Child Nutrition Program of Southern California
Minute Menu WebKids Users Agreement
(Please Print Clearly)

Provider Name: _____ Provider #: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Family Day Care License #: _____

I acknowledge that I have been provided with training materials (WebKids Startup Guide & WebKids Help) in the use of the Minute Menu WebKids Internet claiming program and as of the date of this Agreement, the following will be my responsibility:

1. I will record my meal and attendance information daily *at meal service*. If I'm not doing so directly in the computer, I will keep paper records of this meal and attendance information for review.
2. Before submitting my monthly CACFP claim information to Child Nutrition Program of Southern California, I will verify:
    a. All new child enrollments have been finalized.
    b. All child sick days or school out days have been entered.
    c. Any days in the month when I have been closed have been specified (assuming I'm normally open those days).
    d. All meal and attendance information has been <u>accurately</u> entered.
3. I will inform Child Nutrition Program of Southern California, <u>in writing</u>, of my desire to discontinue using Minute Menu WebKids.

I acknowledge that the menu and attendance information stored in the Minute Menu WebKids system must be made available immediately for review by any Sponsor or State Agency staff when requested. I certify that the information entered into Minute Menu WebKids is accurate in all respects. I certify that my login and password information is not to be shared with anyone other than the staff of Child Nutrition Program of Southern California. I also understand that the information I enter into Minute Menu WebKids is provided in connection with the receipt of federal funds and that deliberate misrepresentation may result in state or federal prosecution.

I, the undersigned, CERTIFY that the above information is true and correct to the best of my knowledge and that my signature here serves in lieu of any monthly signature requirement for all internet claimed meal & attendance information.

_____ _____
Provider's Signature Date

_____ _____
Child Nutrition Program of Southern California Representative Date

Child Nutrition Program of Southern California
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