



**Civil Rights Training**  
School Year 2024-2025

Hawaii Child Nutrition Programs

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**Annual Training Requirements**

- ▶ Collection & use of data
- ▶ Effective public notification systems
- ▶ Requirements for accommodating persons with disabilities
- ▶ Complaint log and procedures
- ▶ Compliance review techniques
- ▶ Resolution of noncompliance
- ▶ Requirements for language assistance
- ▶ Conflict resolution
- ▶ Customer service

Hawaii Child Nutrition Programs

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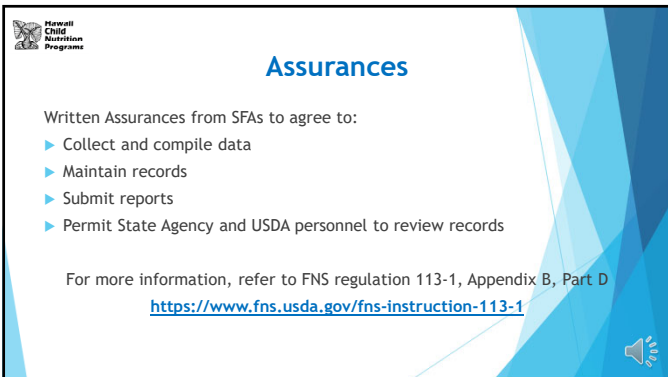
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**Assurances**

Written Assurances from SFAs to agree to:

- ▶ Collect and compile data
- ▶ Maintain records
- ▶ Submit reports
- ▶ Permit State Agency and USDA personnel to review records

For more information, refer to FNS regulation 113-1, Appendix B, Part D  
<https://www.fns.usda.gov/fns-instruction-113-1>

Hawaii Child Nutrition Programs

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 **Protected Classes**

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



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 **Protected Class - Sex**

Includes:

- ▶ gender identity and
- ▶ sexual orientation



<https://www.fns.usda.gov/cr/crd-01-2022>



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 **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



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## USDA's Expanded Definition

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

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




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## 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




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## 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




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**Hawaii Child Nutrition Programs**

## 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


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**Hawaii Child Nutrition Programs**

## 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





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**Hawaii Child Nutrition Programs**

## 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




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## 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




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## 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
- ▶ Civil Rights Ethnic Data Report, Form 0-4c  
[https://hcnp.hawaii.gov/wp-content/uploads/2024/09/9\\_2024-0-4C-Ethnic-Data-Report-1.doc](https://hcnp.hawaii.gov/wp-content/uploads/2024/09/9_2024-0-4C-Ethnic-Data-Report-1.doc)
- ▶ Email the completed form to [hcnp@k12.hi.us](mailto:hcnp@k12.hi.us)

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### CIVIL RIGHTS ETHNIC DATA REPORT FORM 0-4c

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 115-1. Submit the form to HCNP upon completion. Email the completed form to [hcnp@k12.hi.us](mailto:hcnp@k12.hi.us). Maintain the original form in your files.

SCHOOL FOOD AUTHORITY NAME: \_\_\_\_\_ AGREEMENT NO.: \_\_\_\_\_ DATE: Month/Day/Year \_\_\_\_\_

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

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 "Act Justice for All" nondiscrimination 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: <a href="http://www.fns.usda.gov/ocr/2013/process.htm">http://www.fns.usda.gov/ocr/2013/process.htm</a> 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? <ul style="list-style-type: none"> <li>a. If yes, how many? _____ Indicate the disposition of each case on a separate sheet.</li> <li>b. If yes, were the complaints forwarded to USDA or the Hawaii Department of Education? <input type="checkbox"/></li></ul>	<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"/>	<input type="checkbox"/>
8. Are denied free or reduced-price meal applications disproportionately composed of minority applicants? <input type="checkbox"/>	<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	RACIAL GROUP								Total	
	Hispanic or Latino	Not Hispanic or Latino	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, if Denied										

Printed Name of School Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Signature of School Official: \_\_\_\_\_  
This institution is an equal opportunity provider.

