

**Child and Adult Care Food Program (CACFP)**

**CIVIL RIGHTS BENEFICIARY DATA COLLECTION FORM**

**INSTRUCTIONS**

The following actual beneficiary data by racial or ethnic category must be collected from each child care center, outside-school-hours care center, adult day care center and family day care home **each year**. The CACFP sponsor must retain this data and supporting documentation on file for three years after the submission date of the final claim for reimbursement for the fiscal year to which they pertain; or if an audit is outstanding, until the audit is closed. Access to this data must be limited to authorized personnel. Visual identification may be used to determine the racial or ethnic category of a participant.

Center/Provider Name: \_\_\_\_\_

SECTION 1 – ETHNICITY	
<i>The sum of “Hispanic or Latino” and “Not Hispanic or Latino” categories must equal 100 percent of the applicants.</i>	<b>Number of Enrolled Participants</b>
<b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. “Spanish origin” can be used in addition to “Hispanic or Latino.”	
<b>Not Hispanic or Latino</b>	
SECTION 2 – RACE	
<i>The sum of all racial categories will be equal to or greater than 100 percent of the applicants.</i>	<b>Number of Enrolled Participants</b>
<b>American Indian or Alaskan Native:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	
<b>Black or African American:</b> A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”	
<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.	
<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa.	

\_\_\_\_\_  
*Sponsor Representative’s Signature*

\_\_\_\_\_  
*Sponsor*

\_\_\_\_\_  
*Date*

## CACFP CIVIL RIGHTS BENEFICIARY DATA COLLECTION FORM, continued



For more information, visit the CSDE's [Civil Rights for the CACFP Web site](#) or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

*This form is available at*  
[www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/cr/crdatacacfp.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/cr/crdatacacfp.pdf).

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*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).*

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