



# **FLORIDA DEPARTMENT OF HEALTH**

**UPDATING THE APPLICATION AND SITE SCREENS IN  
MIPS FOR CHILD CARE CENTERS, AMP SITES AND  
HOMELESS CHILDREN NUTRITION PROGRAMS**

The background of the slide is a vibrant orange color with a sunburst pattern. A large, semi-circular sun is positioned at the bottom center, with numerous rays extending upwards and outwards, creating a sense of warmth and energy. The rays are slightly darker than the background, creating a subtle gradient effect.

# Bureau of Child Care Food Programs

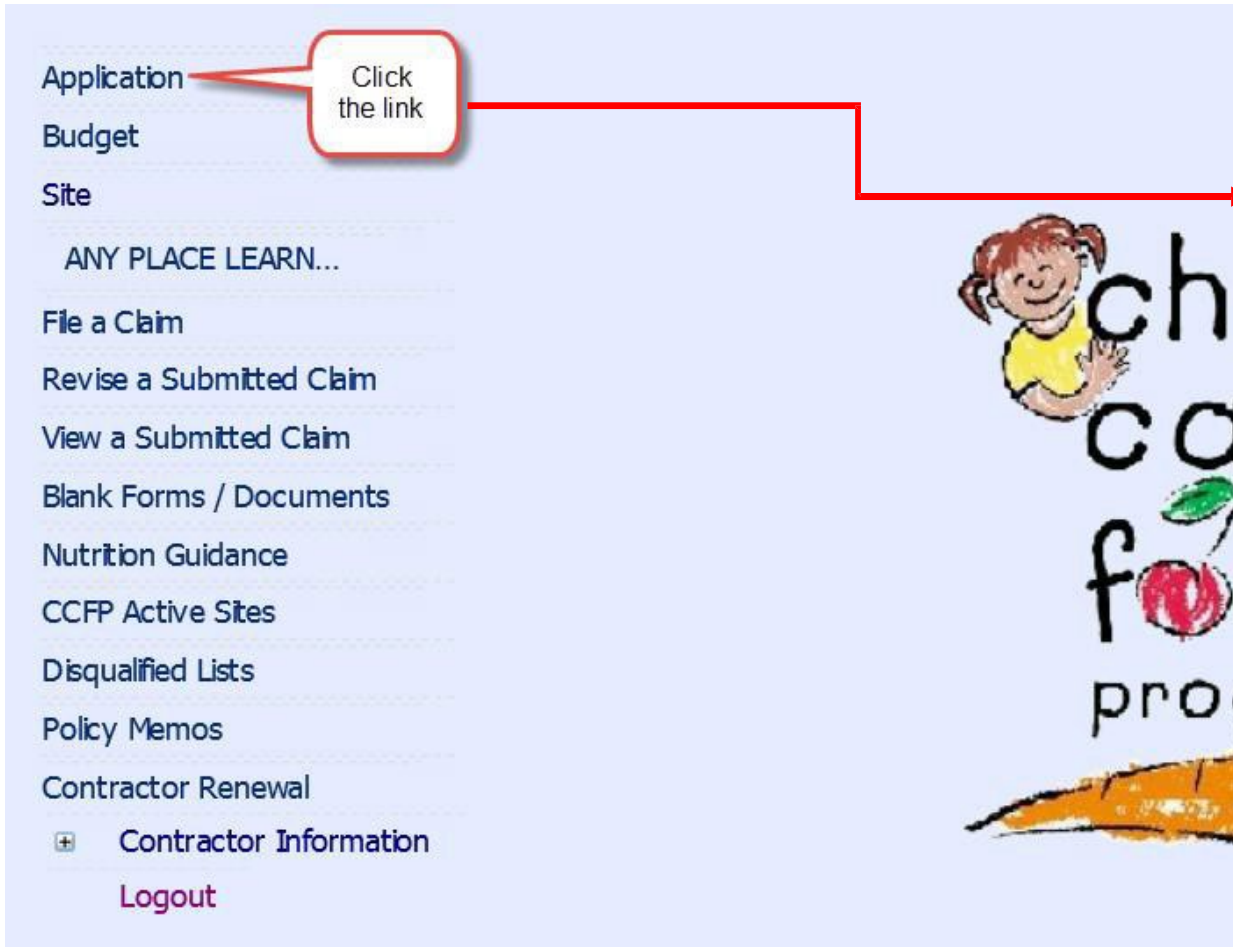
## Florida Department of Health

# THIS TRAINING WILL EXPLAIN HOW TO:

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- Navigate Application and Site Information screens
- Review pertinent information on the Application screen
- Review pertinent information on the Site Information screen

