### 1. INTRODUCTION

All programs requesting to move up in Keystone STARS (or completing their annual review) must complete the Request for Keystone STARS Designation and Program Information Form. Programs completing their annual renewal should complete and submit this document prior to their STAR expiration. During the annual review process, programs should also ensure all information in PELICAN related to their program is accurate and current including age of children accepted, accreditations, contact information, etc. Programs requesting to move up in Keystone STARS can submit this form at any point in their Keystone STARS activity cycle.

The ability to complete, edit, and submit a Request for Keystone STARS Designation and Program Information Form online through Provider Self-Service (PSS) was made available in February 2020. This tip sheet provides information and guidance on submitting a Designation Request online.

Note that clicking on or hovering over a quick tip icon (2) next to an item will provide valuable information about that item.

2. REQUEST FOR KEYSTONE STARS DESIGNATION AND PROGRAM INFORMATION FORM – GET STARTED

Link to your Organization!	(PSS)
Welcome to Provider Self-Service System Broadcast Messages (1/1) Testing piz Halp Click on the fields below to expand and view addition	(PSS) View More
Welcome to Provider Self-Service System Broadcast Messages (1/1) Testing piz Haip Click on the fields below to expand and view addition	(PSS) View More
System Broadcast Messages (1/1)  Testing piz Halp Click on the fields below to expand and view addition	View More
Click on the fields below to expand and view addition	
Click on the fields below to expand and view addition	
	al options.
INVOICE Manage attendance involces and view enrolments	+
PROVIDER PROFILE Manage location demographic information	+ /
KEYSTONE STARS Submit and manage Designation Requests, Grent Applications, Coaching Requests	and -
Submit and manage Designation Requests, Grant Application Coaching Requests	ons, and
EARLY LEARNING NETWORK     Access and manage Early Learning and SLDS information	•
LICENSING Apply for/manage my certification licensing information	*
CORRESPONDENCE Manage my ELRC correspondence settings and view correspon	dences
MY ACCOUNT Manage my account and organization access	+

### Figure 1. Provider Self-Service Home Page

From the **Provider Self-Service Home** page, click the plus (+) sign beside Keystone STARS to expand the box. Next, click on the expanded text to get to the **Keystone STARS Home** page. After clicking on the Keystone STARS text, the **Keystone STARS Home** page will display.

## Figure 2. Keystone STARS Home Page – Collapsed View

	eystone STA	RS Home							
Kev	stone	STARS	Home Pac	ae					
For a to	ur of the k	Kevstone STA	ARS Home Page, cl	, lick here.					
Welcom	e to the Ke	ystone STARS	Home Page! Here y	ou have access to cre	ate and manage	Designation Requ	uests, Enrollme	nt Calculation Tools	, Grant
Applica	ions, and c ion. For inf	formation on l	how to contact your	ons and Final Expense ELRC or Quality Coac	h, click on the Co	nanaged by click ntact Us link in th	ing on the tile fo ie footer below.	or an existing, appro	ived Gra
	ocatio	ans							
		5110				Designation		Keystone \$TAR\$	1
	View	MPHD ¢	Location Name 💠	Address 🗢	STAR Rating ≑	Expiration Date 🕈	Quality Coach 🜩	Participation	
	×	300546720- 0011	Uat Grant Location 11	5 May Way, Springtown, Pa, 16501	***	09/17/2020	t-rkspecsc t-rkspecsc	Active	
		300546720- 0013	Uat Grant Location 13	7 July Dr. Summertown, Pa, 16501	**	09/17/2020	t-rkspecsc t-rkspecsc	Active	
	Z	300546720- 0014	Uat Grant Location 14	8 August Ln. Summertown, Pa. 16501	**	09/17/2020	t-rkspecsc t-rkspecsc	Active	
		300546720-	Uat Grant Location 15	9 September St.	**	09/17/2020	t-rkspecsc	Active	
		300546720-	List Crast Location 16	10 October Oval		00/17/2020	t-rkspecsc	Arthro	
ົງົ		0016	Gat Grant Editation To	Autumntown, Pa. 16501	жж	09/17/2020	t-rkspecsc	Active	
<b>∠</b>			Next F	Page 1 ∨ of 4 Go	1			VIEW	
									r
+ (	esignation	Requests	Sort By:	Request ID 🗸	1	Time Period:	FY 2019-2020	<b>v</b>	
+	lassroom l	Information	Sort By:	Request ID	1	Time Period:	FY 2019-2020	<b>~</b>	
+	Frants		Sort Bv:	Request ID	1	Time Period:	DV 2010 2020		<u>Г</u>
				Request to	1		FY 2019-2020	<u> </u>	
+ (	oaching R	equest	Sort By:	Request ID	1	Time Period:	FY 2019-2020		

