

CIVIL RIGHTS POLICY

Pace Charter School of Hamilton

Pace Charter School of Hamilton, an Equal Opportunity Provider Of Services and Employment. In USDA programs, discrimination is prohibited on the bases of race, color, religion, sex, age, national origin, marital status, sexual orientation, familial status, disability, limited English proficiency, or because all or a part of an individual's income is derived from a public assistance program. In programs that receive Federal financial assistance from USDA, discrimination is prohibited on the bases of race, color, religious creed, sex, political beliefs, age, disability, national origin, or limited English proficiency. (Not all bases apply to all programs.) Reprisal is prohibited based on prior civil rights activity.

In USDA employment, discrimination is prohibited on the bases of race, color, religion, sex, national origin, age (if 40 or over), disability, reprisal (for prior participation in an EEO activity or having opposed discrimination), political affiliation, sexual orientation, marital status, parental status, or genetic information. ASCR, through the Office of Adjudication and Compliance, investigates and resolves complaints of discrimination in USDA employment and in programs operated or assisted by USDA.

A. Purpose

Pace Charter School of Hamilton Nutrition staff should be familiar with this summary of civil rights laws, regulations and guidelines regarding equal opportunity and affirmative action and how they apply to their responsibilities. The staff will attend annual training on civil rights.

B. Civil Rights Procedure

1. Pace Charter School of Hamilton Nutrition and the National School Lunch and Breakfast Programs prohibit discrimination in employment and in program access and participation on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status and family status.
2. The School Superintendent is designated as administratively responsible for civil rights matters. The school nutrition director is designated as an “alternate” responsible for civil rights matters in the absence of the County Superintendent.
3. All academic and non-academic staff should be familiar with the Pace Charter School of Hamilton Nutrition Department’s civil rights procedures. All newly employed staff should be given orientation to the civil rights procedures. Civil rights procedures should be periodically reviewed with the nutrition staff.
4. A copy of the Civil Rights Procedure shall be accessible to all staff should be maintained in the central office for staff reference purposes.
5. The USDA nondiscrimination poster “.... And Justice For All....” should be prominently displayed in all school cafeterias and kitchens.

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6. All office facilities and resources should be available on a nondiscriminatory basis to staff and clientele.
7. All staff should be familiar with civil rights complaint procedures.

C. Equal Employment Opportunity

1. Pace Charter School of Hamilton Nutrition staff is required to follow a prescribed set of procedures to ensure equal employment opportunity and equal opportunity for service to all students.
2. The Pace Charter School of Hamilton Nutrition Department prohibits sexual harassment. An employee who engages in sexual harassment is subject to disciplinary action up to and including termination of employment. All staff should be familiar with the Pace Charter School of Hamilton Policy on Sexual Harassment.

D. Equal Program Opportunity

1. A civil rights statement should be on all printed Pace Charter School of Hamilton Nutrition Program material including all menus printed for the public.
2. Program content materials and delivery methods should promote and encourage inclusive participation.
3. Volunteers should be fully informed about civil rights and nondiscrimination policies.
4. The Americans with Disabilities Act (ADA) requires that School Nutrition programs be accessible to persons with disabilities and that reasonable accommodations be provided. All staff should be familiar with the ADA Summary of Regulations and Guidelines.

E. Services for Limited English Proficient Households

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." and these individuals may be eligible to receive language assistance with respect to a particular type or service, benefit, or encounter.

Pace Charter School of Hamilton will make every effort to accommodate anyone with a English deficiency. It is advertised that Food Applications are available in other languages by request to any Pace office location. Currently, Pace has a high population of Spanish speaking families and allow parents to request information in Spanish. All correspondence to these families are sent home in Spanish when applicable. Pace also employs Spanish-speaking employees to help translate as needed. For other language necessities Pace always encourages families to bring interpreters. The school is currently looking into new alternatives to accommodate more LEP needs.

