CIVIL RIGHTS DATA COLLECTION FORM

Organizations Name: _____ Agreement: _____

The following information **must be collected each year** to meet the Civil Rights requirements. The Center/Sponsor must return this to CYFD-Family Nutrition Bureau along with the Agreement renewal every year. Race and ethnic background data for the children enrolled at each center should be maintained confidentially and should only be made available to authorized State Agency or Federal personnel.

Ethnicity:
Hispanic or Latino - *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".*

Not Hispanic or Latino - *All other ethnicities*

Race: (The following revised definitions shall be used)
American Indian or Alaskan Native - *A person having origins in any of the original peoples of North and South American (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.*

Actual Number served								
	Ethnicity Category		**Race Category**					
Center Name	Hispanic or Latino	Non-Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	**Total (Participants) Enrolled**

Date information for Enrolled Participants was collected: _____