


Hawaii Child Nutrition Programs

Protected Classes

- ▶ Race
- ▶ Color
- ▶ National Origin
- ▶ Age
- ▶ Sex (including gender identity and sexual orientation)
- ▶ Disability




Hawaii Child Nutrition Programs

update

Protected Class - Sex

Includes:

- ▶ gender identity and
- ▶ sexual orientation




Refer to 5/26/22 email "IMPORTANT: USDA FNS Policy Update: Program Discrimination Complaint Processing."

Hawaii Child Nutrition Programs

Disability


Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" means any person who:

- ▶ Has a **physical or mental impairment** which **substantially limits** one or more **major life activities**
- ▶ Has a record of such an impairment, or is regarded as having such an impairment



ADA Amendments Act of 2008


- ▶ Expanded and clarified the definition of Disability
- ▶ Did NOT change the expectation to provide a reasonable modification
- ▶ DID make clear the emphasis must be on providing the reasonable modification and not burdening the disabled person with 'proving' he or she has a disability



Expanded Definition of Disability for CNPs

Revises 'Substantially Limits'

- ▶ Need not prevent or severely prevent a major life activity
- ▶ Individualized Assessment
- ▶ Without regard to current disability status
- ▶ May include disability that is episodic or in remission



USDA's Expanded Definition

- ▶ Traditionally Recognized Disability Categories:
 - ▶ Seeing, Hearing, Walking, Speaking, Learning, Reading, Eating, Breathing

+

- ▶ Major Bodily Activities:
 - ▶ Digestive, Immune, Respiratory, Circulatory, Neurological Systems



Types of Disability Discrimination

- ▶ Denial of benefits or services
- ▶ Delay in receiving benefits or services
- ▶ Different treatment that leads to a disadvantage
- ▶ Ineffective communication
- ▶ Failure to provide reasonable accommodation(s)
- ▶ Inaccessible facilities






Requirements for Reasonable Accommodations

- ▶ 'Reasonable Modification': a change or alteration in policies, practices, and/or procedures to accommodate a disability
- ▶ Duty to negotiate
- ▶ Case-by-case basis
- ▶ Accommodating is primary objective





Requirements for Reasonable Accommodations

- ▶ Handicap accessibility
- ▶ Meal modifications
- ▶ Accommodations/Modifications addressed in 504, Individual Education Plan (IEP)
- ▶ Accommodations need not be exactly as requested
- ▶ Provided free of charge
- ▶ Contact HCNP if further guidance needed






Procedural Safeguards

- ▶ SFAs required to provide notice and information to parents and guardians regarding how to request a reasonable modification, including the right to:
 - ▶ File a grievance
 - ▶ Receive a prompt response
 - ▶ An impartial hearing
 - ▶ Be represented by counsel
 - ▶ Receive notice of final decision



Collection and Use of Data

- ▶ Required to obtain data by ethnic and racial category
- ▶ Systems for collecting data may be program specific
- ▶ Annual reporting on ethnic and racial data
- ▶ Form 0-4c




Collection and Use of Data



- ▶ Hispanic or Latino
 - ▶ A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin - regardless of race
- ▶ Not Hispanic or Latino

Hawaii Child Nutrition Programs

Collection and Use of Data: Racial Categories



- ▶ Black or African American - A person having origins in any of the black racial groups of Africa
- ▶ White - A person having origins in any of the original peoples of Europe, the Middle East, or North America
- ▶ Asian - A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent.

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Collection and Use of Data: Racial Categories



- ▶ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ▶ American Indian or Alaskan Native - A person having origins in any of the original peoples of North America (including Central America) who maintains tribal affiliation or community attachment

Hawaii Child Nutrition Programs

CIVIL RIGHTS ETHNIC DATA REPORT

FORM O-4c

Instructions: Each School Food Authority (SFA) must complete this Internal Ethnic Data Report form annually by October 31 and maintain on file. The assessment form provides an overview of civil rights requirements in accordance with United States Department of Agriculture (USDA) FNS Instruction 113-1. Do not send to Hawaii Child Nutrition Programs. Maintain for your files.