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F. Accommodating Students with Special Dietary Needs

All students enrolled are required to complete a medical form and have a physical. The form is submitted to the nurse, who reviews for medications, illnesses, food allergies or sensitivities. The nurse prepares the necessary plans for the students. For food related allergies or sensitivities, the Nurse will meet with the parent or guardian, student, Food Service Director, to discuss the best options and develop a plan for the student. If a dietary need is able to be provided by the Food Vendor, the Food Service Director upon the recommendation from the Nurse and Physician note will notify said Food Vendor. Following the development of the plan, all involved staff members would be informed. A sample Special Dietary Needs form can be found in Appendix A.

G. Non-Discrimination Statement for all Food Program Material

The Pace Charter School of Hamilton will utilize the standard Non-Discrimination Statement on all Food Program Material found in Appendix C.

H. Filing a Civil Rights Complaint

The Pace Charter School of Hamilton uses Form #148 found on the New Jersey Department of Agriculture Forms page. Forms for filing complaints are on file in the Main Office of each location for Pace. The School Nutrition Department may be contacted for assistance. A copy of the form can be found as Appendix B.

Appendix A

Dietary Accommodations for the National School Lunch Program

MEDICAL STATEMENT FOR STUDENTS WITH SPECIAL DIETARY ACCOMMODATIONS

Requesting Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs (National School Lunch Program, School Breakfast Program, Afterschool Snack Program, Summer Food Service Program)

PART 1 TO BE COMPLETED BY PARENT/GUARDIAN. PLEASE PRINT.

Child's Name: _____ Birth Date: _____

School Attended by Student: _____ Grade: _____ Student ID#: _____

Parent/Guardian Name: _____

Work Phone: _____ Home Phone: _____ Email: _____

Parent/Guardian Signature: _____

PART 2 TO BE COMPLETED BY STATE LICENSED HEALTHCARE PROFESSIONAL*

**For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona. (HNS# 11-2015). Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.*

A. List foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List foods/ingredients that can be substituted into the diet to accommodate the dietary restriction.

This medical statement is: _____ **Permanent** *(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)*

This medical statement is: _____ **Temporary** *(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)*

Licensed Healthcare Professional Name: _____ Office Phone Number: _____

Licensed Healthcare Professional Signature: _____ Date: _____

**Return the completed form to [Contact Name] by [fax or email].
For questions, contact [Contact Name] by [phone and/or email].**

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Appendix B

Form 148 Civil Rights Complaint Form



**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
Program Discrimination Complaint Form**

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

E-mail address (if you have one): _____

Telephone Number starting with area code: _____

Alternate Telephone Number starting with area code: _____

Best Time of the Day to Reach You _____

Best Way to Reach You, (check one): Mail Phone E-mail Other: _____

Do you have a representative (lawyer or other advocate) for this complaint? Yes No

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

1. Who do you believe discriminated against you? Use additional pages, if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): _____

Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

- Farm Service Agency Food and Nutrition Service
Rural Development Natural Resource Conservation Service
Forest Service Other: _____

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: _____
 Month Day Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur?

Address of location where incident occurred:

Number and street, PO Box, or RD Number

City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my

6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: _____ No: _____

If yes, with what agency or court did you file? _____

When did you file? _____
Month Day Year

Signature: _____

Date: _____

Mail Completed Form To:

USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410

E-mail address:
program.intake@usda.gov

Telephone Numbers:

Local area: (202) 260-1026
Toll-free: (866) 632-9992
Local or Federal relay: (800) 877-8339
Spanish relay: (800) 845-6136
Fax: (202)690-7442

Appendix C

Non-Discrimination Statement

This institution is an Equal Opportunity Employer and Provider.

English Translation:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

English Short version: This institution is an equal opportunity provider.

Spanish translation:

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA. Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas. Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](#), (AD-3027) que está disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; o correo electrónico: program.intake@usda.gov. Esta institución es un proveedor que ofrece igualdad de oportunidades.

Spanish Short version: Esta institución es un proveedor que ofrece igualdad de oportunidades.

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