Orange County
eSTACs Entering STAC-1 for Center Based and Center Based Related Services

Orange County Timeline

* **January 31, 2025:**
  * McGuinness will migrate all of the children that are in the Orange County Preschool system over into eSTACs. Each district will only be able to see their own children.

* **February 3, 2025:**
  * Orange County will **no longer accept any 24/25 STAC-5's**. You will however continue to send your 24/25 paper STAC-1's to the county.
  * School districts will begin entering 24/25 and/or 25/26 STAC-5's into eSTACs.

* **February 10, 2025:**
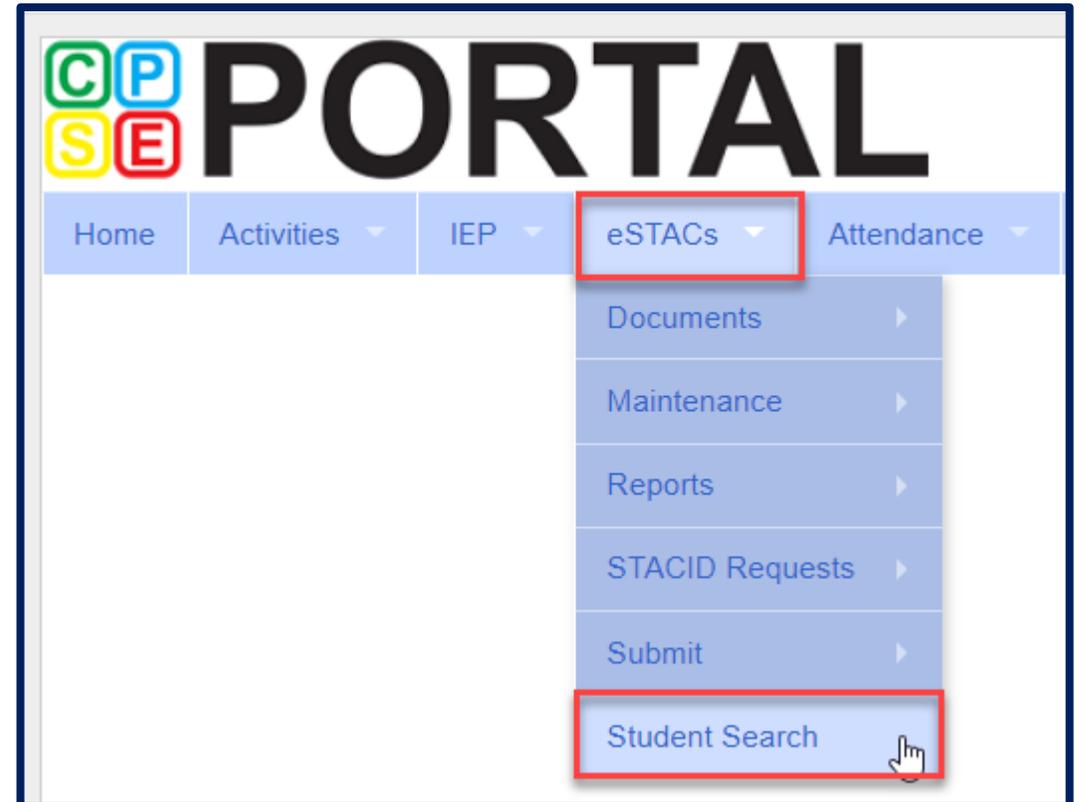 * Districts will be able to enter any 25/26 STAC-1's into eSTACs after the final eSTACs training.

* **All prior year STAC-1's** (23/24, 22/23 etc.), send paper STAC to the county to enter or amend in their Preschool system. Prior years will not be turned on in eSTACs and you will not be able to enter any STACs.

Student Search

eSTACs Student

* Go to *eSTACs -> Student Search*

Student Search

* Search for student using first and last name of student & click *Retrieve.*

View Student Details

* Click on Details to get to the student details page with evaluations, services, documents and forms.

Home	Activities ▼	IEP ▼	eSTACs ▼	Attendance ▼	Billing ▼	Lookup ▼	Documents ▼	Reports ▼	Maintenance ▼	Medicaid

Filters

ant	bar	DOB	STACID	CIN	Student Number

County ROCKLAND ∨

District CLARKSTOWN CSD ∨

Clear Filters   Retrieve

Add New Student

District Name	Last Name	First Name	DOB	Gender	CIN	STACID	Student Number			
CLARKSTOWN CSD	Ants	Barbara	08/17/18	F				Edit	Details	