- Locations for the selected provider are shown here. Up to five locations can be viewed at one time. This list is sorted by Location Name. Locations that are inactive in Keystone STARS will appear at the bottom of the list. The first five locations associated with the Legal Entity are automatically selected when the Home Page first displays. Users can deselect any or all locations and move to another page to select other locations.
  - Move to the next or previous page of locations here, or jump pages by selecting the page number and clicking **GO**.

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Click VIEW after selecting the desired locations.

Click the text beside any + sign to expand that section or drawer.

Results can be sorted by: Request ID, Submission Date, Location Name, Status, Grant Type (for Grants only), Area of Service (for Coaching Requests only), or Submitted By.

Time periods in the dropdown menu are fiscal years (e.g., FY 2018-2019, FY 2019-2020, etc.).

A number appearing in this area indicates that there is an item under that subject area that needs the provider's attention.



## Figure 3. Designation Requests – Expanded View

Expand the Designation Requests section and click CREATE REQUEST. The Designation Request: Get Started page displays.



### Figure 4. Designation Request: Get Started Page

Select a location by clicking the button.

Click **GET STARTED** to continue to the **Confirm Location Details** page.

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## **3. CONFIRM LOCATION DETAILS**

The Confirm Location Details step of the Designation Request flow allows users to confirm details of their provider location.

Confirm Location D	etails		<u>Resources</u>	FAQs Conta	ict Us
Keystone STARS Designation Request Sample Location 2					
2 3	4 5	6	7	8	9
Confirm Contact Class Location Details Information Inform	room Operational STAR Levi nation Information Request	el Attestation	E-Signature Authorization	Submission Confirmation	Supporting Documentation
Confirm Location Details You have selected to submit a designati you need to modify this text, please con	on request for <b>Sample Location 2</b> tact your certification representat	<b>2.</b> Please read the ive.	information for t	his location bel	ow. If
Location Name	Physical Address Line 1		Physical Addr	ess Line 2	
Sample Location 2	456 Main Street	456 Main Street			
City	State		ZIP Code		
Camp Hill	PA	-	17011	-	
County	Facility Phone Number				
Cumberland 💌					
Provider Information					
Master Provider Index (MPI) ID	Provider Type		Certificate of	Compliance	¥
123456789-0002	Child Care Center	-	CER-12345678	9	
Years in Operation (required)	This Location Serves On School Aged Children (*	1 <b>ly</b> equired)	Current Num	ber of lled (required)	
	0		CHIMICHENIO		
3	● Yes O No				13
3 Number of Children Program Site Certified/Licensed for (required)	<ul> <li>Yes O No</li> <li>Ages of Children</li> <li>Accepted at this Site (</li> </ul>	required)			13

#### Figure 5. Confirm Location Details Page

(screenshot continued below)

The Wayfinder lets the user know where they are in the process. A green  $\checkmark$  beside a step indicates successful completion of the step. A red X indicates a failed step.

These location details will be pre-populated with the location information on file. This information can be modified by contacting the location's Certification representative.

Provider information such as Master Provider Index (MPI) ID, Provider Type, Certificate of Compliance Number, Years in Operation and information about the children served are also pre-populated from the information on file.



Indicate the type of accreditation held by the location. Note: This is not a required field.

Attach/upload/submit a copy of the location's current accreditation certification and/or documentation.

Click **UPDATE** to view and update the days and hours of operation. Note: The Days and Hours of Operation table shown here will only appear for R&R Other providers. Other Providers can update this information through their Provider Profile.

Click **NEXT** to move to the next step – **Contact Information**.

