

IDOE/CACFP
rev. 05/01

Sponsor: _____

Agreement Number: _____

Date Completed: _____

ANNUAL RACIAL/ETHNIC DATA SUMMARY**
for Sponsors of
Child Care Centers, Head Start Centers, Registered Day Care Ministries,
Outside School Hours Centers, Adult Day Care Centers, At-Risk After School Programs,
Homeless Shelters and Family Day Care Homes

Racial/Ethnic Category	Total Number Enrolled	% of Total
American Indian or Alaska Native		
Asian		
Black or African American		
Hispanic or Latino		
Native Hawaiian or Other Pacific Islander		
White		
Total		

This form needs to be completed **one time per fiscal year. It is the representation of the racial/ethnic makeup of all participants your organization serves.

Mail this form back to:
Day Nursery CACFP
615 North Alabama Street, Suite 300
Indianapolis, IN 46204