For help, email: eSTACs@CPSEPortal.com

Adding New Center Based Placements

Adding a new CB Placement for STAC-1

* Go to the IEP Placements tab

* Click *Add CB Placement*

Entering Program Information

1. Check this box if the child has multiple STACs for the same time period (CB + SEIT/RS, CB morning + CB afternoon)

2. Specify school year / session

3. Indicate if the child is placed in foster care

4. Choose the Provider

5. Indicate whether the Provider is the same provider that performed the most recent evaluation

6. Select the specific program the child will attend

7. This populates with the dates and hours the selected program runs

8. Enter the dates and hours that this student will attend this program, and click *Save*

CPSE: **012806060000** RYDELL CSD

Child Information

Last Name: **DelFuego**   First Name: **Anthony**   DOB: **3/12/2016**   Eligibility: **1/1/2019 - 8/31/2021**
STACID: CIN: Edit

| Program | Aide / Nurse / Interpreter | Related Services | Transportation |

1 ☐ Click if this is a multiple service STAC (two or more concurrent STACs)

2 School Year Session 2019 - 2020 Summer ▾

3 Is this student placed in Foster Care? ○ Yes ◉ No

4 Provider HEBREW ACADEMY FOR SPEC CHLDRN   ▾

    5 Same as Evaluation Provider? ○ Yes ◉ No

6 Program 9101(C) 07/08/19 - 08/14/19 J/A-PRESCHOOL SPECIAL CLASS OVER 2.5 NASSAU COUNTY WOODMERE ▾

	Start Date	End Date	Hours Per Day	Days per Week
7 Program	07/08/2019	08/14/2019	5.00	5
8 This Child	07/08/2019	08/14/2019	5.00	5 ▾

Save ←

Adding Aides / Nurse / Interpreter

* To add an Aide/Nurse or Interpreter. You can skip this tab if no Aide/Nurse/Interpreter.

   1. Select the type (Aide, LPN, RN, or Interpreter)

   2. Select whether this service is shared with another student

   3. Indicate the hours per day this service is provided

   4. Indicate the days per week this service is provided

   5. Click *Add*

Adding Related Services INCLUDED in Tuition

	Program	Aide / Nurse / Interpreter	**Related Services**	Transportation					

Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location			
Occupational Therapy	07/08/2019	08/14/2019	I	2	30	WEEKLY	Therapy Room	Edit	Delete	Amend
Physical Therapy Group	07/08/2019	08/14/2019	G	3	45	WEEKLY	Gym	Edit	Delete	Amend
Speech Therapy 1	07/08/2019 2	08/14/2019 3	I 4	3 5	30 6	WEEKLY 7	Classroom 8	Edit	Delete	Amend

1. The type of service
2. The start date of this particular service
3. The end date for this particular service
4. Whether the service is Individual (I) or Group (G)

5. The number of sessions per period
6. The number of minutes for each session
7. The period of time for this service
8. Location where service will be performed

For help, email: eSTACs@CPSEPortal.com

Center Based Related Services

* For OT, PT & ST group services:
  * make sure that you select group and not individual. Group services are designated with a 1.
    For example: ST1, OT1 & PT1.

* For Psychological Counseling –
  * Counseling (**CSL**) – can be serviced by a school counselor, school psychologist, etc. Can be listed on IEP as Counseling.
  * Counseling (**PSY**) – serviced by a LMSW with a LCSW to supervise. This service is Medicaid billable. Must be listed on IEP as Psychological Counseling.

Program	Aide / Nurse / Interpreter	Related Services	Transportation

☐ There are no recommended related services for this student on this Placement/IEP

Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status		
Occupational Therapy Indiv	09/06/2023	06/21/2024	I	2	30	WEEKLY	Therapy Room	4/11/2024	Submitted	Rescind	Amend
Physical Therapy Indiv	02/01/2024	06/21/2024	I	2	30	WEEKLY	Therapy Room	4/11/2024	Submitted	Rescind	Amend
▾	09/06/2023	06/21/2024	▾			▾	▾			Add	

Assistive Technology Services
Counseling
Occupational Therapy Group
Occupational Therapy Indiv
Orientation & Mobility
Parent Counseling and Training
Physical Therapy Group
Physical Therapy Indiv
Play Therapy
Psychological Counseling (CSL)
School Health / Nurse
Speech Therapy Group
Speech Therapy Indiv
Teacher of Hearing Impaired
Teacher of Visually Impaired

© James McGuinness & Associates

Psychological Counseling (CSL)	RelatedService	CSL
Psychological Counseling (PSY)	RelatedService	PSY

When IEP has no Center Based Related Services

* If the IEP does not specify any related services, check the box at the top of the related services tab that says

"There are no recommended related services for this student on this Placement / IEP"

Program	Aide / Nurse / Interpreter	Related Services	Transportation						

☐There are no recommended related services for this student on this Placement/IEP

Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status	
⌄	07/12/2022	08/20/2022	⌄			⌄	⌄			Add

Adding Transportation

1. A list of types of transportations indicated in IEP (Bus or Parent reimbursement).

2. If transportation is needed, you will choose the bus or the parent.

3. No transportation documents will need to be uploaded.

4. Check the final page of IEP to ensure that **transportation is delineated on Special Transportation section.**

Transportation

* Orange County currently has 3 zones for transportation.
* The bus transporters are:
  * Quality Bus Service LLC or
  * VW Trans LLC

* Review Zone Table and select the correct bus transporter.

