



State of New Jersey

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June 2010

TO: Adult Day Care Center Memo #10-8
Child Care Center Memo #10-09
Family Day Care Memo #10-11

FROM: Tanya D.W. Johnson, *Tanya D.W. Johnson* Coordinator
Child and Adult Care Food Program

SUBJECT: Civil Rights Requirements for Child and Adult Care Food Program (CACFP)

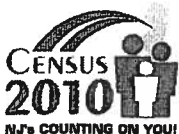
This memo addresses civil rights training and data collection requirements for all Child and Adult Care Food Program (CACFP) institutions as specified by FNS-Instruction 113-1, *Civil Rights Compliance and Enforcement – Nutrition Programs and Activities*.

Sponsors must meet compliance with the Civil Rights Act of 1964, in that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under the program on the grounds of race, color, national origin, sex, age, or disability. This authorized statement cannot be modified and must be used in full without revision, etc.

The full nondiscrimination statement should be included on all forms, brochures, and outreach materials that mention our programs when produced. The enclosed Civil Rights Data must be collected annually and maintained on file for review by the CACFP. The Civil Rights Data Collection Form, Civil Rights Self-Assessment, Civil Rights Procedures for Filing Complaints of Discrimination, and a Civil Rights Complaint Form are enclosed for your use. These forms and adhesive labels will also be enclosed with your 2011 application renewal package.

The following activities must be completed to ensure your institution's compliance with this instruction:

1. Civil rights training must be completed by you and your staff by September 30, 2010.



2. Civil rights data collection must be completed for **actual** and **potential** participants by October 29, 2010.

“Actual” beneficiary data refers to the participants **enrolled** in the center or family day care home.

“Potential” beneficiary data refers to the ethnic and racial composition of the **agency’s service or geographic area**. There are a number of websites that can be used to obtain this information, i.e., <http://quickfacts.census.gov/qfd/> and www.fairdata2000.com

Details relating to program requirements are as follows:

I. Training

Each year CACFP institutions are responsible for training:

- Staff who interact with program applicants or participants such as caregivers/providers, recruiters, reviewers and office staff that interact with caregivers/providers.
- Supervisory staff including staff with oversight of the program.

Sponsors must not only train staff/providers annually but also train new staff/providers as hired. Training documentation, i.e., the agendas indicating specific topics, date, and sign-in sheets for attendees must be maintained on file with other required CACFP records. (Refer to your copy of the CACFP Permanent Agreement, and the Technical Assistance Forms-CACFP Annual Training Documentation form enclosed with the application renewal package).

In order to assist you in providing the annual civil rights training, you may access the FNS-Instruction 113-1 publication and other CACFP information by entering the following WEB address into the address box of your WEB browser:

<http://www.state.nj.us/agriculture/divisions/fn/childadult/food.html>

A Civil Rights Requirements Power Point presentation will soon be available for download on the New Jersey Department of Agriculture’s website under the Division of Food and Nutrition in the Guides and Resources section.

II. Data Collection

In addition to the Civil Rights training, every participating CACFP institution is required to collect **actual and potential** beneficiary data on an annual basis. The data must be collected using the **two-tier** format to capture both:

- A. **Ethnicity** - The parent/guardian must select **one** ethnicity **either** Hispanic or Latino **or** Not Hispanic or Latino. If the parent or guardian refuses to provide this information on any of your forms, a center

representative may complete this information using visual identification.

- B. **Race** - One or more of the five racial categories listed on the attached form must be selected.

For example, a parent or guardian may select Hispanic or Latino in Section A and for Section B select Black or African American and Asian.

Both parts A and B must be completed.

From the description above you will note that adding both selections under **Ethnicity** should equal your total enrollment, but **Race** may not, which is acceptable.

Once collected, the institution must maintain the data on file for the required 5 years, as well as the source documentation for the data. This data must be maintained using safeguards that prevent its use for discriminatory purposes. Such safeguards must include allowing access to program records containing this data only by authorized personnel.

By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner. Compliance with this requirement will be evaluated as part of the administrative review conducted by this office beginning November 2010 (Fiscal Year 2011).

Contact your assigned CACFP Specialist with any questions or concerns related to the annual civil rights requirements.

We appreciate your continued participation in the CACFP!

Enclosures: Civil Rights Data Collection Form
Civil Rights Self-Assessment Form
Procedures for Filing Complaints of Discrimination
Civil Rights Complaint Form
Training Documentation Form

2010-11 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 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 law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

Peel and stick non-discrimination statements are enclosed for your use. 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:

" USDA 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					
GEOGRAPHIC AREA					
TOTAL	RACE:				
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
ENROLLED PARTICIPANTS					
GEOGRAPHIC AREA					

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, Malaysia, 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. _____
2. _____
3. _____

The data collected for CACFP fiscal year _____ by: _____

Sponsor Representative

Date

**New Jersey Department of Agriculture
 Division of Food and Nutrition
 Child and Adult Care Food Program**

CACFP CIVIL RIGHTS COMPLIANCE SELF-ASSESSMENT

CIVIL RIGHTS COMPLIANCE REQUIREMENTS	YES	NO	COMMENTS & IF NO, INCLUDE DATE AND PLAN TO COMPLETE COMPLIANCE.
1. Have staff members receive the required annual training on the approved civil rights and complaint procedures?			
2. Does your institution have documentation of civil rights training?			
3. Is the current "...AND JUSTICE FOR ALL" poster displayed prominently in all service areas (sites and applicable administrative offices)?			
4. Is the current official version of the USDA nondiscrimination policy statement included on all organization materials (parent handbooks, brochures, fliers, promotional materials, menus) that mention USDA or the CACFP?			
5. Does your institution provide written materials and translations of written materials, and/or translators of interpretive services, as needed to convey CACFP benefits to all participants and potential participants and family without regard to race, color, national origin, age, or disability?			
6. Are civil rights complaint forms available at all sites and applicable administrative offices?			
7. Does your institution have an established written procedure to receive complaints alleging discrimination?			
8. Is a civil rights complaint log maintained at all sites or a procedure in place to document complaints at a central location?			

Printed Name of Person Completing Assessment: _____

Signature: _____

Date: _____



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM

Civil Rights

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability must be processed in the manner prescribed in this instruction. The purpose of this form is to assist you in establishing procedures for filing a complaint of discrimination. If grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, complaints must be specific and provide full details concerning the occurrence. The information listed below must be included in all complaints of discrimination.

Procedure for Filing Complaints of Discrimination

1. **Right to File a Complaint:** Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances, this time limit may be extended.
2. **Acceptance:** All complaints, written or verbal, shall be accepted. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.
3. **Verbal Complaints:** In the event that a complainant makes his allegation 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 name of the sponsor/district delivering the program service or benefit.
 - C. The nature of the incident(s) or action(s) that led the complainant to feel discrimination was a factor.
 - D. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, and disability).
 - E. The names, titles and addresses of persons who may have knowledge of the discriminatory action(s).
 - F. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM

Civil Rights Complaint Form

Name Sponsor/District

Address (Alleged complaint is against:)

Phone #

Date(s) of Alleged Discriminatory Action:

Nature of Complaint:

Witness(es) (Person(s) Having Knowledge of the Discriminatory Action):

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>

Basis of Complaint:

Race	<input type="checkbox"/>	Age	<input type="checkbox"/>
Color	<input type="checkbox"/>	Disability	<input type="checkbox"/>
National Origin	<input type="checkbox"/>	Other	<input type="text"/>
Sex	<input type="checkbox"/>		

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NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF FOOD AND NUTRITION CHILD AND ADULT CARE FOOD PROGRAM

CACFP ANNUAL STAFF TRAINING DOCUMENTATION

(Staff Training and Documentation Must Be Completed Annually For CACFP Compliance)

SPONSORS ARE REQUIRED TO PROVIDE ANNUAL TRAINING FOR ALL STAFF INVOLVED WITH THE CHILD AND ADULT CARE FOOD PROGRAM (INCLUDING BOARD MEMBERS). BOARD MEMBERS MUST HAVE ADEQUATE OVERSIGHT OF THE PROGRAM, WHEREBY IT PERIODICALLY ASSESSES PROGRAM MANAGEMENT AND KNOWS OF ANY COMPLIANCE ISSUES RESULTING FROM CACFP REVIEWS OR AUDITS. AGENCIES ARE REQUIRED TO MAINTAIN A ROSTER OF BOARD MEMBERS, AND MINUTES OF BOARD MEETINGS, TO DOCUMENT THAT THE BOARD EXISTS, MEETS ON A REGULAR BASIS, AND PERFORMS ITS REQUIRED FUNCTIONS.

THESE TRAININGS MUST BE CONDUCTED AFTER THE RECEIPT OF THE CACFP APPLICATION AND ANNUAL RENEWALS. THIS FORM MUST BE USED. YOU MAY INCLUDE OR ATTACH ADDITIONAL SHEETS OR TRAINING DOCUMENTATION, BUT ALL TRAINING TOPICS MUST BE COVERED AND THIS FORM MUST BE COMPLETED TO MEET PROGRAM COMPLIANCE. KEEP THIS COMPLETED FORM ON FILE FOR REVIEW BY THE CHILD AND ADULT CARE FOOD PROGRAM DURING ADMINISTRATIVE REVIEWS.

CACFP SPONSOR NAME:	
CACFP SPONSOR AGREEMENT #	
DATE OF TRAINING SESSION:	
TIME OF TRAINING SESSION:	
NAME AND TITLE OR POSITION OF TRAINER:	

TOPICS DISCUSSED: <i>(Check (✓) the box for each topic discussed during the session.)</i>	<input type="checkbox"/>
Meal Pattern Requirements	<input type="checkbox"/>
Menus	<input type="checkbox"/>
Meal Count Procedures	<input type="checkbox"/>
Enrollment Statements	<input type="checkbox"/>
Income Eligibility Classifications	<input type="checkbox"/>
Record Keeping Procedures	<input type="checkbox"/>
Itemized Receipts	<input type="checkbox"/>
Time and Attendance Logs	<input type="checkbox"/>
Training Requirements	<input type="checkbox"/>
Monitoring Requirements <i>(If your agency has programs on Schedule A, located at a different address.)</i>	<input type="checkbox"/>
Claim Completion and Submission Procedures	<input type="checkbox"/>
Daily Attendance Records	<input type="checkbox"/>
Sanitation	<input type="checkbox"/>
Serious Deficient Process for Facilities	<input type="checkbox"/>
Block Claiming/Household Contact	<input type="checkbox"/>
Civil Rights Requirements	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>

STAFF	
NAME	TITLE OR POSITION