



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
- Beneficiary Data Report

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. Voluntary questions are included on ethnicity and race on the [Income Eligibility Form for Adult Day Care Centers \(CACFP-501\)](#) and the [CACFP Enrollment Form for Adult Day Care Centers \(CACFP-635\)](#).
- **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.
- **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 (CNPs) 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.




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