STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

RICK SNYDER
GOVERNOR

MICHAEL P. FLANAGAN
STATE SUPERINTENDENT

FISCAL YEAR 2013
CHILD AND ADULT CARE FOOD PROGRAM
OPERATIONAL MEMORANDUM #25

TO: Child and Adult Care Food Program Institutions

FROM: Kyle L. Guerrant, Director
Office of School Support Services

DATE: July 3, 2013

SUBJECT: **Civil Rights Compliance – Update to Fiscal Year 2013 Operational Memo #12**

ACTION: **Update the new non-discrimination statement on Child and Adult Care Food Program materials**

The United States Department of Agriculture (USDA) requires that all institutions participating in the Child and Adult Care Food Program (CACFP) comply with the Food and Nutrition Service (FNS) Instruction 113.1, *Civil Rights Compliance and Enforcement – Nutrition and Programs and Activities.* The non-discrimination guidance has been updated from the Office of the Assistant Secretary for Civil Rights. The department's policy staff has updated the non-discrimination statement; however, it is included in Departmental Regulation (DR) 4300-003, Equal Opportunity Public Notification Policy, but has not been cleared for issuance. Until the DR is issued, the attached non-discrimination statement should be used for CACFP materials.

The CACFP website (www.michigan.gov/cacfp) has been updated with the new non-discrimination statement and all forms are being updated. A list of Civil Rights requirements for CACFP can be found on the website under Resources. The current list of requirements is attached along with the complaint form and instructions. You are not required to reprint forms you may already have printed. The forms must be updated with the new non-discrimination statement at the next printing. If you have any questions regarding this memorandum, contact the CACFP office at 517-373-7391.

Federal guidance for CACFP can be located at http://www.fns.usda.gov/usda-nondiscrimination-statement.

Attachments: Civil Rights Requirements
USDA Program Discrimination Complaint Form Instructions

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Michigan Department of Education
Child and Adult Care Food Program

Civil Rights

1. Collect and compile ethnicity and race data on children each fiscal year. Refer to the Child and Adult Care Food Program (CACFP) website at www.michigan.gov/cacfp for the Ethnicity and Racial Beneficiary Data form, under Forms & Instructions, to compile this data. Sponsoring organizations must compile this data by site.

2. Include the following non-discrimination statement on all materials relating to the CACFP that are available to the public. This includes menus, parent handbook, and any other materials distributed. If the material is too small to permit the full statement to be included, the material will, at a minimum, include the statement, in print size no smaller than the text, "This institution is an equal opportunity provider."

   The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

   If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

   Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

   USDA is an equal opportunity provider and employer.

   Or Spanish version:

   El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en

parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov.

Las personas sordas, con dificultades auditivas o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).

Para obtener más información acerca de cuestiones del programa SNAP, las personas deben contactar al número de línea directa del USDA SNAP al (800) 221-5689, que también está en español, o llamar a State Information/Hotline Numbers (dé clic en el enlace para obtener un listado de números de línea directa por estado); lo puede encontrar en internet en http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

3. Display the "And Justice for All" poster in a conspicuous place in each approved site and the administrative office. (Former non-discrimination version is acceptable until further notice.)

4. Train staff on civil rights annually. Specific subject areas include:

   - **Collecting and using data:** Data is collected on ethnicity and race. Parent self-declares. If they refuse, institution staff will code based on perception. All material must be filed in an area of restricted access and retained for three years.

   - **Effective public notification systems:** Display the "And Justice for All" poster, use the non-discrimination statement, provide information in other languages and alternative formats as needed, and convey equal opportunity in all photos and other graphics on websites, publications, etc.

   - **Complaint procedures:** Procedures must be established to accept complaints or grievances based on race, color, national origin, sex, age, disability, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if

all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the USDA. (Not all prohibited bases will apply to all programs and/or employment activities.) CACFP participants must be advised of their right to file a complaint, how to file a complaint, and the complaint procedures.

- **Compliance review techniques:** Ensure civil rights requirements are being followed during review process.

- **Resolution of non-compliance:** Inappropriate actions must cease. A corrective action plan is required and appropriate procedures must be implemented.

- **Requirements for reasonable accommodation of persons with disabilities:** Entrances and exits to accommodate the disabled, Braille signage, and alternative arrangements for service must be available when needed including accommodations for food-related disabilities.

- **Requirements for language assistance:** Bilingual personnel and materials must be provided depending on need, resources available, and cost.

- **Conflict resolution:** Use alternative dispute resolution techniques when necessary. Treat others with respect.

- **Customer service:** Treat others the way they want to be treated or at least be aware of what that is.

The Michigan Department of Education (MDE) developed a Civil Rights on-line course. To register and take the class, visit www.michigan.gov/cacfp, scroll down to the training section, and click on Civil Rights E-Learning Course.

AD-3027
(1/19/12)

OMB Control Number 0508-0002

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights

USDA Program Discrimination Complaint Form Instructions

(The complaint form is below the instructions)

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated;
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibits discrimination 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).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

PROPERTY ADDRESS: If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

PLEASE READ IMPORTANT LEGAL INFORMATION BELOW
CONSENT

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

REPRISAL (RETALIATION) PROHIBITED:
No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

USDA

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

PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.