

Civil Rights Compliance

Challenge Foundation Academy (Pioneer Preparatory School) 078550001 12/15/2014

Sponsor Name _____ **CTD#** _____ **Date of Completion** _____

The United States Department of Agriculture (USDA) regulations outline each School Food Authorities (SFA) responsibility regarding civil rights compliance in the Child Nutrition Programs (CNP). The following checklist furnishes an overview of these requirements. **Please complete this form each year by December 15th and retain for program audit/review.**

- | | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Is the complete nondiscrimination statement included on the parent letter and all other printed material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have any complaints of discrimination (written or verbal) been received this school year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. If "yes" to number 2, have they been acted upon according to the sponsor's written procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the nondiscrimination poster displayed at the Point of Service (POS) in each school? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is program information made available to major employers contemplating layoffs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are program materials printed in a language other than English, if needed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do admission procedures restrict enrollment by minority persons? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Are disabled students including those with special dietary needs, provided program benefits as appropriate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Complete the following chart for the district/school. This information should be compiled from the applications for free and reduced priced meals, as completed by households. For institutions not required to collect applications, enrollment information may be used. | | | |

| | Number Approved for Free/Reduced-Price Meals | Number Denied for Free/Reduced-Price Meals |
|------------------------------------|--|--|
| *Race alone not Hispanic or Latino | | |
| American Indian/Alaska Native* | _____ | _____ |
| Asian* | _____ | _____ |
| Black/African American* | _____ | _____ |
| Hispanic/Latino* | _____ | _____ |
| Native Hawaiian/Pacific Islander* | _____ | _____ |
| White* | _____ | _____ |
| Some Other Race(s)* | _____ | _____ |