Transportation Zones

2024-2025 ORANGE COUNTY TRANSPORTATION BUS ZONE TABLE

ZONE 1	ZONE 2	ZONE 3
TRANSPORTER – QUALITY BUS	**TRANSPORTER – QUALITY BUS**	**TRANSPORTER – VW**
SCHOOL DISTRICTS:	**SCHOOL DISTRICTS:**	**SCHOOL DISTRICTS:**
ELDRED PINE BUSH MIDDLETOWN PORT JERVIS MINISINK WALLKILL	CHESTER KIRYAS JOEL FLORIDA MONROE WOODBURY GOSHEN TUXEDO GREENWOOD LAKE WARWICK	CORNWALL NEWBURGH HIGHLAND FALLS VALLEY CENTRAL MARLBORO WASHINGTONVILLE
SPECIAL EDUCATION PROGRAMS: (Program located in school district after -)	**SPECIAL EDUCATION PROGRAMS:** (Program located in school district after -)	**SPECIAL EDUCATION PROGRAMS:** (Program located in school district after -)
IN-COUNTY: ABILITIES FIRST - MIDDLETOWN EDUCATIONAL LEARNING EXP. – MIDDLETOWN FIELD OF DREAMS – MINISINK PROJECT DISCOVERY – PORT JERVIS	**IN-COUNTY:** INSPIRE KIDS GOSHEN - GOSHEN INSPIRE KIDS MONROE – MONROE KIRYAS JOEL PRESCHOOL – MONROE SHARON JOLLY (EI) – MIDDLETOWN LIBERTY POST (EI) – GOSHEN POTS (EI) CHESTER	**IN-COUNTY:** ABILITIES FIRST NEW WINDSOR – NEWBURGH🏠 ABILITIES FST. EDUCATION LEARNING EXP. NEW WINDSOR - WASHINGTONVILLE INSPIRE KIDS HEAD START – NEWBURGH INSPIRE KIDS NEWBURGH – NEWBURGH LEARNING TOGETHER - MONTGOMERY

OUT-OF-COUNTY
CENTER FOR SPECTRUM SERVICES – ELLENVILLE
                                        (Ulster Co.)
G & D THERAPY – LIVINGSTON MANOR
                                        (Sullivan Co.)
	OUT-OF-COUNTY
	FRED S. KELLER – SOUTH ORANGETOWN
	HASC – SPRING VALLEY
	JAWONIO - CLARKSTOWN (PRE & EI)
	PRIME TIME FOR KIDS – CLARKSTOWN
	                            (4 above Rockland Co.)
		OUT-OF-COUNTY
		ABILITIES FIRST - HYDE PARK
		ABILITIES FIRST – WAPPINGERS
		                            (2 above Dutchess Co.)

Transportation cancellations and delays will be made based on Zones. Orange County is divided into 3 zones. Each zone section outlines which school districts, in-county programs, and out-of-county programs are located within that zone. Please find your child's school district and special education program on the Zone Table. When there is a delay or cancellation in your child's **school district or program zone(s)**, your child's transportation will be delayed or cancelled.

Please note: Your child's transportation may be impacted by two zones when your child's school district zone and special education program zone are different. For example, if your child's school district is Newburgh (Zone 3) and they attend the Inspire Goshen program (Zone 2), then transportation is impacted for your child whenever transportation is delayed or cancelled for either Zone 2 OR Zone 3.

Early Dismissals are handled on a case-by-case basis. You will receive a robocall in the event that an early dismissal is in effect.

When IEP has no Transportation

* If the student will **not** be bussed, **and** the parent will **not** be submitting for mileage reimbursement, check the box at the top of the transportation tab that says

"The IEP does not authorize reimbursement for transportation"

| Program | Aide / Nurse / Interpreter | Related Services | Transportation |

☐ The IEP does not authorize reimbursement for transportation/ No parent reimbursement will be sought

Service	Provider	Start Date	End Date	Submitted Date	Status		
▾	▾	07/12/2022	08/20/2022			Add	

Upload Transportation Document

Document Type: [▾]   Effective Date: [ ]   Comment: [ ]

Choose File No file chosen

Upload

Transportation Files

Uploaded	DocumentType	Comments	Effective Date

Uploading Documents

Documents Required for Services – Orange County

* Orange County requires the following documents to be uploaded, before you can sign and submit your STAC-1:

  * **The Medicaid Parental Consent:**

    * A signed Medicaid Parental Consent or,
    * An Unable to Obtain Medicaid Consent.