## Figure 7. Days and Hours of Operation Modal (Only for R&R Other Providers)

Days and Hours of Operation							
Please indicate the hours of operation for your facility in the table below. Enter the location's daily hours of care in Session 1. If the location opens and closes more than one time in a day, enter those hours in Session 2.							
Selecting 24 Hour will de	esignate the schedule as	open from 6am-6am fo	or that day.				
Day	Sessi	ion 1 ?	Sessio	on 2 ?	24 Hour		
	Start Time	End Time	Start Time	End Time			
Monday	07 : 00 AM 🔻	10:00 AM 🔻	11:00 AM -	04:00 PM -			
Tuesday	07 : 00 AM 🔻	10:00 AM 🔻	11:00 AM 🔻	04 : 00 PM 🔻			
Wednesd	07 : 00 AM 🔻	10:00 AM 🔻	11:00 AM 🔻	04:00 PM 🔻			
Thursday	07:00 AM 🔻	10:00 AM 🔻	11:00 AM 🔻	04:00 PM 🔻			
Friday	07:00 AM 🔻	10:00 AM 🔻	11:00 AM 🔻	04:00 PM 🔻			
Saturday	07 : 00 AM 💌	10:00 AM 🕶	11:00 AM 🕶	04:00 PM 🔻			
Sunday	07:00 AM 🔻	10:00 AM 🔻	11:00 AM 🔻	04 : 00 PM 🔻			
CANCEL			2	SAVE AND CLOS	E		

Update days and hours of operation as appropriate.

Click SAVE AND CLOSE to save changes and return to the previous screen.

1

### 4. CONTACT INFORMATION

The Contact Information step of the Designation Request flow allows the user to confirm the location's contact details.

	<b>Contact Information</b>	1	Resources FAQs Contact Us	
1	Keystone STARS Designation Request Sample Location 2			
	E 2 3 Confirm Location Details Contact Information Classroo	4 5 6 m Operational STAR Level Attestation Information Request	7 8 9 E-Signature Submission Supporting Documentation	
	Contact Information You have selected to submit a designation have available on this location below. To de	request for <b>Sample Location 2.</b> Please review ar signate a primary contact, please contact your <u>E</u>	nd update the contact information we arly Learning Resource Center.	
	Select         Last Name         First Name         Title           O         Smith         Jane         Direct           O         Alexander         Caroline         Manage           The second sec	Phone Number         Email Address           or         555-888-1111         jsmith@samplelocation.           ger         333-555-3333         calexander@sampleloca	com Y tion.com N	2
	Last Name (required)	First Name (required)	Title (required)	1
3	Phone Number (required) Ext.	Alternate Number	Cell Phone Number	
	Email Address (required)	Fax Number		
	Address Line 1 (required)	Address Line 2	Address Line 3	
	City (required)	State (required) Pennsylvania	ZIP Code (required)	
(4)	Contact me about:	□ Fiscal Monitoring	Grant Paperwork	
	Coaching	Program Quality Assessment Contact		
	Send me information by: (required)	5	SAVE	
	PREVIOUS	CANCEL SAVE AND QU	JIT NEXT	

Figure 8. Contact Information Page

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Make sure to complete each step before moving to the next step. Note: The green check mark beside Step 1 indicating successful completion of that step.

Click the **Select** button beside a name to edit or delete that individual.

Enter new contact information here.

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Check the box beside a topic to receive information about that topic.

Indicate the preferred method for receiving information. (This field is required.)

<sup>6</sup> Click **SAVE** to save any changes made.

Click **NEXT** to move to the next step – **Classroom Information**.

### **5. CLASSROOM INFORMATION**

The Classroom Information step of the Designation Request flow allows the user to enter information about the classrooms at their location.

