



**MinuteMenu™ HX**

# **Provider Training Workbook**

**For Providers Using Scannable  
Attendance Menus**

The Minute Menu system has been designed so that you can quickly and easily record every piece of information required by the USDA Food Program. With a bit of practice you'll soon be able to record an entire meal in only a minute.

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## FORM OVERVIEW

- **Child Enrollment Forms** – filled out and then signed by the parents of each new child you enroll into your care (and subsequently into the food program).
- **Menu Forms**
  - Infant Form – use for all infants **less than one year** of age to record daily attendance, foods, and meal counts.
  - Child Forms – use for all children **one year and up** to record daily attendance, foods, and meal counts.
- **Claim Information Forms (CIF)** – A new CIF will be provided to you monthly. Use this form to track child numbers and communicate information regarding your claim.

## GENERAL FORM INSTRUCTIONS



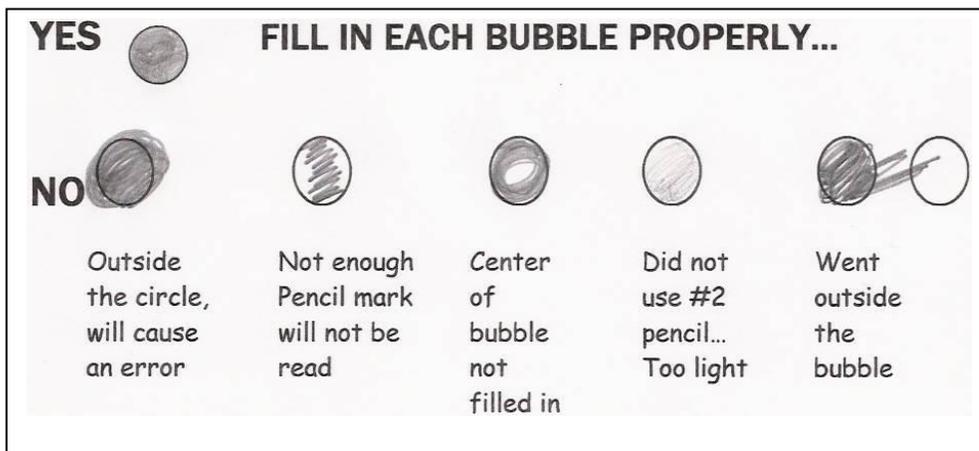
### Do...

- Use a **#2 pencil** to fill out your forms.
- Keep the **carbon copy** of every scannable form you send in.
- Always **sign and date** your forms.
- **Completely** fill in each bubble and stay within the lines.



### Do Not...

- Leave smudges or tear the form when erasing.
- Strike through areas of a form that you want to leave blank. Just leave it blank.
- Write notes on the scannable forms. Instead, write notes on the CIF.
- Staple, fold, or wrinkle a scannable form.





# CHILD ENROLLMENT FORMS

The child Enrollment Form is used to enroll new children or update an existing child. A parent must review and sign the form in order for you to receive reimbursements from the Food Program for a child. Send the signed original to us. Be sure to keep the carbon copy for your records.

To fill out the form, go step by step through each corresponding numbered section:

## 1. PROVIDER #:

Write your Provider # in the white boxes before you bubble it. Then, in each column, bubble the number for that column. Your provider number is listed on the CIF.

1. PROVIDER #										
2	0	1	●	3	4	5	6	7	8	9
4	0	1	2	3	●	5	6	7	8	9
3	0	1	2	●	4	5	6	7	8	9
0	●	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

Provider # shown is an example. This is not *your* Provider #.

## 2. CHILD'S BIRTHDATE

The child's birthday is filled in using two digits for the month, two digits for the day, and two digits for the year (EX: 02/06/17 for February 6, 2017).

**Birthdate:** February 6, 2017

2. CHILD'S BIRTHDATE											
M	0	●	1								
O	2	0	1	●	3	4	5	6	7	8	9
D	0	●	1	2	3						
A	6	0	1	2	3	4	5	●	7	8	9
Y	1	0	●	2	3	4	5	6	7	8	9
R	7	0	1	2	3	4	5	6	●	8	9

**Reenrollment/Update Bubble:** fill in this bubble only when renewing or reenrolling an existing child.

REENROLLMENT/UPDATE

## 3. FIRST DAY IN CARE

Record the date the child first attended care in your home OR the 1<sup>st</sup> day of the current month, whichever date is closer to today's date. The date should also be marked with two digits for the month, two for the day, and the last two digits of the year.



