Agency Administrator Permission Request/Remove Form

A person in an administrative role that oversees multiple childcare/Head Start agency locations may request Agency Administrator permissions to multiple childcare/Head Start organizations for their work related to the PD Registry.

These permissions allow an Agency Administrator to access:

Organization information- including reports within these organizations that include:

a. **Staff Report** - Shows a listing of all staff associated with the organization and details the Registry ID number, role, hire date, education, career pathway level, Director Credential status, if applicable, and whether a person has completed a Professional Development Plan and Self-Assessment. A link is included to view each staff person's Professional Development Learning Record and uploaded Education Documents.

b. **Staff Detailed Training Report** - Shows a list of all staff within an organization with all Professional Development Training hours completed in a specific date range for each person.

Document Vault- View uploaded documents of each program and/or upload documents to be added to each program.

The Pennsylvania Key requires up to thirty (30) days to add or change Agency Administrator permissions in the PD Registry. If a current Agency Administrator leaves their position or no longer needs administrative permissions, The Pennsylvania Key requires five (5) days notice. Requests for removal will be fulfilled within five (5) days. This form must be completed by the Agency Administrator requesting permissions.

Please initial each item.

_____ My employment is added to an *Administrative Agency* within the PD Registry.

_____ If not previously registered, I have registered my *Administrative Agency* Org Profile for either *Childcare Administrative Agency* or *Head Start Administrative Agency* within the PD Registry. *Refer to How to Register an Administrative Agency Org Profile and Add Employment for additional details/steps.*

_____ I acknowledge that I am an Agency Administrator overseeing multiple child care/Head Start programs.

_____ I understand that misuse of this permission in the PD Registry will result in removal of the Agency Administrator permission access for myself.

I, _____, agree to inform the Pennsylvania Key PD Registry staff if I no longer need access and/or are no longer employed at my organization within five (5) days. I will submit this document when a change has been identified to protect the confidentiality of individuals and organizations that have information posted in Pennsylvania's Professional Development (PD) Registry.

Signature: _____ **Date:** _____

Position/Job Title: _____ **Agency:** _____

Please fill out the following form and indicate all Childcare/Head Start programs for which you need organizational access.

Save a copy of this document for your records. **Return this document to registry@pakeys.org.**

Name	
Registry ID	
Email	
Position/Job Title	
Program Information *You may add multiple programs to this request. If you need more space, please attach additional documentation with the requested information.*	**MPI# _OR_ Grantee#:** _____ **Location Address:** _____ **Permissions: ___Add ___Remove** **MPI# _OR_ Grantee#:** _____ **Location Address:** _____ **Permissions: ___Add ___ Remove** **MPI# _OR_ Grantee#:** _____ **Location Address:** _____ **Permissions: ___Add ___ Remove** **MPI# _OR_ Grantee#:** _____ **Location Address:** _____ **Permissions: ___Add ___ Remove**