School Food Authority Name: _____ Agreement No.: _____ Date: Month/Day/Year _____

Check the applicable box. Explain all "No" answers on separate sheet.

	YES	NO
1. Program materials include the nondiscrimination statement and procedures for filing a complaint. Materials explain that any discrimination complaints may be filed directly with the Secretary of Agriculture, USDA.	<input type="checkbox"/>	<input type="checkbox"/>
2. The Anti-Discrimination poster is displayed in a prominent place accessible to the students in each school.	<input type="checkbox"/>	<input type="checkbox"/>
3. School/Institution provides annual training to school food service employees to ensure compliance with civil rights regulations. Date of training: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. School/Institution provides bilingual translated material and language assistance if necessary. See FNS-USDA website: http://www.fns.usda.gov/ethn/faq.asp . What languages were used? _____	<input type="checkbox"/>	<input type="checkbox"/>
5. School/Institution has a procedure to accept and process complaints based upon race, color, national origin, sex, age or disability.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your school/institution received written or verbal complaints regarding race, color, national origin, sex, age or disability?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how many? _____ Indicate the disposition of each case on a separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, were the complaints forwarded to USDA or the Hawaii Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are students with special dietary needs provided program benefits as prescribed by regulations?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are reduced free or reduced-price meal applications disproportionately composed of minority applicants?	<input type="checkbox"/>	<input type="checkbox"/>


Using the racial/ethnic information from the approved free and reduced-price meal applications, report the numbers for each ethnic and racial group. Total enrollment number approved for free or reduced-price meals, number denied for free or reduced-price meals. If there are no participants of an ethnic or racial group, place a zero in the column. Include the total numbers for all school sites combined.


SFA Total Enrollment or Residents	ETHNIC GROUP			RACIAL GROUP					Total
	Hispanic or Latin	Not Hispanic or Latin	Total	Asian	White	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Black or African American	
Total # Students Approved for Free or Reduced-Price Meals									
# Denied									



Public Notification Systems


- ▶ Program availability and participants rights
- ▶ Complaint Information and how to file a complaint
- ▶ Non-discrimination Statement






Public Notification Systems - Methods

- ▶ Provide information in alternative formats
- ▶ Convey an equal opportunity message in all media
- ▶ Include non-discrimination statement on all public materials






Long Statement

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/pep/default.aspx?discrimination> (USDA CIVIL RIGHTS Complaint Form 10/05 (05/11/28) 172a0225a1.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:


mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(833) 256-1665 or (202) 690-7442; or
email:
ocr@aphis.usda.gov
This institution is an equal opportunity provider.



Short Statement

This institution is an equal opportunity provider.

- ▶ Use other languages as needed
- ▶ Pens, buttons, etc. are exempted due to size
- ▶ When in doubt, always include the statement



Nondiscrimination Statement

Where must it be?


- ▶ Application Form(s)
- ▶ Notification of Eligibility
- ▶ Notice of Adverse Action Form
- ▶ Program Web Page (home page)
- ▶ Public Information, including program literature
 - ▶ e.g. breakfast outreach



Complaint Procedure


- ▶ Right to File
 - ▶ Any person alleging discrimination based on a protected class has right to file a complaint within **180 days** of the alleged action
- ▶ Acceptance
 - ▶ All complaints must be forwarded to the State Agency within **FIVE (5) DAYS**
- ▶ Verbal
 - ▶ If verbal complaint received, person to whom allegations are made must write complaint, making attempt to collect specific information

Revise discrimination complaint procedure, including gender identity and sexual orientation



Sponsor Complaint Procedure, Log, and Form

- ▶ Sponsors must have a Civil Rights binder or file with required C.R. documents:
 - ▶ Written Civil Rights Complaint Procedure
 - ▶ Annually dated Civil Rights Complaint Log
 - ▶ Copies of Civil Rights Complaint Forms



