



# 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 13<sup>th</sup> and 14<sup>th</sup> 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”



# 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](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.
- ☐



# 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.



# 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](mailto: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

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  
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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.

