

# CHILD AND ADULT CARE FOOD PROGRAM CIVIL RIGHTS DATA COLLECTION FORM

1. Compile the following data each agreement year and retain for five years along with other program documents. *Do not send this form to the Child and Adult Care Food Program; keep the completed form on file for review.*
2. Use the following USDA Nondiscrimination Statement on each form that is necessary for a participant to enroll in the Child and Adult Care Food Program. (This includes all forms and flyers that parents or the general public use and/or see.)

*In accordance with Federal civil rights 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.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.*

This statement should be in a prominent place in each publication, i.e., leaflets, brochures, bulletins, and newspaper announcements.

3. Radio and television announcements about the Child and Adult Care Food Program should state:  

**"CACFP is an Equal Opportunity Program."**
4. If using photographs and other graphics on printed information or on television, they must convey the message of equal opportunity by picturing participants of different minority groups.
5. The non-discriminatory poster "...And Justice for All" must be displayed in a prominent place.
6. If applicable, provide appropriate translation of information such as application materials, eligibility criteria, benefits available, and other program information, upon request, to non-English speaking potential participants.

TOTAL	ETHNICITY:				
	Hispanic or Latino	Not Hispanic or Latino			
ENROLLED PARTICIPANTS					
POTENTIAL PARTICIPANTS					
TOTAL	RACE:				
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
ENROLLED PARTICIPANTS					
POTENTIAL PARTICIPANTS					

**Spanish, Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native** A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malasia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**White** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The source(s) of this data (e.g. city census data, county census data, etc.) is:

1. Enrolled Participants \_\_\_\_\_
2. Potential Participants \_\_\_\_\_

The data collected for CACFP fiscal year \_\_\_\_\_ by: \_\_\_\_\_ Date \_\_\_\_\_

*(Institution Representative)*