americans with Disability Act and that program operations are nondiscriminatory on the basis of disability.

### SECTION 504 OF THE 1973 REHABILITATION ACT:

Recipients of federal funds shall operate its CACFP or activity so that when viewed in its entirety, is readily accessible to and usable by people with disabilities. Because a recipient's facilities are inaccessible to, or unusable by people with disabilities, they may not be denied the benefits of, or be excluded from participation.

People with disabilities may not, on the basis of disability, be denied admission or be subjected to discrimination in admission, or recruitment into the CACFP.

Institution(s) (including day care homes) may not make the determination of whether a person is disabled, rather the institution shall accept the signed statement from a state recognized medical authority which provides the diagnosis of the disability.

Institution(s) participating in CACFP are required to serve meals to recipients whose disability restricts their diet. Institutions must request and receive a medical certification from a state recognized medical authority indicating dietary needs. This information may be a part of a special needs health care plan that includes feeding, and/or dietary information including dietary restrictions, food modifications, and food substitutions.

Institution(s) may not charge extra for the preparation and serving of such meals.

Institution(s) must review the current admission and recruitment policies to ensure that there are no barriers to participation on the basis of disability.

### 3. Implementation of the Public Notification System

The purpose of this system is to inform beneficiaries and potential beneficiaries of the program availability, program rights and responsibilities, the policy of nondiscrimination, and the procedure for filing a complaint.

All participating institution(s) (these requirements do not apply to day care homes) are required to:

- a. Contact grassroots organizations including those serving minority organizations in the service area to announce participation in and benefits of CACFP. A copy of the announcement must be retained on file and include where the announcement was sent. A grassroots organization is an organization at the local level that interacts directly with potential eligible or participants, such as an advocacy organization, community action program, civic organization, migrant group, religious organization, neighborhood council or similar group.
- b. Provide the nondiscrimination statement and procedure for filing a complaint to all parents or guardians of beneficiaries and potential beneficiaries. The non-discrimination statement must be placed on all information distributed to parents, guardians and/or the public including parent handbooks, leaflets, brochures, bulletins and newspaper announcements. If the document is too small to accommodate the complete nondiscrimination statement, please use the USDA's short nondiscrimination statement. Please refer to MT CACFP Non-discrimination Statement MT CACFP Policy 2000-5 Rev. 2 for more information.
- c. Display in a prominent place the nondiscrimination poster "*And Justice for All*" developed by the MT CACFP or USDA. *Display The Civil Rights Poster "And Justice for All" near facility's public entrance (day care homes exempt).*
- d. Make CACFP information available to the public upon request. Upon initial visits, parents and/or guardians of beneficiaries and potential beneficiaries must be given specific information pertaining to the receipt of CACFP benefits. Institutions must have the capability of providing informational materials in the appropriate translation (available through the Montana CACFP office or community resources) concerning the availability and nutritional benefits of CACFP.
  - Parents and/or guardians of beneficiaries and potential beneficiaries must be informed of the institution(s) participation in the CACFP: activities of the CACFP (referred to as parent notification), the CACFP non-discrimination statement and the complaint procedure. References: 7 CFR 226.6(b)(4)(iv), and MT CACFP Policy 2000-5 Rev. 2, Civil Rights
  - Parents and/or guardians of beneficiaries and potential beneficiaries must be informed on right to file a complaint, how to file a complaint, and the complaint procedures at the institution (the service delivery point).

MT CACFP recommends that the following is placed in the institution(s) parent handbook and reviewed with parents and/or guardians of beneficiaries and potential beneficiaries:

#### Meal Service

*[Full business name of child care center] participates in the U. S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP.) The Montana CACFP is administered by the State of Montana Department of Public Health and Human Services Early Childhood Services Bureau, PO Box 202925, Helena MT 59620. The MT CACFP can be reached by phone at 1-888-307-9333. By participating in the MT CACFP, our center receives federal financial assistance toward the cost of serving nutritious meals and snacks to the children (or adults) in our care. Meals served meet the nutrition requirements established by the USDA. In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.*

- e. Please note that the state agency annually issues a media press release in a regional newspaper on behalf of all institutions and will notify institution(s) when ads are placed.