# ACCESSING YOUR APPLICATION SCREEN



The screenshot shows a vertical menu on a light blue background. The menu items are: Application, Budget, Site, ANY PLACE LEARN..., File a Claim, Revise a Submitted Claim, View a Submitted Claim, Blank Forms / Documents, Nutrition Guidance, CCFP Active Sites, Disqualified Lists, Policy Memos, Contractor Renewal, Contractor Information (with a plus icon), and Logout. A red callout box with the text 'Click the link' points to the 'Application' link. To the right of the menu is a cartoon illustration of a girl with red pigtails and a yellow shirt, standing next to the text 'ch ca fo prog' and a carrot.

- After logging into MIPS, click the **'Application'** link on your MIPS menu to go to the Application screen
- In the next several slides, we will go over pertinent information on the application page that you **MUST** review and correct, if necessary.
- Please note that the process to save and submit changes can be found in the "Saving and Submitting Screens" module.

# WHAT CHANGES CAN YOU MAKE IN MIPS?

**Application** Budget Site View Claim Renewal Notes Contracts

**APPROVED APPLICATION** Print Preview Application Instructions

You have Application(s), Budget(s) and/or Site(s) awaiting approval. Please [click here](#) to view the list.

**Submit**

**Application was last approved on 4/2/2019.**

I- 5703 Region:  RPS:  Fiscal Year:  Sold Date:  Termination Date:

Add'l Doc. Required: **4/2/2019** ADR Reason: **NEW CONTRACTOR**

All Months Are Allowed

Created Date: **4/2/2019** Original Payment Start Date: **4/2019** Payment Start Date:  Last Action Date: **4/2/2019**

**1) Organization's Legal Identifying Information**

Federal Employer ID #(FEIN):   DUNS #:

Legal Name (per IRS/Sunbiz):

D/B/A (Doing Business As) Name:

If changing legal name or FEIN, submit new IRS documentation and proof of new corporation registered in Sunbiz for further evaluation by DOH. If changing DBA name, submit proof of new fictitious name registered in Sunbiz. If changing DUNS number, submit Dun & Bradstreet documentation that also shows DBA name or legal name.

Upload Document

File Name: Uploaded Date: User:

- Notice the words 'Approved Application' at the top of the screen. This means you are seeing the most recent version of your application that has been approved.
- You are responsible for looking over the application screen to verify that the information is current and correct, and to update the information as needed and submit it to DOH for approval. The next couple of slides will cover parts of the application screen that are especially important for you to review.
- Whether the fields are white (in this case) or greyed out, review all the information on the Application and Site screens.



# #1: ORGANIZATION'S LEGAL IDENTIFYING INFORMATION

Application Budget Site View Claim Renewal Notes Contracts

FloridaHealth.gov

**APPROVED APPLICATION** Print Preview Application Instructions

You have Application(s), Budget(s) and/or Site(s) awaiting approval. Please [click here](#) to view the list.

Submit

Application was last approved on 4/2/2019.

I- 5703 Region: C RPS: 2 Fiscal Year: 2019 Sold Date: Termination Date:

Add'l Doc. Required: 4/2/2019 ADR Reason: **NEW CONTRACTOR**

Select Disallowed Months All Months Are Allowed

Created Date: 4/2/2019 Original Payment Start Date: 4/2019 Payment Start Date: 04/2019 Last Action Date: 4/2/2019

**1) Organization's Legal Identifying Information**

Federal Employer ID #(FEIN): 122323232 001 DUNS #: 292843822

Legal Name (per IRS/Sunbiz): ANY PLACE CHILD CARE INC.