	Class	room Infor	mation	Re	esources FAQs Contact	Us	
	Keystone Sample Lo	STARS Designation Req ocation 2	uest	5 6	7 8	9	
1	Class Please u Enrolln Numbe Numbe	metails Contact Information Poom Information Poom Information Pool Informa	Classroom Operational Information Information erview and classroom overvi ed) d full time (required) d part time(required) seive Child Care Works (C	STAR Level Attestation E Request Attestation A iew for your location.	E-Signature Submission Authoritation	Supporting Documentation	
	Numbe needs ( Numbe Classro	er of children who ha (e.g. IFSP, IEP, etc.) (req er of children who are om Overview	ve documented special uired) e dual language learners	(required)	Been Cassing Martin	2 Number of	
	©	Classroom Name Classroom A Classroom B	Age Range 3 Months to 10 Years 5 Years to 7 Years	Early Head Start	15 3 8 5	Enrolled 10	
		-		ADD CLASSROOM 🖉 EDIT CLAS	SSROOM 💼 DELETE CLASSROOM		
3	Classr Sessi Affilia Please	Classroom Entry oom Name (required) ion C tion Information select all that descri	be this classroom	Age Range (required) 3 Months to 10 Room Capacity (required)	Years		
	None Numb	er of Teachers (requi	red)	Number of Children Enr	rolled (required)	4	
	PRE	VIOUS	CANCEL	SAVE AND QUIT		NEXT	5

Figure 9. Classroom Information Page

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Update the classroom overview and enrollment overview for the location here. Note: These are required fields.

Clicking ADD CLASSROOM or EDIT CLASSROOM expands the form below to allow the user to add or edit classroom information, respectively.

Complete the required fields (Classroom Name, Age Range, Room Capacity, Number of Teachers, and Number of Children Enrolled) for a new classroom.

Click **SAVE** to save any edits or newly added information.

Click **NEXT** to move to the next step – **Operational Information**.

### 6. **OPERATIONAL INFORMATION**

The Operational Information step of the Designation Request flow allows a user to enter information about the operational and quality improvement information at its location.

Ope	rational Information	Resources FA	Os Contact Us
Keystor	e STARS Designation Request		
sample			
	2 3 4 5 6		8 9
			E-heining
Location	frm Contact Castroom Operational STAR Level Attestation I Details Information Information Request	Authorization (	Ionfrimation Supporting Documentation
Opera	ational Information		
Please p	rovide answers to the following questions.		
Directo	r/Owner Involvement		
Is the D	rector/Owner Operator on-site a minimum of 30 hours per week? (required)		
Yes	O No		
If site is	school age only, is Director on-site a minimum of 5 hours per week?(required)		
Yes     Yes	O No O N/A		
Does th	e Director/Operator have regular teaching duties? (required)		
Yes	O No		
Facility	Capabilities		
Is there	internet access on-site?(required)		
Yes	O No		
Is there	access to a scanner/fax on-site? (required)		
Yes	O No		
Has this	site used the Keystone STARS Document Uploader to upload evidence? (requin	ed)	
Yes	O No		
Turnov	er		
Have yo	u experienced 50% or more staff change?(required)		
Yes	O No		
Have yo	u had a change in Director? (required)		
Yes	O No		
Has the	re been a significant fluctuation in enrollment/FTE compared to last Fiscal Yes	r? (required)	
Yes	O No		
Has the	re been a change in funding for slots (Head START, PA Pre-K Counts)? (required)		

Figure 10. Operational Information Page

(Screenshot continued below)

Answer the questions on director/owner involvement, facility capabilities, and turnover. Note: Answers are required for all the questions.

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## Figure 10. Operational Information Page (cont.)

#### (Screenshot continued from above)

Yes O No     If yes, please provide details. (required)	ors other than Keystone STARS Quality C	oaches? (required)
		4000 Characters Remaining
Is your program involved in any quality Yes O No If yes please provide details (model)	improvement projects other than those	e for Keystone STARS? (required)
This site is involved in the following ac	tivities and initiatives: (check all that an	4000 Characters Remaining
This site is involved in the following act NAP SACC-Nutrition and Physical Activity Self-Assessment for Child Care	tivities and initiatives: (check all that ap CACFP - Child Adult Care Food Program Participant	4000 Characters Remaining ply)  Multi-Site (Chain or Franchise)
This site is involved in the following act NAP SACC-Nutrition and Physical Activity Self-Assessment for Child Care Mind in the Making	tivities and initiatives: (check all that ap CACFP - Child Adult Care Food Program Participant BIS - Use of Positive Behavior Interventions and Support	4000 Characters Remaining  ply)  Multi-Site (Chain or Franchise)  TEACH/TAP - Teacher Education And Compensation Helps
This site is involved in the following act NAP SACC-Nutrition and Physical Activity Self-Assessment for Child Care Mind in the Making ASQ - Use of After School Quality	tivities and initiatives: (check all that ap CACFP - Child Adult Care Food Program Participant PBIS - Use of Positive Behavior Interventions and Support	4000 Characters Remaining  ply)  Multi-Site (Chain or Franchise)  TEACH/TAP - Teacher Education And Compensation Helps  PA Eco Healthy Child Care

2 Answer the Quality Improvement questions. If **Yes** is selected for either question, enter details in the text box below the question.