*Sponsoring Organizations of Day Care Homes Only:* Institution(s) which sponsor day care homes are required to provide parents or guardians of beneficiaries, as well as parents of potential beneficiaries seeking enrollment, written CACFP materials which contain the nondiscrimination statement and procedure for filing a complaint.

#### 4. Civil Rights Training Responsibilities:

Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. All staff, including front line workers, such as those who answer phones and provide transportation, must be trained on Civil Rights Compliance. Additional training information is provided by the state agency through annual training.

All institution(s) staff must be annually trained on Civil Rights responsibilities. Institution(s) must use FNS Instruction 113-1, Section XI, and this document for training content. Training content must include:

- The United States Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410.
- Public Notification System
- Collection and use of data
- Effective public notification systems
- Compliance review techniques
- Resolution of noncompliance
- Requirements for reasonable accommodation of persons with disabilities
- Requirements for language assistance
- Conflict resolution
- Customer service

#### Complaint Guidance:

The complaint procedure is for anyone that feels they have been discriminated against including beneficiaries and potential beneficiaries.

Any and all complaints (written, anonymous or verbal) alleging discrimination on the basis of race, color, national origin, sex, age, or disability should be forwarded in writing to:

USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

The Mountain Plains Civil Rights Office has been delegated the authority to determine the manner in which all civil rights complaints are to be handled including agency inquires, compliance reviews, or other means. Regardless of where the complaints are filed, they must reach the above office within 10 days of receipt by the State Agency or Regional Office. Mountain Plains Civil Rights/EEO Office will prepare and issue letters of acknowledgement to complainants.

#### Procedure for Filing Complaints of Discrimination

Right to File a Complaint: Any person alleging discrimination based on race, color, national origin, gender, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Such complaint shall be promptly referred to the Secretary of Agriculture or the Mountain Plains Civil Rights/EEO Office within 5 calendar days of receipt.

Acceptance: All civil rights complaints, written, verbal or anonymous, shall be accepted by the CACFP state agency office, and forwarded to the Mountain Plains Civil Rights/EEO Office. It is necessary that the information be sufficient to determine the identity of the agency or individual towards which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints should be handled as any other complaints.

VERBAL COMPLAINTS: In the event a complainant makes the allegations verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:

- a. Name, address, and telephone number or other means of contacting the complainant.
- b. The specific location and name of the entity delivering the service or benefit.
- c. The nature of the incident or action that led the complainant to feel discrimination was a factor, or an example of the method of administration which is having a disparate effect on the public, potential participants, or participants.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, gender, age, disability, or political belief).
- e. The names, titles, and business addresses of persons who may have knowledge of the discriminatory action.
- f. The date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions.

## 5. Complaint Documentation

It is essential that institution(s) assure complaints and/or potential complaints are documented. A system must be in place to document complaints and/or potential complaints.

Racial & Ethnic Breakdown, Children Age 0-12 Years Old for Montana

By County & Reservation

(Source: Census 2010)