#### **4. CHILD'S NUMBER and GROUP**

You must assign each child a number. This number is used on all other forms. You should assign a unique number from 1 to 28 to each child you enroll. Quickly look at your CIF and find a blank row next to a number that has not been used. If you run out of new numbers and need to reuse an old child number, choose the number that has been inactive--unused--for the longest amount of time.

**Write the child's name on a blank line on the CIF.** This way, you can look at the CIF when filling out menus the remainder of this month, and you'll know what number to use for this child. The number you choose is permanently assigned to this child and cannot be changed until the child has been withdrawn for two months.

Then **mark the child number bubble** as shown below: *note the format: child group – child number*

4. CHILD'S NUMBER					
1	2	3	4	5	6
7	8	9	10	<input checked="" type="checkbox"/>	12
13	14	15	16	GROUP Use only if instructed.	
17	18	19	20	<input type="checkbox"/>	1
21	22	23	24	<input type="checkbox"/>	2
25	26	27	28	<input type="checkbox"/>	3

Child Number: 1-11

4. CHILD'S NUMBER					
1	2	3	4	5	6
7	8	9	10	<input checked="" type="checkbox"/>	12
13	14	15	16	GROUP Use only if instructed.	
17	18	19	20	<input checked="" type="checkbox"/>	1
21	22	23	24	<input type="checkbox"/>	2
25	26	27	28	<input type="checkbox"/>	3

Child Number: 1-11

4. CHILD'S NUMBER					
1	2	3	4	5	6
7	8	9	10	11	<input checked="" type="checkbox"/>
13	14	15	16	GROUP Use only if instructed.	
17	18	19	20	<input type="checkbox"/>	1
21	22	23	24	<input checked="" type="checkbox"/>	2
25	26	27	28	<input type="checkbox"/>	3

Child Number: 2-12

*Unless you care for more than 28 children, you should always leave the GROUP option blank.*

The prefix of the child number is referred to as the child Group. Note: Group left blank assumes the child should be in the 1<sup>st</sup> group of children. Each month, we will send you a new CIF that lists all of your enrolled children along with their child numbers.

#### **5. CHILD'S NAME**

The child's name box should be filled in from the top down with the first name, the middle initial, and the last name. Make sure to write name in the boxes to fill in the appropriate bubble for that row. Don't forget to write the child's name on the CIF next to the assigned child number.

#### **6. CHILD'S SCHEDULE**

Choose the most applicable times, days and meals of attendance.

#### **7. INFANTS**

If the child being enrolled is an infant (defined as under 1 year of age), you must fill out this section. In the space provided, please write in the brand name of the iron fortified infant formula (IFIF) that you offer to parents – even if the parent is supplying their own formula or breast milk.

#### **8. SCHOOL INFO**

Only fill in this section if the child is attending some type of school.

**School Type:** Mark only one bubble for the type of school most appropriate for the child. If the child is a toddler or preschooler not enrolled in any sort of kindergarten you can leave this section blank.



**Times:** For times in school, put the normal school depart & return time, based on when the child leaves your home to go to school and returns from school to your home.

**Days:** You only need to mark the child’s daily school attendance schedule if the child doesn’t normally attend school every day of the week from Monday thru Friday.

**9. ETHNICITY:** Ethnicity & Race is always optional for a parent to indicate, and the categories are defined by federal law.

**10. RACE:** Ethnicity & Race is always optional for a parent to indicate, the categories are defined by federal law. Parents can choose more than one Race.

**11. RELATION:** Please make a note of how the child is related to you. If the child is an unrelated day care child, don’t mark anything in this section.

**12. SPECIAL INFORMATION:**

*Special Diet:* If the child requires a special diet as prescribed by a doctor, mark the “Special Diet” bubble. Also bear in mind that if the child does require a special diet, you should send us a copy of the parent/doctor statement on that special diet along with the Enrollment Form.

*Special Needs:* If the child has a disability or special needs, mark the “Special Needs” bubble. Send documentation of the child’s special needs with the child enrollment form.

*Non-Participating:* Any child where this bubble is marked will **not** be paid as part of the Food Program.

**13. PAY SOURCE:** Unless you are told by one of our staff to fill this section out, you can ignore it.

**14. PARENT PHONE #:**

Write the phone number in spaces provided. Fill in corresponding numbered bubbles in the row below spaces.

Additional information (such as address) may be written in the notes section on the **back** of the form.

**Make sure the parent has signed the form.** You cannot be paid for a child if we haven’t received an accurately filled-out and signed Child Enrollment form!