Rev. 9/2024

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**Hawaii Child Nutrition Programs**

## Collection and Use of Data: Ethnic Group

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					
	Hispanic or Latino	Not Hispanic or Latino	Total	Asian	White	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Black or African American	Total
Total # Students Approved for Free or Reduced-Price Meals # Denied									

- ▶ **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**




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**Hawaii Child Nutrition Programs**

## Collection and Use of Data: Racial Group

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					
	Hispanic or Latino	Not Hispanic or Latino	Total	Asian	White	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Black or African American	Total
Total # Students Approved for Free or Reduced-Price Meals # Denied									

- ▶ **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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**Hawaii Child Nutrition Programs**

## Collection and Use of Data: Racial Group

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					
	Hispanic or Latino	Not Hispanic or Latino	Total	Asian	White	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Black or African American	Total
Total # Students Approved for Free or Reduced-Price Meals # Denied									

- ▶ **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




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**Hawaii Child Nutrition Programs**

**CIVIL RIGHTS ETHNIC DATA REPORT** FORM O-4c

Instructions: Each School Food Authority (SFA) must complete this Annual Ethnic Data Report form annually by October 31 and maintain on file. The assessment form provides an overview of program requirements in accordance with the State Department of Education (SDE) and United States Department of Agriculture (USDA) FHS Instruction 115-1. Submit the form to HCSHP upon completion. **Circle the completed forms to be audited.** Retain the original form in your files.

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

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

1. Program materials include the non-discrimination statement and procedure for filing a complaint. Materials explain that any discrimination complaints may be filed directly with the Secretary of Agriculture, USDA.  YES  NO

2. The "And Justice for All" non-discrimination poster is displayed in a prominent place accessible to the students in each school.  YES  NO

3. School/institution provides annual training to school food service employees to ensure compliance with civil rights regulations. Date of training: \_\_\_\_\_  YES  NO

4. School/institution provides bilingual translated material and language assistance, if necessary. See FHS-USDA website: <https://www.fhs.usda.gov/1015/21p-process.htm> What languages were used? \_\_\_\_\_  YES  NO

5. School/institution has a procedure to accept and process complaints based upon race, color, national origin, sex, age or disability.  YES  NO

6. Has your school/institution received written or verbal complaints regarding race, color, national origin, sex, age or disability?  YES  NO

a. If "yes," how many? \_\_\_\_\_ Indicate the disposition of each case on a separate sheet.

b. If yes, were the complaints forwarded to USDA or the Hawaii Department of Education?  YES  NO

7. Are students with special dietary needs provided program benefits as prescribed by regulations?  YES  NO

8. Are school fees or reduced-price meal applications disproportionate to income of eligible applicants?  YES  NO

Using the racial/ethnic information from the approved fee 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					
	Hispanic or Latino	Not Hispanic or Latino	Total	Asian	White	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Black or African American	Total
Total # Students Approved for Free or Reduced-Price Meals if Denied									

Printed Name of School Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Signature of School Official: \_\_\_\_\_ This institution is an equal opportunity provider. Rev 9/2024

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**Hawaii Child Nutrition Programs**

## Public Notification Systems

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




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**Hawaii Child Nutrition Programs**

## 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




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## 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/sites/default/files/documents/AD-3027-01-19-17FAS29661.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:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Nondiscrimination Statement Translations:  
<https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>

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## Short Statement

*This institution is an equal opportunity provider.*

- ▶ Use other languages as needed
- ▶ Font size cannot be smaller than the text used in the program material
- ▶ Small items such as pens, buttons, etc. are exempt due to size




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## 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
- ▶ When in doubt, include the nondiscrimination statement




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**Hawaii Child Nutrition Programs**