D/B/A (Doing Business As) Name: ANY PLACE LEARNING CENTER

If changing legal name or FEIN, submit new IRS documentation and proof of new corporation registered in Sunbiz for further evaluation by DOH. If changing DBA name, submit proof of new fictitious name registered in Sunbiz. If changing DUNS number, submit Dun & Bradstreet documentation that also shows DBA name or legal name.

Upload Document

Browse... Submit

File Name: Uploaded Date: User:

- Make sure the Legal Name and the Doing as Business Name of your organization is correct and up-to-date.
- The legal name must be identical to all of your IRS documentation.
- Note: You are responsible for reviewing every field on the application screen to verify that the information is current and correct.

# #3: MAJORITY OWNER/CEO/EXECUTIVE DIRECTOR/ETC.

- Please ensure that the correct person is listed here.
- If your organization is a for-profit, the majority owner (meaning person with the highest ownership percentage) must be listed here.
- If your organization is a private non-profit, DO NOT list the chairman or president of the board here. The organization's top executive officer (such as the CEO or executive director) must be listed in #3.
- If your organization is a public agency, the person at the top of the organizational structure should be listed here.
- If you are not sure who to list in number 3, click the 'Who should be listed here?' link for additional guidance.

## 3) Organization's Chief Executive Officer Who should be listed here?

Salutation: MRS. First Name: LEE Last Name: KUHNS

Position Title: EXECUTIVE DIRECTOR Date of Birth: 01/25/1964

Email: LEE@YAHOO.COM

(If only one address is provided in #2 above, the address below must be different from the address in #2.)

Mailing Address: 302 SMALL STREET

City: TALLAHASSEE State: FL Zip: 32311

(The phone number listed here must be different from the phone number in section #4 below.)

Phone: (850)444-2323 Ext: Fax: ( ) -

**Delegation of Authority**  
Click here to download a blank Delegation of Signing Authority form.

Upload Delegation of Signing Authority  Browse... Save

File Name: Uploaded Date:

Do not list the chairman or president of the board in # 3

# #4: CCFP PROGRAM MANAGER INFORMATION

## 4) CCFP Program Manager Information Who should be listed here?

Salutation:  First Name:  Last Name:

Position Title:  Date of Birth:

Email:

(The phone number listed below must be different from phone number provided in section #3 above.)

Phone:  Ext:  Fax:

- Please ensure that the program manager's information in #4 of the application is complete and accurate, especially the email address.
- If the program manager's information is incorrect, your organization may not receive critical CCFP information in a timely fashion because most CCFP correspondence is done via email with the CCFP Program Manager.



# EXAMPLE OF A MIPS APPROVAL MESSAGE



Your CCFP submitted application changes have been approved on 2/23/2017. The changes will become effective 3/1/2017.



# APPLICATION AND SITE PAGES: GRAYED-OUT FIELDS

8) Is the organization a non-profit entity or a non-federal governmental entity that expended \$750,000 or more in federal funds during its most recent fiscal year? 

Yes  No

If yes, the organization must meet the requirements of the Single Audit Act (OMB Circular No. A-133).

9) Does the organization or any of its principals (i.e., owners, officers, board members, and/or managers) participate in the CCFP under any other authorization number(s) with the Bureau of Child Care Food Programs?

Yes  No

10) Does the organization have a contract to participate in the Child Care Food Program in any state(s) other than Florida?

Yes  No

11) The organization accepts all participants regardless of race, color, age, sex, disability, or national origin. 

Yes  No

12) For this fiscal year, the organization prefers to receive: 

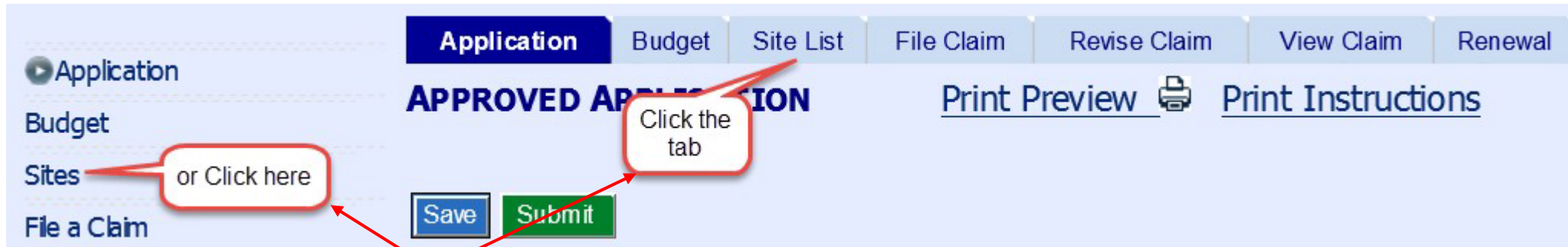
Cash-In-Lieu of Commodities  
 USDA Donated Foods (commodities)