14. PARENT PHONE #											
AREA CODE			FILL IN ONLY ONE								
			<input type="radio"/> HOME <input type="radio"/> WORK								
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9





## Daily Attendance

You must record child attendance each day. Bubble the child number for any child who was in your care for the day, whether they have eaten a meal or not.

<b>DAILY ATTENDANCE</b>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Do this by marking each numbered bubble that corresponds to the child numbers. Look at your CIF to determine each child's number, and then bubble in all the numbers needed.

Infants **under** 1 year of age should always be recorded on the Infant Menu  
 Children **over** 1 year of age should always be recorded on the Regular Menu.

*Children should be switched to regular menus on their first birthday.*

## Whole Grains

Bubble each meal at which a whole grain-rich item was served.

<b>WHOLE GRAIN SERVED AT:</b>	<input type="checkbox"/>					
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## Meal Counts

For each meal served, you must record every child who attended that meal. Do this by marking each numbered bubble that corresponds to the numbers of the children served. Look at your CIF to determine any child's number, and then bubble in all the numbers needed.

<b>SERVED TO</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We've bubbled in child numbers 1, 3, 7, 8, and 9. Each one of those numbers represents a child, and names of these children should be listed next to their child number on the CIF.

## Foods

Write the name of the food served on the line appropriate for that type of food.

**Fill in the circle in the top left corner of each meal served.** If the meal circle is not filled in, our scanner will not recognize that the meal is being claimed. Do not mark any of the bubbles in the shaded column to the right of Food Served spaces – these bubbles are for office use only.



## Correct

B R E A K F A S T	MEAT OR ALT	<input checked="" type="checkbox"/>		(M)
	BREAD OR ALT		Bagel	(B)
	FRUIT OR VEG		Apple	(FV)
	MILK		1% milk	(MM) (MK)
A M S N A C K	MEAT OR ALT	<input checked="" type="checkbox"/>	Pinto Beans	(M)
	BREAD OR ALT		Whole Wheat Tortilla	(B)
	VEG		2	(V)
	FRUIT		0 F	(F)
	MILK		5	(MM) (MK)
	CHOOSE			

Note that each food component is listed on its own line.

Also note that the bubble in the upper left of this meal was marked.

For this snack, at least two components were served – a meat alternate and bread. Each food component was indicated on the appropriate row.

And since the bread served at AM snack was whole grain-rich, the A bubble in the Whole Grain Served At section should be marked for this day.



WHOLE GRAIN SERVED AT: (B)  (L) (P) (D) (E)

## Not Correct

B R E A K F A S T	MEAT OR ALT	<input type="checkbox"/>		(M)
	BREAD OR ALT		Bagel	(B)
	FRUIT OR VEG		Applesauce	(FV)
	MILK		1% milk	(MM) (MK)

In this example, the components “1% Milk” and “Applesauce” were written outside the appropriate space. “Applesauce” was even written on top of a bubble in the blue column. This could result in a loss of reimbursement.



A M S N A C K	MEAT OR ALT	<input type="checkbox"/>	Pinto Beans	<input checked="" type="checkbox"/>
	BREAD OR ALT		Whole Wheat Tortilla	<input checked="" type="checkbox"/>
	VEG		2	(V)
	FRUIT		0 F	(F)
	MILK		5	(MM) (MK)
	CHOOSE			

This provider mistakenly marked the bubbles in the blue column for each food, rather than the top left bubble. The Provider would not receive reimbursements for this meal because the menu was filled out improperly.

## Infant Menu Foods

On the Infant Menu, each meal is broken down into two age groups:

- 0-5 month olds
- 6-11 month olds

A 0-5 month old Infant is only to be served Breast Milk or Formula, no matter what the meal is (i.e., Breakfast, Snack, Lunch or Dinner). A 6-11 month old can be served other foods, depending upon the meal being served.

To record this, the Infant Menu form is designed so that each food component that is relevant to the particular age range of a child can be recorded. And 6-11 month olds can receive Infant Cereal, Meat, Fruit or Vegetable along with Breast Milk / Formula. So each food component as recorded is only relevant to certain children. Here are some examples:

Infants **under** 1 year of age should always be recorded on the Infant Menu  
Children **over** 1 year of age should always be recorded on the Regular Menu.