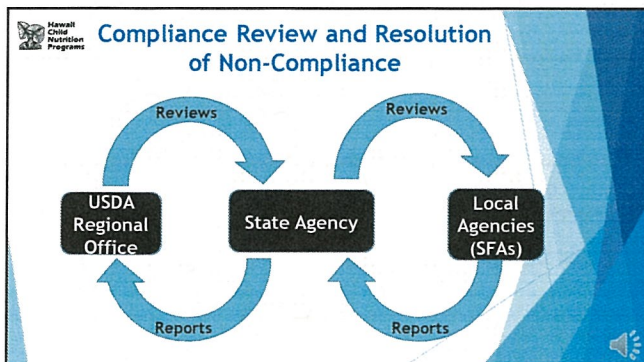
Sample Complaint Log


SPONSOR : CIVIL RIGHTS COMPLAINT LOG

Sponsor Name: Aloha Academy SY 2022-2023

Date complaint received	Name of person who took complaint	Name and address of complainant	Explanation of event. Include date of incident (note additional sheets if needed)	Type of Discrimination (circle one)	Date (M/D/Y) received	Date instructions or other information rec'd from SCAP	Complaint investigation completed	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					


No Complaints






Conflict Resolution


- ▶ All complaints alleging discrimination on basis of one or more protected class - Race, Age, Color, National Origin, Sex, or Disability:
 - ▶ Forwarded to State Agency within 5 days
 - ▶ Processed by USDA within 90 days
 - ▶ Complainant has right to file within 180 days of alleged incident(s)



Requirements for Language Assistance for Limited English Proficiency (LEP) individuals

- ▶ LEP - Limited ability to read, speak, write or understand English
- ▶ Meaningful Access to Language Services:
 - Reasonable
 - Timely
 - Appropriate
 - Competent
- ▶ Free of Charge






Requirements for Language Assistance for Limited English Proficiency (LEP) individuals

- ▶ Applications
- ▶ Menus
- ▶ Informational brochures
- ▶ Letters to families (e.g. outreach)

Children must not be used to translate for their parents.



Speak Statements

<input type="checkbox"/> Unë flas shqip (Albanian)	<input type="checkbox"/> N a po Kikio-Win (Kru)
<input type="checkbox"/> አማርኛ አገልግሎት (Amharic)	<input type="checkbox"/> ສຳລັບພາສາລາວ (Lao)
<input type="checkbox"/> اللغة العربية (Arabic)	<input type="checkbox"/> Yie gongny Mienh waac (Mien)
<input type="checkbox"/> երա խոսում եմ հայերեն (Armenian)	<input type="checkbox"/> नेपाली भाषा (Nepali)
<input type="checkbox"/> বাংলা ভাষা (Bengali)	<input type="checkbox"/> Mówię po polsku (Polish)
<input type="checkbox"/> Ja govorim bosanski jezik (Bosnian)	<input type="checkbox"/> Eu falo Português (Portuguese)
<input type="checkbox"/> မြန်မာစကားပြော (Burmese)	<input type="checkbox"/> Български език (Bulgarian)
<input type="checkbox"/> 简体中文 (Chinese Simplified)	<input type="checkbox"/> Cuvânt limba Română (Romanian)
<input type="checkbox"/> 繁體中文 (Chinese Traditional)	<input type="checkbox"/> Я говорю на русском (Russian)
<input type="checkbox"/> Ja govorim hrvatski (Croatian)	<input type="checkbox"/> Oute tauletia faaSamoa (Samoan)
<input type="checkbox"/> اللغة الفارسية (Farsi)	<input type="checkbox"/> Govorim srpski (Serbian)
<input type="checkbox"/> Je parle français (French)	<input type="checkbox"/> Wakan ku hadaa Somali (Somali)
<input type="checkbox"/> Je parle le français haïtien (French Creole)	<input type="checkbox"/> Yo hablo español (Spanish)
<input type="checkbox"/> Μόλω ελληνικά (Greek)	<input type="checkbox"/> اللغة السواحلية (Sudanese)
<input type="checkbox"/> ગુજરાતી બોલું (Gujarati)	<input type="checkbox"/> Marunong po akong magkaila ng Tagalog (Tagalog)
<input type="checkbox"/> Mwen pale Kreyòl (Haitian Creole)	<input type="checkbox"/> ไทยถิ่นอีสาน (Thai)
<input type="checkbox"/> मैं हिन्दी बोलती हूँ (Hindi)	<input type="checkbox"/> Լի Գրգուրյանի լեզու (Tigrinya)
<input type="checkbox"/> Kuu hais ius hmooob (Hmong)	<input type="checkbox"/> Я говорю українською (Ukrainian)
<input type="checkbox"/> Anu m a su igbo (Igbo)	<input type="checkbox"/> انا بول اردو (Urdu)
<input type="checkbox"/> Parlo italiano (Italian)	<input type="checkbox"/> Tôi nói tiếng Việt (Vietnamese)
<input type="checkbox"/> 私に日本語を話します (Japanese)	<input type="checkbox"/> יידיש רעדן (Yiddish)