<b>Geographic Area</b>	<b>Total</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Alaska Native</b>	<b>Asian</b>	<b>Hawaiian or Pacific Islander</b>	<b>Other</b>	<b>Hispanic or Latino Ethnicity</b>
Montana	159,595	131,42	902	16,601	843	104	9,721	8,218
Beaverhead County	1,263	1,174	4	22	5	3	55	70
Big Horn County	3,175	478	14	2,533	4	-	146	153
Blaine County	1,416	481	1	902	-	-	32	43
Broadwater County	864	808	5	13	4	4	30	36
Carbon County	1,318	1,260	9	17	2	-	30	49
Carter County	127	122	-	4	-	-	1	2
Cascade County	13,405	11,161	191	751	78	12	1,212	811
Chouteau County	1,099	623	2	438	5	1	30	37
Custer County	1,828	1,703	9	25	7	3	81	82
Daniels County	254	225	1	13	-	-	15	6
Dawson County	1,368	1,274	5	36	1	-	52	59
Deer Lodge County	1,166	1,070	8	21	4	-	63	54
Fallon County	512	494	-	1	3	-	14	9
Fergus County	1,612	1,532	11	12	2	-	55	46
Flathead County	15,184	14,154	59	192	85	9	685	565
Gallatin County	13,924	12,888	68	147	140	10	671	679
Garfield County	203	200	1	-	-	-	2	1
Glacier County	3,090	611	1	2,364	4	-	110	92
Golden Valley County	121	107	-	3	-	-	11	7
Granite County	361	348	-	1	-	-	12	12
Hill County	3,157	1,912	13	1,020	12	-	200	109
Jefferson County	1,765	1,659	10	26	3	-	67	49
Judith Basin County	278	276	-	1	-	-	1	3
Lake County	5,270	2,809	24	1,720	13	-	704	323
Lewis and Clark	10,269	9,284	63	276	62	8	576	484
Liberty County	352	334	-	1	1	-	16	-
Lincoln County	2,657	2,497	5	18	7	-	130	108
McCone County	240	227	1	3	1	-	8	4
Madison County	936	883	2	7	8	-	36	29
Meagher County	239	234	1	-	1	-	3	4
Mineral County	534	499	-	9	3	-	23	24
Missoula County	15,785	13,836	86	654	174	20	1,015	706
Musselshell County	647	604	3	9	-	-	31	41
Park County	2,156	2,026	2	29	1	1	97	97
Petroleum County	73	71	-	-	-	-	2	2
Phillips County	668	535	-	77	-	-	56	29

<b>Geographic Area</b>	<b>Total</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Alaska Native</b>	<b>Asian</b>	<b>Hawaiian or Pacific Islander</b>	<b>Other</b>	<b>Hispanic or Latino Ethnicity</b>
Pondera County	1,081	779	2	247	5	-	48	39
Powder River County	218	189	1	7	-	-	21	9
Powell County	791	740	11	9	4	-	27	24
Prairie County	154	136	-	-	-	-	18	7
Ravalli County	6,118	5,734	19	59	30	4	272	330
Richland County	1,607	1,486	2	28	3	-	88	76
Roosevelt County	2,403	460	5	1,806	7	-	125	37
Rosebud County	1,953	886	4	947	8	-	108	107
Sanders County	1,570	1,354	3	85	4	-	124	60
Sheridan County	432	387	4	13	2	-	26	16
Silver Bow County	5,081	4,622	24	140	19	5	271	329
Stillwater County	1,463	1,396	3	16	1	1	46	57
Sweet Grass County	571	540	1	1	2	-	27	13
Teton County	949	905	2	7	3	-	32	27
Toole County	745	676	6	29	2	-	32	32
Treasure County	77	70	-	3	-	-	4	3
Valley County	1,186	923	1	206	2	1	53	29
Wheatland County	353	324	4	-	1	-	24	10
Wibaux County	147	141	-	-	-	-	6	3
Yellowstone County	25,380	21,277	211	1,653	120	22	2,097	2,185
Blackfeet Indian Reservation and Off-Reservation Trust Land	2,652	183	-	2,405	4	-	60	77
Crow Reservation and Off-Reservation Trust Land	1,740	184	-	1,514	-	-	42	37
Flathead Reservation	5,314	2,643	22	1,872	14	-	763	330
Fort Belknap Reservation and Off-Reservation Trust Land	766	6	-	754	-	-	6	23
Fort Peck Indian Reservation and Off-Reservation Trust Land	2,401	339	3	1,936	7	-	116	38
Northern Cheyenne Indian Reservation and Off-Reservation Trust Land	1,438	24	2	1,383	3	-	26	69
Rocky Boy's Reservation and Off-Reservation Trust Land	1,015	11	-	987	-	-	17	33

Source: US Department of Commerce, Census 2010 - Summary File 1 (SF1) - 100% Data Compiled 12/3/2012 by the Census & Economic Information Center, MT Dept. of Commerce (www.ceic.mt.gov)