

**CHILD AND ADULT CARE FOOD PROGRAM
COMPLIANCE WITH CIVIL RIGHTS QUESTIONNAIRE
ACT OF 1964**

*Please answer the following questions furnishing as much information and data as possible.
(Attach additional sheets if needed.)*

1. Describe the procedure for serving meals to prevent discrimination to children/adults by race, color, age, national origin, sex, or disability. _____

2. Do you provide each household with an Income Eligibility Application and Letter to Household?
YES NO -If no, explain. _____
3. Does this procedure involve any consideration of race, color, age, national origin, sex, or disability?
NO YES -If yes, explain. _____
4. Furnish the racial composition of each day care center/facility under the sponsoring agency's Supervision: ***Please list actual number of children.***

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

5. Indicate below the method by which you derived the figures for question 4 (based on enrollment in your school district, observation of students, students's sur names, etc.) _____
6. From what geographical area do you draw your attendance? _____
 a) Furnish the composition of the area served in percentages. (if estimates are used, please indicate the figures that are estimated) The Census Tract Data by county can be used. Estimated figures

(Use Percentages Only)							
Geographical Area (County)	Ethnic Category		Race Category				
	Hispanic or Latino	Non-Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

7. Does the location of the child care center/facility deny access to any person on the basis of race, color, age, national origin, sex, or disability? NO YES -If yes, explain. _____

8. Does the facility have a handicap access to areas such as, classrooms, cafeterias, dining rooms, or offices?
 YES NO
If no, please explain why not and plans to correct deficiency and estimate date of completion. _____
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9. If sponsoring agency furnishes transportation, is it available to all children/adults regardless of race, color, age, national origin, sex, or disability? YES NO
-If no, explain. _____
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10. If there are children/adults in attendance who speak a language other than English, do you employ bilingual employees in your cafeteria? YES NO
-If no, explain. _____
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11. Describe the procedure to assure that minority populations have an equal opportunity to participate. What efforts are being used to contact minority and grassroots organizations about the opportunity to participate? _____
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12. Does your organization provide parents or guardians of participants, program material which contains the non-discrimination statement and procedures for filing a complaint. YES NO
-If no, explain. _____
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13. As a sponsoring agency, have any complaints or lawsuits been filed against you within the past three years, based on race, color, age, national origin, sex, or disability? YES NO
-If yes, please furnish dates, name of plaintiff or parties complaining and results. _____
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14. Has any federal or state agency advised you that you were not in compliance with the Civil Rights Act of 1964 within the last three years? YES NO
-If yes, please furnish dates, name of plaintiff or parties complaining and results. _____
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15. Has any federal or state agency denied you assistance because of non-compliance with the Civil Rights Act of 1964 within the last three years? YES NO
-If yes, please furnish details. _____
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16. Do you currently have an application pending for federal assistance with any other federal agency?
 YES NO *-If yes, please furnish details such as agency, type of assistance, etc.* _____
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17. Are you receiving assistance from any federal program, either directly or through another agency?
 YES NO *-If yes, please furnish details.* _____
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18. If a civil rights compliance review has been conducted of your day care center/facility within the past two years, please furnish name of agency conducting review, date of review and results. _____
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19. Will you agree to immediately notify the New Mexico Department of Children, Youth and Families, Prevention and Intervention Division, of any complaints or lawsuits concerning civil rights filed against the sponsoring agency or any of its day care center/facility, relative to the Child and Adult Care Food Program? YES NO

 Name of Sponsoring Organization

 Signature of Sponsor Representative

 Date