Click the box beside any activity or initiative the location is involved in.

Click NEXT to move to the next step – **STAR Level Request**.

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## 7. STAR LEVEL REQUEST

The STAR Level Request step of the Designation Request flow allows the user to select the STAR level it is requesting or renewing.



Figure 11. STAR Level Request Page

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Check the box next to the appropriate STAR level for the requested STAR level, or for a 1 renewal, for the existing STAR level.

A description of each STAR level is provided in this column. Please contact your Quality Coach for the most current information regarding STARS standards.

Click **NEXT** to move to the next step – **Attestation**.

### 8. ATTESTATION

The Attestation step of the Designation Request flow allows the user to confirm the attestation details for its designation request.

Α	ttestation	<u>Resources</u>	FAQs Conta	<u>ct Us</u>					
Ke <u>r</u> Sai	Keystone STARS Designation Request Sample Location 2								
		7	8	9					
~	Confirm Contact Classroom Operational STAR Level Attestation Location Details Information Information Request	E-Signature Authorization	Submission Confirmation	Supporting Documentation					
At	testation for All Keystone STARS Providers								
ln doo tha	order to receive your STAR Designation Certificate, please read and complete the followin cument is the individual legally authorized to represent the child care provider. By comple it you have reviewed and accept the terms of the Keystone STARS Status, Review, Suspens	g attestation. Th ting and signing ion, and Removi	e person who sig this form, you at al Process.	gns this ttest					
	I agree to abide by the Keystone STARS Performance Standards for the current STA of my Program's STAR Designation may be reviewed, reduced, suspended, or remo STARS Performance Standards and/or other conditions listed in the attached STAR and Removal Process. (required)	R Designation ved if I am not Status Review,	and I understar meeting the Key Reduction, Sus	nd the status ystone pension					
	I understand that the ELRC reserves the right to review my Program's STARS status Regional Certification Office or Department of Education. (required)	and share info	rmation with th	ne DHS					
	I understand that my Program's STAR Designation may be suspended or removed Removal, or issues a Provisional Certificate of Compliance (for programs with DHS	if DHS initiates Certificate of C	an Injunction, E ompliance). <sup>(re</sup>	Emergency equired)					
	I understand that my Program's STAR Designation may be suspended or removed if the Department of Education revokes my private academic license (for programs with private academic license). <sup>(required)</sup>								
	I agree that, as applicable if the DHS Regional Certification Office initiates an action Program's DHS Certificate of Compliance, that my STAR Designation will be suspen the STAR Designation will be suspended whether or not my Program appeals the D Office's action. (required)	i to revoke or re ded or remove DHS Regional Ce	efuse to renew r d. I understand ertification	ny that					
	I agree that, if my Program's STAR Designation is suspended or removed, my Progr as a STARS child care provider, I will not receive grant/award funds, and my Prograu from DHS's COMPASS website. The STAR Designation may be reinstated upon my F with DHS regulations, regaining private academic license or upon meeting the Key	am may not ad n's STAR Desigr Program's corre stone STARS Pe	vertise nation will be rer ction of the nor erformance Star	moved ncompliance ndards. (required)					
	I understand that false statements made herein are subject to the penalties of 18 falsification to authorities). (required)	Pa.C.S. § 4904 (r	elating to unsw	orn					

Figure 12. Attestation Page

(Screenshot continued below)

## Figure 12. Attestation Page (cont.)

(Screenshot continued from above)



Check the box beside each statement. All of the boxes must be checked for successful completion of this step.

Click **NEXT** to move to the next step – **E-Signature Authorization**.

### 9. E-SIGNATURE AUTHORIZATION FOR SUBMISSION

The E-Signature Authorization step of the Designation Request flow allows the user to sign the Designation Request.

