



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY  
12234**

Office for Prekindergarten through Grade 12 Education  
 School Operations and Management  
 Child Nutrition Program Administration  
 99 Washington Avenue, Room 1623 OCP, Albany, NY 12234  
 (518) 473-8781 Fax (518) 473-0018  
[www.nysed.gov/cn/cnms.htm](http://www.nysed.gov/cn/cnms.htm)

**The University of the State of New York  
 The State Education Department  
 Free and Reduced Price Meal Participation Data  
 Civil Rights Compliance Report**

The United States Department of Agriculture regulations outline each local education agency's (LEA's) responsibility in regard to civil rights compliance in child nutrition programs.

This form is required to be completed annually **ONLY** if the data is not collected by another department within the LEA, and it is to be kept on file for three years. **DO NOT SEND COMPLETED FORMS TO THE EDUCATION DEPARTMENT.** Data on the forms will be examined as part of the Department's coordinated review process.

The information on this form shall be available only to authorized State and federal personnel during reviews, or as part of a Federal Office of Management and Budget approved survey.

According to the federal regulations, data for the completion of this form shall be obtained by a school official through any of the following methods: Observation; personal knowledge; or voluntary self-identification by an applicant when completing a free and reduced price meal application.

**Complete the following table (providing estimates where actual numbers cannot be obtained) of all potential recipients (not just free and reduced price eligible children) that will participate in the program(s) .**

Facility  (Name of school, residential child care institution, correctional facility, etc.)	Ethnicity		Race				
	Hispanic or Latino	Not Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

\_\_\_\_\_  
 Administrator's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 School Name

\_\_\_\_\_  
 School Year

**THIS REPORT SHOULD NOT BE SENT TO THE STATE EDUCATION DEPARTMENT. IT SHOULD BE KEPT ON FILE IN YOUR DISTRICT FOR REVIEW BY AUTHORIZED FEDERAL AND STATE PERSONNEL.**