## 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

HCNP Discrimination Complaint Form (Template):  
<https://hcnp.hawaii.gov/civil-rights-2/>  
 Under 'Forms with Translations' section

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**Hawaii Child Nutrition Programs**

## Sponsor Complaint Procedure, Log, & Form

- ▶ Sponsors must have a Civil Rights binder or file with required documents:
  - ▶ Written Civil Rights Complaint Procedure
  - ▶ Annually dated Civil Rights Complaint Log
  - ▶ Copies of Civil Rights Complaint Forms
- ▶ Template Civil Rights forms are available on HCNP's website:  
<https://hcnp.hawaii.gov/overview/nslp/> Under 'Civil Rights' section

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**Hawaii Child Nutrition Programs**

## Sample Complaint Log

SPONSOR : CIVIL RIGHTS COMPLAINT LOG

Sponsor Name: Aloha Academy SY 2024-2025

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 HCNP notified	Date/Instructions rec'd from HCNP	Date(s) investigation took place	Who investigated?	Date complaint resolved
				Race/Color National Origin Sex Age Disability					
				Racial Origin Sex Age Disability					
				Race/Color National Origin Sex Age Disability					

No Complaints, 5/30/25

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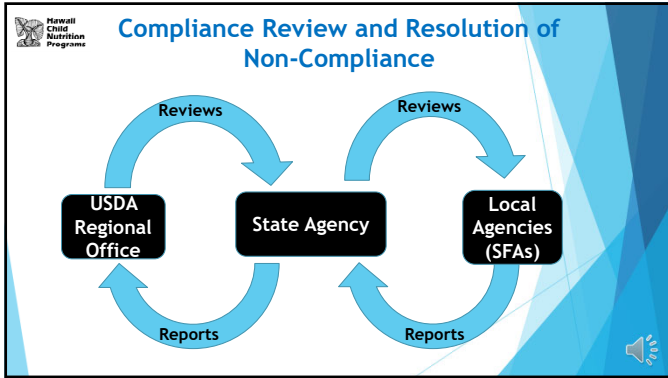
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**Conflict Resolution**

- ▶ All complaints alleging discrimination on basis of one or more protected class - Race, Age, Color, National Origin, Sex (including gender identity and sexual orientation), 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)

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**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



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**Hawaii Child Nutrition Programs**

## 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




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**Hawaii Child Nutrition Programs**

**USDA "I Speak Statements"**

Available on HCNP's website: <https://hcnp.hawaii.gov/wp-content/uploads/2021/05/I-Speak-card.pdf>

