



Child Care Resources, Inc. | 203 Hull Street, Suite A |  
Richmond, VA 23224

# CIVIL RIGHTS IN CHILD NUTRITION PROGRAMS

Purpose: To notify participants of Child Nutrition Programs of the requirements regarding civil rights and to provide guidance on nondiscrimination in the administration of the programs.

Civil rights are the rights of individuals to be protected against unfair treatment based on certain personal characteristics. Laws guarantee fair and equal treatment for groups of people who have historically faced discrimination.

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## SITE REQUIREMENTS

**Put the following USDA Nondiscrimination Statement in the Parent Handbook and home page of the company website (if applicable):**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**Use the abridged statement in advertising or where space is limited.**

Abridged statement: "This institution is an equal opportunity provider."

**Include the following where participants have access (in a common area):**

- ...And Justice for All poster
- Building for the Future flyer

# AND JUSTICE FOR ALL



In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**.

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**mail:**  
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Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
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**fax:**  
(833) 256-1665 or (202) 690-7442;

**email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles (no todos los principios de prohibición aplican a todos los programas).

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al **(202) 720-2600** (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al **(800) 877-8339**.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, en cualquier oficina del USDA, llamando al **(866) 632-9992**, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

**correo postal:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o´

**fax:**  
(833) 256-1665 o´ (202) 690-7442;

**correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución ofrece igualdad de oportunidades.

**Good nutrition today means a stronger tomorrow!**

# **Building for the Future with CACFP**

This day care receives support from the Child and Adult Care Food Program to serve healthy meals to your children.

**Meals served here must meet USDA's nutrition standards.**



## **Questions? Concerns?**

Child Care Resources  
203 Hull St Suit A  
Richmond, VA 23224  
804-339-2022

CACFP Program Specialist  
25 S Front St  
Columbus, OH 43215  
877-644-6388

Learn more about CACFP at USDA's website:

<https://www.fns.usda.gov/>

USDA is an equal opportunity provider, employer and lender.

United States Department of Agriculture  
Food and Nutrition Service FNS-317  
November 2019

¡Buena nutrición hoy significa un mañana más saludable!

# Construyendo para el Futuro con CACFP

Esta guardería infantil recibe ayuda del Child and Adult Care Food Program para servir comidas nutritivas a sus niños.



**Comidas servidas aquí deben de seguir los requisitos nutricionales establecidos por USDA.**

## ¿Preguntas? ¿Inquietudes?

Child Care Resources  
203 Hull St Suit A  
Richmond, VA 23224  
804-339-2022

CACFP Program Specialist  
25 S Front St  
Columbus, OH 43215  
877-644-6388

Aprenda más información sobre CACFP en el sitio web del USDA: <https://www.fns.usda.gov/>

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

United States Department of Agriculture  
Food and Nutrition Service FNS-317  
Noviembre 2019

## PROCEDURE FOR CIVIL RIGHTS COMPLAINTS – SITE LEVEL

1. Site receives a civil rights complaint from the complainant (e.g., a parent).
  - a. Site must inform complainant of Federal Civil Rights rules and regulations that have been established for protected classes. A protected class is any person or group of people who are protected from discrimination based on:
    1. Race,
    2. Color,
    3. National origin,
    4. Sex (including gender identity and sexual orientation),
    5. Disability,
    6. Age, or
    7. Reprisal or retaliation for prior civil rights activity.
  - b. Site must provide complainant the necessary information to file a complaint, which is:
    1. Mailing address of the USDA:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
    2. Fax number: (866) 632-9992 or (202) 690-7442
    3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)
    4. Electronic link to file a civil rights complaint:  
[https://www.usda.gov/sites/default/files/documents/USDA-OASCR% 20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf)
- c. After providing the complainant with the information on how to file a Civil Rights complaint directly at the Federal level, Site may attempt to resolve the complaint if it is a matter that can be resolved quickly. Resolving Complaints in real-time at the lowest possible level is encouraged. Note: This is not an investigation as neither the Site, Child Care Resources, Inc., nor the State agency has the authority to conduct complaint investigations. This is simply trying to resolve the situation if it was potentially caused by miscommunication.

Note: If Site is unsure if the complaint falls under a protected class, Site should provide complainant the federal complaint information.

If the complainant refuses to discuss the matter any further with Site, or if the matter cannot be resolved quickly, then Site should:

1. Reiterate the complaint filing procedures in 1.b.,
2. Document the complaint and actions taken (i.e., referral to Federal complaint procedures) in a Civil Rights complaint log that is separate from any other complaint log, (\*Note: A separate Civil Rights complaint log is necessary due

to confidentiality and privacy laws. See complaint log requirements in d. below.), and

3. Notify Child Care Resources, Inc. of the discussion. (\*Note: it is important for Child Care Resources, Inc., to notify the State agency because regular communication between Child Care Resources, Inc., and State agency is key to operating the program successfully.)

If the complainant is willing to try to resolve the issue with the Site, and a satisfactory resolution is achieved, then the Site should still remind the complainant (using the information in 1.b.) of their right to file at the Federal level, if necessary. (\*Note: Complainants retain the right to file at the Federal level even if a resolution seems to have been reached at the sponsor level.)

The Site needs to document the complaint and actions taken (i.e., how resolution was achieved) in the Civil Rights complaint log that is separate from any other complaint log and notify Child Care Resources, Inc. of the resolution.

