



Civil Rights Compliance

CACFP
SFSP



What are Civil Rights?

Civil Rights are the nonpolitical rights of a citizen; the rights of personal liberty guaranteed to U.S citizens by the 13th and 14th Amendments to the U.S. Constitution and Acts of Congress.





Why is Civil Rights Important?

Ensures equal access to the Child Nutrition Program.

What is Discrimination?

Discrimination is defined as different treatment which makes a distinction of one person or a group of persons from others; either intentionally, by neglect, or by the actions or lack of actions based on six protected classes: race, color, national origin, sex, age, or disability.

Six Protected Classes



- ▣ Race
- ▣ Color
- ▣ Sex
- ▣ Age
- ▣ National Origin
- ▣ Disability



Assurances

A civil right assurance is incorporated in all agreements between the state agency and the contractor/sponsor in order to ensure that

ALL children
have access to the
child nutrition program.



Agreements between sponsors and facilities also include civil rights assurances.

Public Notification System

- All sponsors in Child Nutrition Programs must display the non-discrimination poster in a prominent area where participants and potential participants have access and train their staff annually.

“And Justice For All”



Standard poster comes in English or Spanish.
Other translations found:

<http://www.fns.usda.gov/cr/justice.htm>

Public Notification System

Non-Discrimination Statement

☐ 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, 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.
- ☐ This institution is an equal opportunity provider.
- ☐



When A Non-Discrimination Statement Is Needed:

Informational
Materials that
require the
Nondiscrimination
Statement
include:

- Employee Handbooks
- Enrollment Forms
- Newsletters
- Brochures
- Parent Handbooks
- Flyers
- Print or broadcast advertisements
- Photos and other graphics used to provide program or program related information
- Websites/Social Media



Language Assistance

- ▣ Sponsors have the responsibility to take steps to ensure meaningful access to programs and activities by persons with “*Limited English Proficiency*” (LEP).
- ▣ LEP- describes individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.
- ▣ TRANS ACT is a program that can be used to provide forms to persons with LEP. Contact our office for assistance.

<http://www.fns.usda.gov/cnd/frp/frp.process.htm>



Civil Rights Legislation

- ▣ Title VI of Civil Rights Act of 1964
 - Prohibits discrimination based on race, color, and national origin.
- ▣ Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973
 - Prohibits discrimination based on disability.
- ▣ Title IX of Education Amendments of 1972
 - Prohibits discrimination based on sex under any education program or activity.



Data Collection and Reporting

Each Child Nutrition sponsor is required to collect using state agency form collect :

- Racial/ethnic data
- Collect annually
- Maintain data for three years plus the current year



Ethnic /Racial Data Collection Collected on Monitoring Form

Collect ethnic data first, then racial

- ▣ **Ethnicity**
 - a. Hispanic or Latino
 - b. Not Hispanic or Latino

- ▣ **Race**
 - Black or African American
 - Asian
 - American Indian or Alaskan Native
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other

Civil Rights Complaint:

- ▣ Right to file a complaint:

Any person alleging discrimination based on race, color, national origin, age, sex or disability has a right to file a complaint within 180 days of the alleged discriminatory action.

- ▣ Complaints:

- _ Written or verbal

- _ Anonymous complaints

- _ Must have written procedure in place



Process for Filing a Complaint:

- ▣ Fill out a complaint form either by complainant or individual receiving the complaint within 180 days of allegation.
- ▣ Complaint form will be sent to FNS Headquarters Civil Rights Division (CRD) for further evaluation.

Service to Participants

Ensure all accommodations are met for persons with disabilities.

Conflict resolution is the key to service.

Service to participating persons should be professional.

Information needed:

- ▣ Complainant's - name, address, telephone number
- ▣ Location where discrimination occurred
- ▣ Nature of the Incident
- ▣ Basis for the claim - race, color, age, disability, sex, national origin
- ▣ Name of witnesses
- ▣ Dates when action (s) occurred

Complaint Form



OMB Control Number 0508-0002

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
Program Discrimination Complaint Form**

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

E-mail address (if you have one): _____

Telephone Number starting with area code: _____

Alternate Telephone Number starting with area code: _____

Best Time of the Day to Reach You _____

Best Way to Reach You, (check one): Mail Phone E-mail Other: _____

Do you have a representative (lawyer or other advocate) for this complaint? Yes No

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

1. Who do you believe discriminated against you? Use additional pages, if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): _____

Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

- Farm Service Agency Food and Nutrition Service
 Rural Development Natural Resource Conservation Service
 Forest Service Other: _____

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: _____
 Month Day Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur?

Address of location where incident occurred:

 Number and street, PO Box, or RD Number

 City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my

6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: _____ No: _____

If yes, with what agency or court did you file? _____

When did you file? _____
 Month Day Year

Signature: _____ Date: _____

Mail Completed Form To:

USDA
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Ave, SW, Stop 9410
 Washington, D.C. 20250-9410

E-mail address:
program.intake@usda.gov

Telephone Numbers:

Local area: (202) 260-1026
 Toll-free: (866) 632-9992
 Local or Federal relay: (800) 877-8339
 Spanish relay: (800) 845-6136
 Fax: (202)690-7442



Process for Filing a Complaint: Directly to Washington D C

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Compliance

Techniques and resolution:

Ask yourself the following questions each time an applicant and/or participant comes to your program.

- ❑ Am I treating this person in the same manner I treat others?
- ❑ Have I given this person the opportunity to clarify all relevant factors of inconsistencies?
- ❑ Have I provided the person with the information he or she needs to make necessary decisions?

WHAT COULD HAPPEN IF YOU VIOLATE A PARTICIPANT'S/POTENTIAL PARTICIPANT'S RIGHTS?

YOU COULD MAKE THE NEWS.