13) Month(s) the organization and all sites will **NOT** operate the Child Care Food Program in this fiscal year: 

October  November  December  January  February  March  
 April  May  June  July  August  September

- You cannot update any fields that are greyed out, such as the fields circled.
- If you need to update this information you should call 850-245-4323 and ask to speak to a policy specialist.

# ACCESSING YOUR SITE SCREEN



- Contractors can access the site screen by clicking on the site name on the MIPS menu to the left, or if already on one of the MIPS screens they can click the **'Site'** tab at the top of the screen.
- The next few slides will cover parts of the site information screen that are especially important for you to review. Since there are different screens for different contractor types, some of the following slides may not apply to your renewal.
- Please note that the process to save and submit changes can be found in the "Saving and Submitting Screens module."

# VIEWING YOUR SITE/PROVIDER SCREEN

- This is the site screen for an independent child care center.
- Some of the information on this screen is also on the application screen (see arrows for two examples of this), so when an independent child care center updates their application they may also need to update their site screen since the information does not automatically transfer over.
- The site screen for other types of contractors looks somewhat different from what is shown here, but the functionality for reviewing and updating those screens are the same.

**1) Site Information**

Created Date: 11/28/2017 Original Payment Start Date: 3/2018 Payment Start Date: 10/2018 Last Action Date: 1/15/2019  
Sold Date: Terminated Date: Select Disallowed Months All Months Are Allowed  
Add'l Doc. Required: ADR Reason:

Site Number: 1 Center Number: 1  
Center Name: ABC LEARNING CENTER  
Street Address (physical location): 16951 NE 4TH AVE  
City: NORTH MIAMI BEACH State: FL Zip: 33162-3316 County: DADE  
Phone: (786)444-7532 Ext: Fax: (305)627-3894

**2) CCFP On-Site Manager (person on-site who oversees daily food program operations)**

Salutation: MRS. First Name: LETICIA Last Name: BONACHEA  
Position Title: DIRECTOR Phone: (305)816-6566 Ext: Fax: (305)627-3894  
Email: letibonadc@gmail.com

# LICENSURE/APPROVAL INFORMATION

- Whether you are a Child Care Center, an AMP Site, or a Shelter, there will be a licensing question on the site screen.
- You will choose the appropriate option for the type of license your facility has.
- If your center's license or equivalent documentation on the screen has expired, you must upload a copy of your current license and update the expiration date field as well as any other information that may have changed.
- If you are not sure how to upload documents, please watch the training module called 'How to Scan and Upload Documents.' It is located on the CCFP website in the same place where you found this training module..

**6) Licensure/Approval Information:** Check the applicable option, enter the requested information, and upload the requested documentation. (If none of the options listed apply to this center, call 850-245-4323 to speak with a policy specialist.)

**Licensed by DCF or county child care licensing agency** (upload copy of current license for each listed)

1<sup>st</sup> License:  License #:  Expiration Date:

Capacity:

Upload Child Care License

File Name:	Uploaded Date:	User:
new license 2018-2019[1].pdf	8/13/2018 12:11 PM	EOY
new license 2018-2019.pdf	8/8/2018 2:40 PM	EOY
5387 lic_2017_11_28_20_36_40_169.pdf	11/28/2017 3:50 PM	EOY

2<sup>nd</sup> License:  License #:  Expiration Date:

Capacity:

Upload Child Care License

File Name: Uploaded Date: User:

**Religious-exempt child care center** (upload copy of current day care/preschool certificate from religious-exempt accrediting agency)

**Military child care center** (upload copy of current Dept. of Defense Certificate to Operate and capacity documentation for each building listed)

**Outside school hours care center - only if not required to have state or county child care licensure**

**Public school not required to have state or county child care licensure** (upload copy of document establishing the maximum capacity/occupancy of the meal service area)

**5) Does the shelter have a child care license?**  Yes  No

**If Yes - Complete the following license information and upload copy of current child care license.**

License Capacity:  License ID:  Expiration Date:

Upload License

File Name: Uploaded Date: User:



# LICENSE INFORMATION

6) **Licensure/Approval Information:** Check the applicable option, enter the requested information, and upload the requested documentation. (If none of the options listed apply to this center, call 850-245-4323 to speak with a policy specialist.)

