

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

State Name: _____

CIVIL RIGHTS COMPLIANCE OF STATE INSPECTION PROGRAMS

Federal Fiscal Year: (mm/dd/yyyy) _____

SECTION I - COOPERATIVE AGREEMENT(S) - Civil Rights Assurance Statement

1. Identify all active Federal-State cooperative agreements by number (e.g. 12-34-A-567) and date signed, as applicable: (Attach a copy of the current signed FSIS 1520-2 Civil Rights Assurance Statement for each applicable agreement.)

☐ Meat and Poultry Inspection

☐ Egg Products Inspection

☐ Talmadge-Aiken agreement

SECTION II - CIVIL RIGHTS PROGRAM ACCOUNTABILITY

1. Provide the name, position title, and contact information of person(s) responsible for administering the following:

- Civil rights training:

Discrimination complaints in program delivery (ie. from the regulated industry or customers, not employees):

- Americans with Disabilities Act (ADA)/Section 504 Coordinator:

2. Employee performance standards include a civil rights/non-discrimination element:

☐ Yes ☐ No

3. A civil rights policy statement has been issued addressing non-discrimination, anti-harassment, and retaliation:

☐ Yes ☐ No

SECTION III - PUBLIC NOTIFICATION

1. Check locations where the USDA Civil Rights Poster is displayed:

☐ State Office

☐ In-plant inspection office

☐ Other (describe) _____

2. The following must contain a non-discrimination statement providing notification that the inspection program will be conducted without regard to race, color, national origin, age or disability: (Please check to confirm compliance.)

☐ Applications for Inspection

☐ Official Letterhead

☐ Internet web page for meat/poultry program

☐ Information/outreach material provided to the public

☐ Policy statement on nondiscrimination, anti-harassment

SECTION IV - DEMOGRAPHIC DATA COLLECTION (Reserved)

State Meat and Poultry Inspection (MPI) programs are required by Title VI of the Civil Rights Act of 1964, as amended and 28 CFR 42.106(b) to collect, maintain, and report demographic data on its beneficiaries and applicants. At present, FSIS does not have an approved data collection form that State MPI programs can utilize to collect demographic information directly from applicants and beneficiaries. Therefore, State MPI programs are prohibited from: (1) requesting demographic information directly from applicants and beneficiaries; and (2) gathering demographic information from applicants and beneficiaries through visual identification methods. Demographic data may be collected from the U.S. Census data or other means so long as it is not obtained through visual identification or directly from applicants or beneficiaries. (For information only. No response required at this time).

SECTION V - DISCRIMINATION COMPLAINTS

1. Have there been allegations of discrimination involving the delivery of inspection services to program beneficiaries or applicants within the last year? (If yes, attach a copy of the complaint log, the incoming complaint, and the disposition.)

☐ Yes ☐ No

SECTION VI - CIVIL RIGHTS TRAINING

1. List all training courses containing civil rights content provided to inspection personnel within the past fiscal year. Indicate number of employees who were trained: (Provide a separate attachment if necessary.)

SECTION VII - PROGRAM ACCESSIBILITY TO PERSONS WITH DISABILITIES

1. Does the State provide facilities and program access to disabled persons regarding: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Placarded parking | <input type="checkbox"/> Audio or braille equipped elevators |
| <input type="checkbox"/> Cut/raised curbing | <input type="checkbox"/> Telecommunication Relay Service number posted on website |
| <input type="checkbox"/> Automated/assisted door entry | <input type="checkbox"/> Program materials in alternative formats upon request (large print, braille, audio) |
| <input type="checkbox"/> Accessible restrooms/water fountains | <input type="checkbox"/> Website compliance with Section 508 standards |

SECTION VIII - PROGRAM ACCESSIBILITY TO PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

1. Does the State have a current LEP plan in place?

☐ Yes ☐ No

2. Have requests been made from applicants or program beneficiaries for language interpretation or translation services?

☐ Yes ☐ No

If yes, how are the requests being handled? (Attach a log reflecting LEP contacts)

SECTION IX - COMPLIANCE WITH THE AGE DISCRIMINATION ACT OF 1975

1. Describe the State's participation in program outreach events and activities that reach various age populations:

SECTION X - COMPLIANCE REVIEW CORRECTIVE ACTIONS

If a compliance review of the state was conducted during the fiscal year in question, please respond to the following questions:

1. When was the compliance review conducted?

2. Report the status of pending corrective action item(s) by providing documentation to show full implementation or the status of actions in progress:
(Provide a separate attachment if additional space is needed.)

Print Name and Title of State Official:

Signature:

Date: (mm/dd/yyyy)