- d. Regardless of if the complainant wishes to file at the Federal level, the Site should document as much information as possible in the Civil Rights complaint log including, but not limited to, the following:
    1. Date Complaint Received
    2. Complainant's Name
    3. Complainant's Address
    4. Complainant's Telephone Number
    5. Complainant's Email Address
    6. Allegation of Discrimination/Issue (i.e., FNS program involved, protected class(es) involved, etc.)
    7. Date of Alleged Discriminatory Action. The Site must forward the information within one (1) day of receipt of complaint from complainant to Child Care Resources, Inc.
2. Additional information:
    - a. Complainants must file within 180 days of the alleged action.
    - b. Confidentiality is extremely important.



## **UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)**

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### **USDA Program Discrimination Complaint Form Instructions**

(The complaint form is below the instructions)

**PURPOSE:** This form may be used if you believe you have been subjected to discrimination in any USDA program or activity and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from public assistance program and political beliefs. If you need assistance 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.

You may also send a complaint by FAX or United States Postal Service Mail. We must have a signed copy of your complaint. 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. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed or mailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, 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 in the complaint and in the programs indicated in the complaint. 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 is used to provide the information 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.

**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.



UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Program Discrimination Complaint Form

First Name: Middle Initial: Last Name:

Provide Your Full Mailing Address  
Number and Street, PO Box, Road, or Route:

Apartment Number (if applicable):

City, State and Zip Code:

Email Address:

Telephone Number (with area code):

Alternate Telephone (with area code):

Best Way to Reach You (select one)

Mail:  Phone:  E-mail:  Other:

Do you have a representative (lawyer or other advocate) for this complaint?

Yes:  No:

If Yes is selected, please provide the following information about your representative:

Representative First Name: Last Name:

Number and Street, PO Box, Road or Route:

Apartment Number:

City, State and Zip Code:

Telephone: Email:

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

- |                     |                       |                                       |                       |
|---------------------|-----------------------|---------------------------------------|-----------------------|
| Farm Service Agency | <input type="radio"/> | Food and Nutrition Service:           | <input type="radio"/> |
| Rural Development   | <input type="radio"/> | Natural Resource Conservation Service | <input type="radio"/> |
| Forest Service      | <input type="radio"/> | Other:                                | _____                 |

2. What happened to you? State the date when the alleged discrimination occurred and then describe what happened. If the alleged discrimination occurred more than once, please provide the other dates and describe what happened. Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

\_\_\_\_\_

3. Where did the discrimination occur?  
Address of location where incident occurred:

\_\_\_\_\_  
Number, Street, PO Box, Road, Route

\_\_\_\_\_  
City State Zip Code

4. 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, 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

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

6. 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  
\_\_\_\_\_

**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: 1-833-256-1665

## **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.

**INSTRUCTIONS**  
**Civil Rights Complaint Log-Site Level**

1. **Date Complaint Received:** Use the dropdown menu to select the date the site was notified of the complaint.
2. **Intake Person:** Enter the first and last name of the person taking the complaint.
3. **Organization's Name:** Enter the name of the site registered with Child Care Resources, Inc.
4. **Organization's Address:** Enter the street number, street name, city, state, and zip code for the site.
5. **Complainant's Name:** Enter the first and last name of the complainant. It is acceptable if the person chooses to remain anonymous. If so, enter 'Anonymous' in the name field.
6. **Complainant's Telephone Number:** Enter the area code and telephone number of the complainant. Enter 'None provided' if they chose to remain anonymous.
7. **Complainant's Address:** Enter the street number, street name, city, state, and zip code of the complainant. Enter 'None provided' if they chose to remain anonymous.
8. **Complainant's Email Address:** Enter the email address, including username and domain name. Example: John.Smith@domain.com. Leave blank if they choose to remain anonymous.
9. **Date Allegation Happened:** Choose a date from the dropdown menu when the incident happened.
10. **Type of Alleged Discrimination:** Choose a Protected Class from the dropdown list. Provide the federal complaint information if you are unsure if the complaint falls under a protected class. Protected Classes: Race, Color, National Origin, Sex (including gender identity and sexual orientation), Disability, Age, or Reprisal or Retaliation for Prior Civil Rights Activity.
11. **Date Child Care Resources, Inc. Notified:** Use the dropdown menu to select the date the Site notified Child Care Resources, Inc. of the complaint. Forward the completed Log by one of the following methods: email [Support@ccresourcesinc.org](mailto:Support@ccresourcesinc.org), fax (877) 427-5386, or call (885) 427-2888 with questions.
12. **Investigator:** Enter the first and last name of the person investigating the complaint, if known.
13. **Allegation and Action Taken:** Describe the incident in detail. Include any action taken by the site. Use an additional blank page, if needed.
14. Save the document and keep it confidential.

This institution is an equal opportunity provider.

Child Care Resources, Inc.  
 USDA Child Nutrition Programs  
 Civil Rights Complaint Log-Site Level

Date Complaint Received:	Intake Person:
Organization's Name:	Organization's Address:
Complainant's Name:	Complainant's Telephone Number:
Complainant's Address (Number, Street, City, State, Zip):	
Complainant's Email Address:	
Date Allegation Happened:	Type of Alleged Discrimination:
Date Child Care Resources, Inc. Notified:	Investigator:
Allegation and Action Taken:	

Date Complaint Received:	Intake Person:
Organization's Name:	Organization's Address:
Complainant's Name:	Complainant's Telephone Number:
Complainant's Address (Number, Street, City, State, Zip):	
Complainant's Email Address:	
Date Allegation Happened:	Type of Alleged Discrimination:
Date Child Care Resources, Inc. Notified:	Investigator:
Allegation and Action Taken:	

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