**Licensed by DCF or county child care licensing agency** (upload copy of current license for each listed)

1<sup>st</sup> License:  License #:  Expiration Date:  Upload Child Care License   File Name:  Uploaded Date:  User:

Capacity:

2<sup>nd</sup> License:  License #:  Expiration Date:  Upload Child Care License   File Name:  Uploaded Date:  User:

Capacity:

**Religious-exempt child care center** (upload copy of current day care/preschool certificate from religious-exempt accrediting agency)

**Military child care center** (upload copy of current Dept. of Defense Certificate to Operate and capacity documentation for each building listed)

**Outside school hours care center - only if not required to have state or county child care licensure**

**Public school not required to have state or county child care licensure** (upload copy of document establishing the maximum capacity/occupancy of the meal service area)

## 7) Center Operational Information

a. Hours of Operation (must be within hours licensed/approved):

b. Days of the week meals will be claimed (meals can only be claimed on days licensed/approved to operate):

M-F  ALL

Monday  Tuesday  Wednesday  Thursday

Friday  Saturday  Sunday

- One of the most common updates to the site screen is updating the childcare license information and uploading a copy of the license.
- The highlighted fields shown on this slide are those that may need to be updated, depending on what information is shown on the new license.



# AREA ELIGIBILITY UPDATES FOR AFTERSCHOOL MEALS PROGRAM SITES

**Step 1: Determine the school zone for the site.**

**Step 2: Check to see if the school is currently on the 50% School List**

**Step 3: Update the 50% School List effective date**

**Step 4: Update the determination date.**

## 3) Area Eligibility Information:

Eligibility based on (select only one): 


- Single School
- School Choice Zone

School Name:

Zone Name:

50% or more free and reduced-price school meals documented by (select only one):

- CCFP 50% School List Effective (Month/Year):
- Current School District Data\* (Month/Year):



\*only allowable if site does not qualify using the CCFP 50% School List in effect when eligibility is determined

Eligibility Determination Date (Month/Year): 



# AREA ELIGIBILITY UPDATES FOR AFTERSCHOOL MEALS PROGRAM SITES

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- Remember that eligibility must be re-determined every five years, or whenever a site relocates.
- The example in the previous slide shows that the area eligibility for this site was last determined in July 2013. Thus, the eligibility should have been re-determined by July 31, 2018.
- After re-determining eligibility, be sure to update MIPS with the current 50% School List date and eligibility determination date, as well as the school information, if it has changed (50% School List is now published every February).

# A FEW IMPORTANT THINGS TO REMEMBER..

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- Review all information on the Application and Site screens for accuracy.
- Make changes to any information that is inaccurate.
- When making changes to the Application and Site screens, make sure to SAVE the changes and SUBMIT the changes to DOH.
- Saving your changes does not submit them to DOH.
- If you do not **submit** your changes, then no action can be taken by DOH.

# RETURN TO CONTRACTOR STATUS

PENDING APPLICATION **(RETURN TO CONTRACTOR)** [Print Preview](#)  [Application Instructions](#)

**Contractor Action Needed:**

- Question from your approver

**Reply To Approver:**

Use the area above to respond to the Contractor Action Needed item(s) OR to make comments regarding the application screen

- If any screens have been returned to you for correction, you may be required to reply to your approver before you can resubmit.
- Use the text box below the red **Contractor Action Needed** box to type your response to your approver.
- Remember to make any of the required corrections, re-enter the 'Requested Change Effective Date', then click the Resubmit button at the bottom of the screen.

# DEPARTMENT OF HEALTH

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For any questions, contact:  
Bureau of Child Care Food Programs  
850.245.4323