<input type="checkbox"/> Une fias shqip (Albanian)	<input type="checkbox"/> N a po Kikao Win. (Kru)
<input type="checkbox"/> አማርኛ Amharic (Amharic)	<input type="checkbox"/> ພາສາລາວ (Lao)
<input type="checkbox"/> اللغة العربية العربية (Arabic)	<input type="checkbox"/> 𑜋𑜂𑜫 𑜇𑜨𑜆𑜫 Mienh waac. (Mien)
<input type="checkbox"/> Էս խոսում էի հայերեն (Armenian)	<input type="checkbox"/> मा नेपाली भाषा (Nepali)
<input type="checkbox"/> আমি বাংলা জানি। (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"/> ဝေဟံ မြန်မာစကားပြောနိုင်ပါသည်။ (Burmese)	<input type="checkbox"/> ਮੇਰੇ ਪਿਠੇ ਪੰਜਾਬੀ (Punjabi)
<input type="checkbox"/> 我说中文 (Chinese Simplified)	<input type="checkbox"/> Cunosc limba Română. (Romanian)
<input type="checkbox"/> 我说中文 (Chinese Traditional)	<input type="checkbox"/> Я говорю по-русски. (Russian)
<input type="checkbox"/> Ja govorim hrvatski. (Croatian)	<input type="checkbox"/> Ou te tautala faaSamoa. (Samoan)
<input type="checkbox"/> ايسپانجاڊي ٻيٽي زبان ۾ ڳالهائڻ جي سکھ ۾ ڪندس (Farsi)	<input type="checkbox"/> Govorim srpski. (Serbian)
<input type="checkbox"/> Je parle français. (French)	<input type="checkbox"/> Waxaan ku hadlaa Somali. (Somali)
<input type="checkbox"/> Je parle le français haïtien (French Creole)	<input type="checkbox"/> Yo hablo español. (Spanish)
<input type="checkbox"/> Μιλώ ελληνικά. (Greek)	<input type="checkbox"/> احدث الصومالية (الفوق سوداني) (Sudanese)
<input type="checkbox"/> ગુજરાતી બોલી ૩ (Gujarati)	<input type="checkbox"/> Marunong po akong magsalita ng Tagalog. (Tagalog)
<input type="checkbox"/> Mwen pale Kreyòl. (Haitian Creole)	<input type="checkbox"/> 𑜉𑜂𑜫 𑜇𑜨𑜆𑜫 𑜇𑜨𑜆𑜫 (Hlai)
<input type="checkbox"/> मैं हिन्दी बोलता हूँ (Hindi)	<input type="checkbox"/> 𑜇𑜨𑜆𑜫 𑜇𑜨𑜆𑜫 𑜇𑜨𑜆𑜫 𑜇𑜨𑜆𑜫 𑜇𑜨𑜆𑜫 (Igrinya)
<input type="checkbox"/> Kuv hais lus Hmoob. (Hmong)	<input type="checkbox"/> Я говорю українською. (Ukrainian)
<input type="checkbox"/> Ana m a sy Igbo (Igbo)	<input type="checkbox"/> میں اردو بولتا ہوں۔ (Urdu)
<input type="checkbox"/> Parlo Italiano (Italian)	<input type="checkbox"/> Tôi nói tiếng Việt. (Vietnamese)
<input type="checkbox"/> 私は日本語を話します (Japanese)	<input type="checkbox"/> יידיש רעד איך (Yiddish)

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**Hawaii Child Nutrition Programs**

**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 CÂU HỎI THƯỜNG GẶP VỀ BẾP ĂN MIỄN PHÍ VÀ GIẢM GIÁ Ở TRƯỜNG HỌC

Tuyên Viên Không Kỳ Thị của USDA

Vì: Vui lòng cho chúng 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.

**PARENT INFORMATION**

Deutsch      Tiếng Việt

English      中文

Español      ગુજરાતી

Français      हिन्दी

Português      한국어

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**Hawaii Child Nutrition Programs**

## 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](https://www.courts.state.hi.us/services/court_interpreting/list_of_registered_interpreters)
- ▶ Interpreting Hawaii (American Sign Language Interpreting):  
<https://www.interpretinghawaii.com/>




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**Hawaii Child Nutrition Programs**

## Free Language Interpretation Services Waiver template

**Waiver Form Template**

Available on HCNP's website:  
<https://hcnp.hawaii.gov/wp-content/uploads/2022/03/Free-Language-Interpretation-Services-Waiver-form-template-for-SFAs-Sponsors.pdf>

**Free Language Interpretation Services Waiver form**

I acknowledge the free written and telephonic interpretation services were offered to me by the SFA Sponsor Name. I decline the free interpretation services offered and will use an interpreter of my choice to provide language interpretation. I understand I may not use school aged children 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 \_\_\_\_\_

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**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 to LEP participants
- ▶ Offer meals to all without discrimination

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## 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 (or longer, depending on your SFA's policy)

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## Civil Rights Quiz

Link to google Forms Quiz:  
<https://forms.gle/HA6UejmXirdTpP6G6>

**CODE WORD: nondiscrimination**

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## QUESTIONS?



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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%20-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:

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:

[program\\_intake@usda.gov](mailto:program_intake@usda.gov)

This institution is an equal opportunity provider.

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