Keystone S Sample Lo	TARS Designation R cation 2	equest					
				E (6		0	
	2	3	4			Submission	9
Location De	tails Information	Classroom O Information In	formation F	Request 🗸 Attes	ation E-Signature Authorizatio	n Confirmation	Supporting Documentation
E-Sign	ature Authoriz	ation					
By providi Federal g State Age suspensio at all time	ng my E-Signature, I o overnment liabilities, ncy. Failure to notify t in from Keystone STA s, regardless of affilia	certify that, as of toda including tax liabilitie the Early Learning Re .RS. I also certify that ation with other organ	ay, <date>, this p is, is not under o source Center ( all classrooms v hizations, such a</date>	provider/legal entit debarment, and is ELRC) and/or OCD where child care ch as PA Department	y does not owe the not under investiga EL Staff of the ever hildren are enrolled of Education and H	Commonwealth a ation by a Federal o nts above will resul I meet DHS compli lead Start.	ind/or or t in iance
I here	by declare that the	information given i	n this request	is true to the bes	t of my knowledg	e. (required)	
The checkl	box above must be sel	ected in order to answ	er the Security Q	uestion.			
Sec	urity Question						
Wh	at is your favorite a	uthor's last name? (	required)				
				3			
Sui	omission Comme	ents		$\sim$			
						3500 Characters	Remaining
_		_			01.U.T.		



Check the declaration checkbox to verify the information.

Answer the security question with the response selected when the account was set up.

Provide additional comments, if desired.

Click **SUBMIT** to submit the Designation Request. The Designation Request is sent to the ELRC Designation Request Inbox in PELICAN Keys to Quality (KTQ). After clicking **SUBMIT**, the user is taken to the **Submission Confirmation** page.

## **10.** SUBMISSION CONFIRMATION

The Submission Confirmation step of the Designation Request flow allows the user to view the submission details of its Designation Request.

Submission Confirmation	Resources FAQs Contact Us
Keystone STARS Designation Request Sample Location 2	
E 1 2 3 4 5	6 7 8 9
Confirm Contact Location Details Contact Information 2	Attestation F-Signature Submission Supporting Authorization Confirmation Documenta
Thank you!	PRINT
Your request has been submitted, and your request number is <b>REQ-123456789</b> Designation Requests section of the Keystone STAKS Home Page by navigating to order to view the information on this form at a later date, please click the PRINT records.	You may track this request through the to the corresponding Desiring Request tile. In button to save and p the PDF for your
Please complete an Enrollment Calculation Tool for the current fiscal year with	hin 10 days.
Your request has been sent to your Quality Coach <b>Jane Smith</b> at <b>Early Learning</b> expect to be contacted about this request within 10 business days. Contact infor <u>Contact Us</u> link.	g Resource Center for Region for review. You can mation for your ELRC can be found by using the 5
4 НОМЕ РАДЕ	UPLOAD SUPPORTING DOCUMENTS

### Figure 14. Submission Confirmation Page

1 Click the **PRINT** button to print the Designation Request submission. Note: When the **PRINT** button is clicked, the entire application is downloaded as a printer-friendly PDF file that can be saved and printed.

This is the assigned request number for the Designation Request.

Reminder to complete an **Enrollment Calculation Tool** for the current fiscal year within 10 days of submitting the Designation Request.

The assigned Quality Coach's name displays here.

Click **UPLOAD SUPPORTING DOCUMENTS** to move to the **Supporting Documentation** page.

2

#### **11. SUPPORTING DOCUMENTATION**

The Supporting Documentation step of the Designation Request flow allows the user to upload supporting documents for its Designation Request and to view previously uploaded documentation.

Note: The PSS document upload process is different than the SMART document uploader. The SMART document uploader is for evidence being submitted to meet specific STARS standards and indicators of the standards, i.e., the policy handbook.



## Figure 15. Supporting Documentation Page

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Identifies what the supporting documentation is for.

- This section provides instructions for document upload process.
- File formats accepted for upload include the following: JPEG, BMP, PNG, Excel, Word, and PDF. The 3 maximum file size for upload is 10 MB.
- Documents that have already been uploaded are listed here. Note: A document can be deleted by clicking the trash can icon at the end of the row.

Select the type of document being uploaded from the dropdown menu. Valid document types for a 5 Designation Request include Staff Transcripts, Designation Request Form, Continuous Quality Improvement (CQI) Plan, Professional Development and Staff Qualifications Grid, and ELRC Requested.