*Children should be switched to regular menus on their first birthday.*

## Correct



B R E A K F A S T	0-5 MOS FORMULA/ BREASTMILK	Iron Fortified Infant Formula	<input checked="" type="checkbox"/> (F)
	6-11 MOS INF CEREAL	Infant Oatmeal	<input type="checkbox"/> (C)
	MEAT/ALT		<input type="checkbox"/> (M)
	FRUIT/VEG	Banana	<input type="checkbox"/> (F) <input type="checkbox"/> (V)
	FORMULA/ BREASTMILK	Iron Fortified Infant Formula	<input type="checkbox"/> (F)

Record the formula/breastmilk for infants 0-5 months on the top row.

Record the foods for infants 6-11 months in the following rows.

Fill in the bubble at the top, right area of the 0-5 months section, to indicate you are claiming this meal. If the bubble is NOT filled in, the meal will not be reimbursed.

## Not Correct



B R E A K F A S T	0-5 MOS FORMULA/ BREASTMILK	Iron Fortified Infant Formula	<input type="checkbox"/> (F)
	6-11 MOS INF CEREAL		<input checked="" type="checkbox"/> (C)
	MEAT/ALT	Infant Oatmeal	<input checked="" type="checkbox"/> (M)
	FRUIT/VEG	Banana	<input type="checkbox"/> (F) <input checked="" type="checkbox"/> (V)
	FORMULA/ BREASTMILK	Iron Fortified Infant Formula	<input checked="" type="checkbox"/> (F)

DO NOT WRITE OR FILL IN THE BUBBLES IN THE SHADED AREA.

In this example, the provider wrote the 0-5 month formula in the shaded area and filled in the bubbles for the 6-11 month section. This could result in a disallowance.

Infant oatmeal was recorded in the wrong section. Record each food in the correct field.

*Hint! If infants within the same age group were served different foods, indicate each food that was served and write the child number next to the foods that were served to each child.*



## CLAIM INFORMATION FORM (CIF)

The CIF contains a list of all active children and their child numbers and other relevant information.

Make sure you never use the same number for two different children that are in your care at the same time. Each CIF should contain one child per child number – never double up.

### **Enrolling a New Child and using the CIF,**

Write the new child's name next to an unused number on the CIF. This will help you keep track of that child and the child's number when filling out forms during the rest of the month. After you send your monthly claim forms into our offices, we'll send you out a CIF with the newly-enrolled child printed on it.

### **Recording Special Information on the CIF**

- **Open on Holidays:** Record any holiday dates that you were open for business in the space provided.
- **Children Starting School:** If you have a child who is starting school, please communicate that to us here. Write the child number for any child starting school at a particular level, and indicate which School Level the child is attending (using a code from the Legend).
- **Children Withdraw from Care:** If a child withdraws from your care during the month, indicate the child number, the last date in care, and the reason for the withdrawal in the space provided.
- **School Aged Children Attend AM Snack or Lunch:** School-aged children should typically be attending school when AM Snack or Lunch is being served. If you serve a school-aged child during AM Snack or Lunch at any time during the month (and it's not during the summer holidays), provide a reason why that child wasn't in school along with the relevant date(s).

### **Using the CIF your first two months**

If new to the food program, we won't know the children that are enrolled in your care and will not be able to issue you a pre-printed CIF with all of your children listed. Have a couple of blank CIF for use during the first two months. Fill them out or make a copy, Make sure they both contain the exact same list of children.

Send one copy of these hand-written CIFs into our offices with your first claim, and the other for the second month. By then, you should have received the pre-printed CIF for your next month's claim. We will continue to send you a new CIF every month from then on. Don't forget to write any notes on those CIFs that affects your claim.



## Monthly Checklist

Before mailing your claim for reimbursement to your sponsor:

- ✓ Did you include your **CIF** (Claim Information Form)?
  - Note children withdrawn
  - Note school aged children out of school and attending during school hours
  - Note anything else we should know
- ✓ Is your **provider #** filled in on every form page?
- ✓ Is the **menu month** filled in on each menu form page?
- ✓ Have you filled in each day column with the **correct date** on your menus?
- ✓ Have you filled in **daily attendance** for each day?
- ✓ Have you filled in every **food item** on each meal you served?
- ✓ Have you indicated which meals had a **whole-grain** on non-infant menus?
- ✓ Have you filled in **meal counts** for each meal you served?
- ✓ Have you **signed** all the menu forms?
- ✓ Did you have any **new child enrollment forms**? If so, did you write the child's name and number on your CIF and have the parent sign the form?
- ✓ Did you **keep the carbon copies** of every page for your records?

Place all claim paperwork in a large manila envelope in the following order each month:

- Claim Information Form (CIF)
- Any new child enrollment forms
- Infant Attendance Menus
- Regular Attendance Menus