

**CHILD NUTRITION, INC.**

**(540) 347-3767**

**CIVIL RIGHTS DATA COLLECTION FORM  
CHILD AND ADULT CARE FOOD PROGRAM**

<b>SECTION 1: ETHNICITY</b>	
<i>The sum of "Hispanic or Latino" and "Not Hispanic or Latino" categories must equal the total number of all enrolled participants.</i>	<b>Number of enrolled participants</b>
<b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. "Spanish origin" can be used in addition to "Hispanic or Latino."	
<b>Not Hispanic or Latino</b>	

<b>SECTION 2: RACE</b>	
<i>The sum of all racial categories will be equal to or greater than the total number of all enrolled participants.</i>	<b>Number of enrolled participants</b>
<b>American Indian or Alaskan Native:</b> 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.	
<b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	
<b>Black or African American:</b> A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."	
<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.	
<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa.	

This information is requested solely for the purpose of determining compliance with Federal civil rights laws. It will assist in assuring that this program is administered in a nondiscriminatory manner. Respect for individual dignity should guide the processes and methods for collecting data on race and ethnicity; ideally, respondent self-identification should be facilitated to the greatest extent possible, recognizing that in some data collection systems observer identification is more practical.

This certifies that the provider has received Civil Rights Training:

Provider's Name Printed: \_\_\_\_\_

Provider's Signature & Date: \_\_\_\_\_

Field Specialist Signature & Date: \_\_\_\_\_

***This Institution is an equal opportunity provider.***