English

USDA Nondiscrimination Statement

FAQ page

Medical Statement for Accommodating Disabilities

USDA Civil Rights Complaint Form English

Notice for Language and Disability Assistance for the School Nutrition Program If you have difficulty communicating with us or understanding this information because you do not speak English or have a disability, please let us know. Contact 1-800-347-0023. Free language assistance or other aids and services are available upon request.

Tiếng Việt

CÁC CẦU HỎI THƯỜNG GẶP VỀ BÍ A VÀ MIỄN PHÍ VÀ GIẢM GIÁ Ở TRƯỜNG HỌC

Tuyên Viên Không Kỳ Thị của USDA


Vì Yếu tố chung tôi biết nếu quý vị gặp khó khăn khi giao tiếp với chúng tôi hoặc khó hiểu thông tin này vì quý vị không nói tiếng Anh hoặc bị khuyết tật. Liên lạc theo 800-347-0023 Luôn có hỗ trợ ngôn ngữ miễn phí hoặc trợ giúp và dịch vụ khác theo yêu cầu.

Language Access Services

- ▶ Helping Hands Hawaii, Bilingual Access Line:
<http://helpinghandshawaii.org/programs/bilingual-access-line/>
- ▶ Language Services of Hawaii:
<https://languageserviceshawaii.com/>
- ▶ Pacific Gateway Center, Hawaii Language Bank:
<https://www.pacificgatewaycenter.org/hawaii-language-bank>
- ▶ Hawaii State Judiciary list of interpreters:
https://www.courts.state.hi.us/services/court_interpreting/list_of_registered_interpreters
- ▶ Interpreting Hawaii (American Sign Language Interpreting):
<https://www.interpretinghawaii.com/>

Hawaii Child Nutrition Programs

Free Language Interpretation Services Waiver template

 HIDOE Systems, Logos

Free Language Interpretation Services Waiver form

I acknowledge the free written and telephone interpretation services were offered to me by the HIDOE Systems, Logos. I decline the free interpretation services offered and will use an interpreter of my choice to provide language interpretation. I understand I must use one school aged child(ren) to provide the language interpretation service for me.

Reason(s) for language interpretation services. Check the box(es) below:

☐ Free and Reduced-price meal application

☐ Meal accommodation


☐ Other (please explain) _____

_____ Date _____ Print Name _____ Signature _____

Hawaii Child Nutrition Programs

SFA Checklist



- ▶ Annual Civil Rights training for all staff and volunteers
 - ▶ DOCUMENT TRAINING
- ▶ Display current 'And Justice for All' poster
- ▶ Collect and record race and ethnic data annually
- ▶ Provide free language assistance services
- ▶ Offer meals to all



Hawaii Child Nutrition Programs

SFA Checklist (continued)


- ▶ Maintain Civil Rights Complaint Binder, Log, forms
- ▶ Include non-discrimination statement on all printed materials related to school nutrition programs
- ▶ Keep all records for 3 years plus the current year (6 years plus current year for HIDOE)


Civil Rights Quiz

Link to google Forms Quiz.

<https://forms.gle/p8YxGQqpwdUzYf5u7>




QUESTIONS?



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(808) 587-3600



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 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or

fax:
 (833) 256-1665 or (202) 690-7442; or

email:
progract.scd@usda.gov

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