



CHILD AND ADULT CARE FOOD PROGRAM

RECORD OF CIVIL RIGHTS COMPLIANCE TRAINING

Name of Center/Sponsor: _____

Address: _____

1. We have read "CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT IN THE CHILD & ADULT CARE FOOD PROGRAM".

Signature

Date

2. We have counted all participants enrolled at our Centers/Day Care Homes on _____ (date), by racial/ethnic categories using the categories given in "CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT in the CHILD & ADULT CARE FOOD PROGRAM." This information will be kept in our office and will be available for review by the State Agency and/or USDA. This information will be kept confidential.

Signature

Date

3. We have reviewed our requirements, procedures, and policies to determine that they do not restrict or deny enrollment on the basis of race, color, national origin, sex, age, or disability.

Signature

Date

4. We have contacted the following grassroots or minority organizations in our area to announce our participation in CACFP:

Signature

Date

5. We have filled out CACFP Application for Participation Civil Rights Compliance with our application and have mailed it to the CACFP Office. We have kept one copy for our files.

Signature

Date

6. We will include the following statement in all of the information that we hand out to parents, guardians and/or the public including leaflets, brochures, bulletins and newspaper announcements.

“In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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.

o 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:

- a. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; or
- b. Fax: (202) 690-7442; or
- c. Email: [USDA program intake](#)

This institution is an equal opportunity provider and employer.”

If the material is too small to permit the full statement to be included (e.g. brochures, coupons, electronic benefit cards, flyers, and other media of less than a page) the material must, at a minimum include the USDA’s short nondiscrimination statement as follows:

“This institution is an equal opportunity provider.”

Signature Date

7. The Civil Rights Poster "And Justice for All" is displayed near our facility’s public entrance.

Signature Date

8. We understand that there is a complaint procedure for anyone that feels they have been discriminated against and that any complaints should be forwarded to the 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).

Signature

Date

9. We will provide Civil Rights Compliance training on:
_____ to
_____ on the following subjects:
(# of attendees)

Signature

Date

Please return this form to: Child & Adult Care Food Program, Helena, Montana

Save Form

Print

Reset Form