



SECTION 4: Training and Civil Rights

Child Care Centers participating in CACFP must provide training to all staff and operate in compliance with Civil Rights regulations.

- Training Requirements
- Training Documentation
- Civil Rights Requirements
- WIC
- Building for the Future
- Ethnic and Racial Data Collection

Training Requirements

Documentation of annual Child and Adult Care Food Program (CACFP) training is required. Independent centers and sponsoring organizations are responsible for the annual program training of staff. They must include instruction appropriate to the level of staff experience and duties on the following (CACFP) **required** topics:

- The CACFP meal pattern requirements.
- Recordkeeping requirements.
- Meal count procedures.
- Reimbursement system.
- Claim submission and review procedures.
- Adherence with Civil Rights requirements.

Reference: [7 CFR 226.15(e)(14) and FNS Instruction 113-1, XI].

This training is in addition to the orientation training provided by Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA). Your training can be formal or informal; however, it must be documented and per 7 CFR 226.15(e)(12) include:

- The training session dates.
- The training location.
- The CACFP topics presented.
- The names of each staff member trained (legible, printed names) and position/title.

The [Annual CACFP Training Documentation form \(CACFP-222\)](#) may be used to document your CACFP training, or you may develop a form to include the training requirements. The CACFP-222 is located at www.health.mo.gov/cacfp - Forms.

Online Civil Rights training is also available at www.health.mo.gov/cacfp.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ANNUAL CACFP TRAINING DOCUMENTATION

DATE (MONTH/DAY/YEAR)	TRAINING LENGTH
TRAINING LOCATION	
TRAINER NAME	TITLE / POSITION
Required TOPICS <input type="checkbox"/> Meal Pattern Requirements* <input type="checkbox"/> Recordkeeping Requirements* <input type="checkbox"/> Meal Count Records (point of service)* <input type="checkbox"/> Reimbursement System* <input type="checkbox"/> Claim Submission & Review Procedures* <input type="checkbox"/> Civil Rights Training**	
Optional Topics: <input type="checkbox"/> Daily Attendance Records <input type="checkbox"/> Creditable Foods <input type="checkbox"/> Child Nutrition <input type="checkbox"/> Fostering Healthy Eating Habits <input type="checkbox"/> Infant Feeding (if applicable) <input type="checkbox"/> Menus _____ <input type="checkbox"/> Other _____	

Participant Sign-In Log

Full Name and Position	Center/Location
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

*REQUIRED TRAINING TOPICS per Federal Regulation 7 CFR 226.15(e)(14). Training must include instruction, appropriate to the level of staff experience and duties, on program requirements. Attach a copy of the training outline or lesson plan to this form, if applicable.

**Adherence with Civil Rights Requirements per FNS Instruction 113-1, XI
MO 580-1459 (rev 6-15)

CACFP-222

Civil Rights Compliance and Other Requirements

All institutions participating in the Child and Adult Care Food Program (CACFP) are required to comply with the following civil rights obligations and to provide information as follows:

- **Display the “*And Justice For All*” poster** in a prominent location (visible to the public). Please contact our office for additional posters.
- **Collection of Ethnicity and Race Data:** Sponsors are required to collect ethnicity and race data once a year for the CACFP. Visual observation and identification are not allowable practices in collecting data. The preferred method is self-identification and self-reporting. CACFP sponsors should explain the importance of this data to participants as they encourage them to self-identify and self-report. CACFP sponsors may also obtain ethnicity and race data from other sources in which the respondent has self-identified ethnicity and race, such as school databases. Voluntary questions on ethnicity and race are included in the [Income Eligibility Form for Child Care Centers \(CACFP-205\)](#), the [Child Care Enrollment Form \(MO 500-3317\)](#), and the [CACFP Enrollment Form for Child Care Centers \(CACFP-229\)](#).
- **Compile the Ethnic and Racial Data on the [Beneficiary Data Report](#).** Once a year, sponsors must compile the ethnic and racial data, as completed by the participant or guardian, into this report. This report must be kept on file at the center.
- **Display the “[Building for the Future](#)” flyer in a prominent location or “[Building for the Future](#)” pamphlet.** This pamphlet explains the CACFP, who is eligible, the kinds of meals served, and the types of centers that serve the meals. Both are available at www.health.mo.gov/cacfp - Posters, Flyers, & Pamphlets.



- **Annual Civil Rights training for CACFP sponsors and staff.** Online training is available on our website at www.health.mo.gov/cacfp.
- **USDA nondiscrimination statement and civil rights complaint information are required on program material directed to the parents or guardians.** If the center has a parent handbook or a policy booklet that indicates that the center is participating in the CACFP, the nondiscrimination statement and procedure for filing a complaint must

be included and is available at www.health.mo.gov/cacfp - USDA Nondiscrimination Statement.

- **Discrimination Complaint Filing.** The USDA prohibits discrimination in Child Nutrition Programs (CNP) based on race, color, national origin, age, sex (including gender identity and sexual orientation), disability, and religion. If you believe you experienced discrimination when participating in a USDA program, you may file a complaint. Civil rights complaint filing information is located at: <https://www.usda.gov/oascr/complaint-resolution>
- Forward complaints of alleged discrimination to the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA). All complaints of discrimination, written or verbal, including anonymous complaints, must be forwarded to the DHSS-CFNA within four days of receipt. Provide all available information and details. The toll-free number is 800-733-6251.
- **WIC Program Information.** [Missouri WIC outreach posters](#) are available to display in your center to share the benefits of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) with parents and guardians. The poster is located at www.health.mo.gov/cacfp - Posters, Flyers, & Pamphlets.




BENEFICIARY DATA REPORT

A Beneficiary Data Report must be completed once a year to report the ethnic and racial category of participants enrolled in your center. This data is collected via the Enrollment Form or Outreach and Beneficiary Survey completed by the parent/participant. Completion of the data by the parent/participant is voluntary and failure to report will not impact eligibility for meals. A parent/participant may check one or more racial category. Ethnicity and race data must be self-identified and self-reported or reported by a parent/guardian.

NAME OF CENTER/FACILITY

ADDRESS

Ethnic Category	Number of Participants
Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
Racial Category	Number of Participants
American Indian or Alaskan Native – 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.	
Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black or African American – A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
Undeclared – No ethnic or racial category self-identified or self-reported by participant/parent.	
Total Number of Participants	
SIGNATURE OF CENTER REPRESENTATIVE 	DATE



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
OUTREACH AND BENEFICIARY DATA SURVEY
COMMUNITY FOOD AND NUTRITION ASSISTANCE

The completion of this survey is voluntary. The data collected is used to improve outreach efforts and to ensure compliance with USDA nondiscrimination requirements ONLY. Your participation is voluntary and failure to report will not impact eligibility for meals. Please complete one survey per child in attendance. Names are not needed; this is an anonymous survey.

How did you learn about the program?

☐ Newspaper

☐ School newspaper/letter/flyer

☐ Program website

☐ Other (please specify) _____

What activities would you like to have available at the site?

☐ Homework assistance

☐ Physical activity

☐ Educational activities

☐ Other (please specify) _____

What (if any) barriers do you face in participating in this child nutrition program?

ETHNIC AND RACIAL DATA

Ethnic Category

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Undeclared

Racial Category (may mark one or more categories)

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Undeclared

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.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

This institution is an equal opportunity provider.