

Please use reverse for comments and/or if additional space is needed

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

STATE NAME

FEDERAL FISCAL YEAR

CIVIL RIGHTS COMPLIANCE OF STATE INSPECTION PROGRAMS

PART A . PUBLIC NOTIFICATION PROCESS

1. Check all locations where the USDA Civil Rights Poster is prominently displayed within the

State Office Regional Office(s) In-Plant inspection offices Other (describe)

2. Which of the following include the statement that the inspection program will be conducted without regard to race, color, national origin (Title VI), age (Age Discrimination Act), disability (Section 504), and reprisal (USDA policy)? (Check all that apply)

Licensing applications Information/outreach material provided to the public Other (describe)

PART B. CIVIL RIGHTS TRAINING AND POSITION ACCOUNTABILITY

1. Describe the civil rights training given within the past year to all supervisory personnel and to non-supervisory personnel who interact with program beneficiaries and the public (i.e. dates of training, number of employees trained, topics covered).

2. Describe the State's system for tracking civil rights training.

3. Describe the civil rights training planned for the new Federal fiscal year (may include training schedule, topics, agenda, source of training).

4. How are employees made aware of civil rights responsibilities?

5. Provide the name and title of the individual(s) with delegated responsibility for monitoring and oversight of the civil rights and disability programs for the inspection program.

PART C. DISCRIMINATION COMPLAINTS

1. Have there been any allegations of discrimination involving the delivery of inspection services to program beneficiaries or applicants within the last year? If yes, describe the basis(es), issue(s), status, and disposition. No Yes

2. Describe how applicants and beneficiaries are notified of their right to file a complaint of discrimination with USDA .

PART D. PROGRAM ACCESSIBILITY

1. Does the State office provide appropriate access to disabled persons regarding: (Check all that apply)

Placarded parking Automated/assisted door entry Audio or braille equipped elevators TDD capability
 Cut/raised curbing Accessible restrooms Accessible drinking fountains

2. Is a TDD number and/or State relay service number printed on: (Check all that apply)

Publications available to the public State Web site Other (describe)

3. Describe program materials made available in alternative formats (Braille, large print, audio).

4. Has the program received any requests for language interpretation or translation services? If yes, how was the request accommodated? No Ye

5. Describe the State's participation in educational and outreach activities (e.g., state or county fairs, elementary, post secondary Career day functions, 4-H events, senior citizen programs, partnerships, etc.).

Willfully false statements on the report are punishable by law. (U.S. Code Title 118, Section 1001)

PRINT NAME AND TITLE OF STATE OFFICIAL

SIGNATURE OF STATE OFFICIAL

DATE