

Child and Adult Care Food Program / Summer Food Service Program

CIVIL RIGHTS TRAINING

Sign-In Sheet

Institution Name: _____ Agreement #: _____

Training Date(s): _____

Location: _____

- **6 Protected Classes:**

- Race
- Color
- National origin
- Sex
- Age
- Disability

- **9 Compliance Areas in Civil Rights:**

- Collection and use of data
- Effective public notification systems
- Complaint procedures
- Compliance reviews
- Resolution of noncompliance
- Requirements for reasonable accommodation of persons with disabilities
- Requirements for language assistance
- Conflict resolution
- Customer service

Print Name	Signature	Position
1.		
2.		
3.		
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15.		

Please retain for your records.