

Civil Rights Complaints

“In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.”

“The Institution is an equal opportunity provider.”

Civil Rights regulations are intended to assure that benefits of the Child and Adult Care Food Program (CACFP) are made available to all eligible persons.

What is discrimination?

Discrimination is when an individual or a group of individuals are:

- Denied a benefit or service that others receive,
- Delayed receiving a benefit or service that others receive,
- Treated differently than others.

When individuals or a group of individuals complain they have been discriminated against, it is the Institutions responsibility to assist the complainants to report incidents, investigate and work with USDA/SDE to resolve complaint.

Examples of Discriminatory practices

- Refusing to allow an eligible child or adult to be enrolled based on his/her disability.
- Failing to provide participants with disabilities reasonable accommodations to receive benefits.
- Serving meals at a place, time or in a manner that discriminates based on color, race, national origin, sex, age or disability.
- Selectively distributing FRA forms to only some households. (For example, distributing forms only to those households the Institution thinks will qualify for Free or Reduced eligibility.)
- Failing to provide materials that give non-English speaking persons full and equal opportunity to receive benefits.

Collecting and Recording Data

- **Collecting racial and ethnic data is required as part of the initial and renewal application. It must be collected and reported annually.**
- **It is not reported as the actual number of enrolled participants, but by percentages for the general population served.**

“And Justice For All”

- The “And Justice For All” posters **MUST** be displayed in **EVERY** site.
- They must be displayed where parents, adult participants and the general public can see it and read it. (Not hidden in the kitchen or office work area.)
- Whenever the CACFP or USDA is mentioned or implied on Institution materials, the non-discrimination statement must be included on these materials.
- Examples include:
 - Employee handbook
 - Enrollment forms
 - Menus
 - Newsletters
 - Brochures
 - Parent Handbooks
 - Print or broadcast advertisements
 - Flyers

Civil Rights Complaint

- Any person who believes he or she has been discriminated against in the CACFP 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.
- Complainants may choose to directly contact USDA with their complaint, or they may notify the Institution of their complaint.

Complaint Procedure

- **Upon receiving a complaint, offer opportunity to discuss with Supervisor. Notify Health, Dental, Nutrition Coordinator as soon as possible.**
- **Provide complainant with a complaint form to complete and document on the Civil Rights Complaint Log.**
- **Form must be completely filled out, with location, staff names and nature of incident. (Name, address, phone number of complainant are optional.)**
- **If the complainant completes a Civil Rights Complaint form, he or she can return it to Institution or send it to SDE, or USDA. Institutions MUST forward complaint with in THREE days.**
- **Every site must have a Civil Rights binder with forms, and ALL staff must know where binder is located.**

Short & Long Statement

- Two versions of the Non-discrimination statements:

Long Form:

- **“In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.”**

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY).”

Short Form:

- **“This institution is an equal opportunity provider.”**

Must be typed in the same font and size as the rest of the document.

Civil Rights Forms

Lewis-Clark Early Childhood Program Civil Rights Complaint Procedure



CR COMPLAINT LOG									
Sponsor:								FY	
Date complaint received	Name of person who took complaint	Name and address of complainant	Explanation of event - include date of incident (use additional sheets if needed)	Type of Discrimination (circle one)	Date SDE notified	Date instructions or other information rec'd from SDE	Date(s) investigation took place	Who investigated?	Date complaint resolved
				Race/Color National Origin Sex Age Disability					
				Race/Color National Origin Sex Age Disability					
				Race/Color National Origin Sex Age Disability					
				Race/Color National Origin Sex Age Disability					
				Race/Color National Origin Sex Age Disability					
				Race/Color National Origin Sex Age Disability					



This form may be blank, but must have a new one every year, the old one can be sent to Health Coordinator in May.

Forms Continued:

COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the [insert name of agency or organization]. You are not required to use this form; a letter with the same information is sufficient. **However, the information requested in the items bolded and marked with a star (*) must be provided, whether or not the form is used.**

- 1 State your name and address:

Name: _____
Address: _____

Telephone No.: Home: () _____ Work: () _____

- 2 ***Person(s) discriminated against, if different from above:**

Name: _____
Address: _____

Telephone No.: Home: () _____ Work: () _____

- 3 *** Agency and department or program that discriminated:**

Name: _____

Any individual if known: _____
Address: _____

Telephone No.: () _____

- 4 *** Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").**

____ Race/Color: _____
____ National Origin: _____
____ Sex: _____
____ Age: _____
____ Disability: _____

*** Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the basis on**



This form is multiple pages long.

Please take an opportunity when you return to your centers to check your binders and update them with the most current procedure.

If you ever have any questions,
please ask! 😊

Heidi Thornton/Sandra Overman

208-743-6573

Thank you!