

**TENNESSEE DEPARTMENT OF HUMAN SERVICES (TDHS)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AND
SUMMER FOOD SERVICE PROGRAM (SFSP)
CIVIL RIGHTS GRIEVANCE PROCEDURES
REVISED JULY 31, 2013**

In accordance with U.S. Department of Agriculture, Food and Nutrition Service Instruction 113.4, the Tennessee Department of Human Services provides a grievance procedure in the event a person believes he/she or their children have been discriminated against and/or denied benefits on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department (in the Child and Adult Care Food Program or Summer Food Service Program). *Not all prohibited basis will apply to all programs and/or employment activities.*

General Instructions

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department (in the Child and Adult Care Food Program or Summer Food Service Program) shall be processed within ninety (90) days of receipt in the manner prescribed in this document.

Procedure for Filing Complaints of Discrimination:

1. Right to File a Complaint:

Any person alleging discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

2. Acceptable:

All complaints, written or verbal, shall be accepted by the Tennessee Department of Human Services and forwarded to the U.S. Department of Agriculture. It is necessary that the information be sufficient to determine the identity of the CACFP or SFSP facility or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

3. Verbal Complaints:

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall document in writing the elements of the complaint for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number or other means of contacting the complainant;
- b. The specific location and name of the facility administering the Child and Adult Care Food Program or Summer Food Service Program;
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor;
- d. The basis on which the complainant feels discrimination exists (i.e., basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department);
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory incident(s) or action(s); and
- f. The date(s) during the alleged discriminatory incident(s) or action(s) occurred, or if continuing, the duration of such discriminatory incident(s) or action(s).

For complaints other than discrimination complaints, please contact the director of the local facility operating the CACFP or SFSP, or submit the complaint in writing or by telephone to the following address and telephone number:

**Tennessee Department of Human Services
Child and Adult Care Services
400 Deaderick Street
Nashville, Tennessee 37243-1403
Telephone: (615) 313-4749**

**TENNESSEE DEPARTMENT OF HUMAN SERVICES
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AND
SUMMER FOOD SERVICE PROGRAM (SFSP)
CIVIL RIGHTS GRIEVANCE REPORT FORM**

This form may be used to report alleged discrimination in the Child and Adult Care Food Program or Summer Food Service Program based basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. *Not all prohibited basis will apply to all programs and/or employment activities.* If you believe that you or your children have been discriminated against and/or denied benefits on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department in the Child and Adult Care Food Program or Summer Food Services Program, please complete this form and deliver or mail it to one or both of the following addresses:

**U.S. Department of Agriculture
Director of Office of Adjudication
1400 Independence Avenue, SW
Washington, D.C. 20250-9410**

Telephone Toll Free (866) 632-9992 (Voice)*

*(Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).

**Tennessee Department of Human Services
Child and Adult Care Services
400 Deaderick Street
Nashville, Tennessee 37243-1403
Telephone (615) 313-4749**

Please provide the following information so you may be contacted concerning your complaint:

Name _____ Date of Complaint: _____

Address _____ Telephone _____

Identify the Name of the CACFP or SFSP Facility, Date(s) of Incident(s) or Action(s), and Name(s) of Facility Personnel Involved with Incident(s) or Action(s):

Describe the Incident(s) or Action(s) which You Believe Were Discriminatory Against You or Your Children:

DISPLAY or Keep on File

Keep on File

**SAMPLE LANGUAGE ASSISTANCE PLAN FOR
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AGENCIES**

NAME OF AGENCY

It is recognized that persons with Limited English Proficiency (LEP) may experience a barrier in receiving benefits under the CACFP. If language assistance services are not available for these persons, violations of Title VI of the Civil Rights Act of 1964 may occur. To ensure compliance with Title VI, this agency shall adopt the following procedures to ensure that eligible LEP persons have meaningful access to the CACFP.

1. The following person(s) are available to provide translation/interpreter services for LEP persons in the following language(s)

Name: _____

Address: _____

Telephone Number: _____

Language(s): _____

Name: _____

Address: _____

Telephone Number: _____

Language(s): _____

2. The person(s) who are identified above to provide translation/interpreter services for this agency will also provide information on Title VI rights to LEP persons.
3. All employees will be trained annually on Title VI provisions and serving LEP persons.
4. Training will be provided for all new employees during their orientation on Title VI provisions and serving LEP persons.
5. Information has been posted in a conspicuous place at each feeding site to advise that free translation/interpreter services are available.
6. Documentation of all required employee training for language assistance services will be maintained on file.

This Plan is effective on _____ and will remain in effect until amended.
(Date)

NAME AND TITLE OF AUTHORIZED OFFICIAL

DATE

Keep on File

Keep on File

Documentation of annual training session date(s) and location(s), participants' names, and the topics covered in the session(s) to indicate that required training has been provided for "key" staff on all aspects of CACFP. No training costs can be charged to CACFP for social events, entertainment, flowers, decorations, alcoholic beverages, door prizes, gifts or motivational speakers. No training costs can be charged to CACFP for travel and transportation costs for providers to attend sponsor training. No training costs can be charged to CACFP for substitute childcare providers to attend sponsor training.

DOCUMENTATION OF AGENCY TRAINING

NAME OF AGENCY: _____

NAME OF TRAINER: _____

DATE OF TRAINING: _____

TRAINING TOPICS:

- MENUS AND MEAL PATTERN REQUIREMENTS
- MILK REQUIREMENTS
- MEDICAL STATEMENTS
- MEAL COUNT RECORDS
- UNITIZED MEALS
- ATTENDANCE RECORDS
- FREE AND REDUCED PRICE APPLICATIONS
- ENROLLMENT ADDENDUM FORMS
- HEALTH AND SANITATION REQUIREMENTS
- RECORDKEEPING

NAMES OF PERSONS ATTENDING:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |