



PARTICIPANT DATA FORM
for Sponsors of Day Care Centers

CACFP regulations require that each center annually collect information on the race and ethnicity of the children or adults in care. Report the number of children or adults in care at this center in each ethnic category in Section I. Then indicate the racial category for each child or adult in care at this center in Section II.

Center _____

Address _____

SECTION I. ETHNIC CATEGORY	# OF CHILDREN OR ADULTS
Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
Not Hispanic or Latino	

SECTION II. RACIAL CATEGORY <i>(one or more categories may be selected for a participant)</i>	# OF CHILDREN OR ADULTS
American Indian or Alaskan Native – A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliations or community attachment (includes Aleuts and Eskimos).	
Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes China, Japan, Korea, India, and the Philippine Islands.	
Black or African American – A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.	
White – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.	

Completed by _____ Date _____

Please maintain this form on file. It will be reviewed at your onsite review of CACFP operations.

This institution is an equal opportunity provider.