Click **ADD DOCUMENT** to open File Explorer to select the document to be uploaded.

Click **SAVE** to upload the document. After clicking **SAVE**, the user will receive confirmation that the document was successfully uploaded.

## **12. DESIGNATION DESTINATION**

The Designation Destination page allows the user to confirm the details and updates on the location's Designation Request. It is accessed by clicking on the Designation Request ID on an existing Designation Request tile in PSS.



### Figure 16. Designation Destination Page

Click on the Designation number hyperlink.

Summary of the Designation Request including the location, submitted date, current status, and designation expiration date, if available.

The ELRC review comments will display here.

Click **VIEW DETAILS** to review the details of the Designation Request. Clicking **VIEW DETAILS** will take the user to the **Confirm Location Details** page.

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## **13. NEXT STEPS**

After the provider submits its Designation Request through PSS, the Designation Request is sent to the **Designation Request Inbox** in **Keys to Quality (KTQ)** system, where it will be retrieved, reviewed, and acted on by the provider's Quality Coach at the Early Learning Resource Center (ELRC). The provider can track this request through the **Designation Request** section of the **Keystone STARS Home** page.



This is the Designation Request number assigned to your Designation Request. Click the to Designation Request number to view more details about the Designation Request.

The status of the Designation Request is shown here. Designation Request statuses include the following:

Status	Description
In Progress	The request is currently in progress and has not been submitted to the
_	ELRC.
<b>Under Review</b>	The request has been submitted and is being reviewed by the ELRC.
Pending	The request has been approved by the ELRC in the Designations
	Inbox, but the provider has not yet undergone the pre-designation
	process.
Withdrawn	The request has been withdrawn by the provider, prior to its approval.
Approved	The request has been approved by the ELRC.
Returned	The request has been reviewed by the ELRC and returned to the
	provider to make updates and re-submit.
Disapproved	The request was declined by the ELRC.

### **14.** Alerts and Email Notifications

Below is a list of PSS alerts and email notifications that the location may receive related to its Designation Request.

		Notification		Clearing
Irigger	Notification Text	Mechanism	Audience	Condition
Designation request has been approved	Your Designation Request for <star Level&gt; for <provider location="" name=""> has been approved</provider></star 	Email	PSS – Manage Keystone STARS	N/A
by ELRC			Requests	
Designation request has been returned by ELRC	Your Designation Request for <star Level&gt; for <provider location="" name=""> has been returned. More action is required if you would like to continue with this request. Details about why this as returned can be found by viewing your Designation Request in PSS. Please contact your Quality Coach if you have questions.</provider></star 	Email	PSS – Manage Keystone STARS Requests	N/A
Designation request has been disapproved by ELRC	Your Designation Request for <star Level&gt; for <provider location="" name=""> has been disapproved. Details about why this was disapproved can be found by viewing your Designation Request in PSS. Please contact your Quality Coach if you have questions.</provider></star 	Email	PSS – Manage Keystone STARS Requests	N/A
Designation is nearing expiration – 30 days prior to the expiration date	Your Designation for <provider location<br="">Name&gt; will expire on <designation Expiration Date&gt;. Please submit a Keystone STARS Designation Request.</designation </provider>	Alert	PSS – Manage Keystone STARS Requests	The alert will be cleared when the user submits a Designation Request for the Location or the current Designation expires.
Designation is nearing expiration – 60 days prior to the expiration date	Your Designation for <provider location<br="">Name&gt; will expire on <designation Expiration Date&gt;. Please submit a Keystone STARS Designation Request.</designation </provider>	Alert	PSS – Manage Keystone STARS Requests	The alert will be cleared when the user submits a Designation Request for the Location or the current Designation expires.
Designation is nearing expiration – 90 days prior to the expiration date	Your Designation for <provider location<br="">Name&gt; will expire on <designation Expiration Date&gt;. Please submit a Keystone STARS Designation Request.</designation </provider>	Alert	PSS – Manage Keystone STARS Requests	The alert will be cleared when the user submits a Designation Request for the Location or the current Designation expires.

Figure 18. Designation Request Alerts and Email Notifications

**PSS – Request for keystone stars designation and program information Form.** *User's Guide*