  * **The IEP - all dates and services on the IEP must match the entries in eSTACs.**

  * **A Birth Certificate:**

    * If there is no birth certificate, the county will also accept:
    * Adoption Papers or
    * Paternity Papers.

Uploading a Document

* Select Documents tab on Student Details screen.

* This will also show any Missing Documents that need to be uploaded.

* Click "*Upload*" button at bottom of screen or "Upload" at the end of the missing document line.

For help, email: eSTACs@CPSEPortal.com

CPSE: **660413020000** ABBOT

Student Information

Last Name: **Mouse**   First Name: **Minnie**   DOB: 1/1/2020   Eligibility: **1/1/2023 - 8/31/2025**

STACID: CIN: Student Number: **5000067786**   Edit   **Resync**

| STAC-5s | Evaluation Components | IEP Placements | IEP Mandates | Documents | Forms | Eligibility Waivers |

Uploaded Documents

	Document Type	Uploaded Date	Applied To	Submitted Date	SubmittedUser	Status	Comments		
Select	Unidentified	08/04/2023	Student Record			NOT SUBMITTED		Edit View	Delete

Missing Documents

Category	Type	DocumentDescription	Applies To		
CHILD	MEDICAID CONSENT	Medicaid Parental Consent		Show Document List	Upload
PLACEMENT	IEP	Copy of IEP for Placement	07/05/2023-08/15/2023 ARC -- PRIME TIME FOR KIDS-9165(A)	Show Document List	Upload
PLACEMENT	IEP	Copy of IEP for Placement	09/06/2023-06/21/2024 ARC -- PRIME TIME FOR KIDS-9165(I)	Show Document List	Upload

Upload   Upload Multiple Documents

Uploading a Document

* Click *"Choose File"* button.

* Browse to the file location and select the file.

* Click the *"Open"* button on the file dialog

* The filename will appear next to *"Choose File"* button.

* Click *"Upload"*.

For help, email: eSTACs@CPSEPortal.com
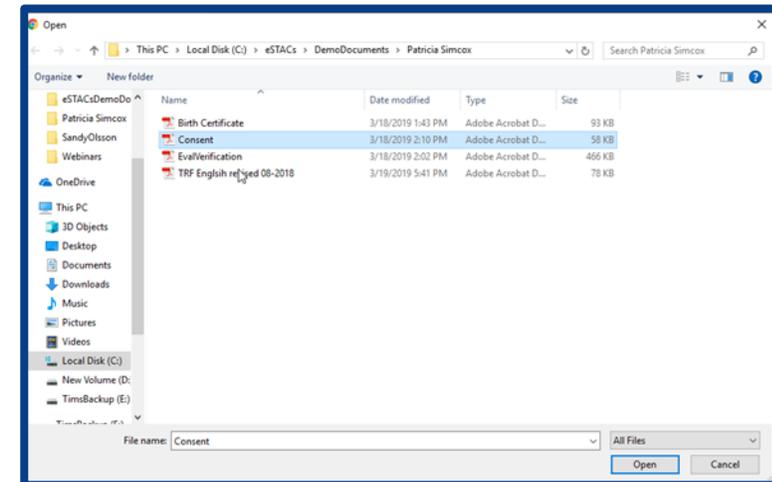
Uploading a Document

* Right had side shows the document being uploaded.

* If uploading the entire IEP, then check box "*Enter Details for Entire Document*".

* Choose document type.

* Choose correct school year and placement.

For help, email: eSTACs@CPSEPortal.com

Documents for Aides, Nurses & Interpreters – STAC – 812 Form

STAC – 812 Form

* There are occasions when you will need to upload the Request For Reimbursement For Student Specific Nurses and Interpreter form.
* The STAC-812 form is **NOT** needed for AIDEs anymore.
* Go to the Aide/Nurse/Interpreter tab and click *Print*.
* Have form signed by the Superintendent and upload form to eSTACs.

Comparison eSTAC to Paper Form

For help, email: eSTACs@CPSEPortal.com

Upload Partial Reimbursement Form

CPSE: **660413020000** ABBOT

Student Information

Last Name: **Mouse** First Name: **Mickey** DOB: **10/19/2019** Eligibility: **7/1/2022 - 8/31/2024**

STACID: CIN: Student Number: **5000067792** Edit Resync

STAC-5s	Evaluation Components	IEP Placements	IEP Mandates	**Documents**	Forms	Eligibility Waivers

Uploaded Documents

	Document Type	Uploaded Date	Applied To	Submitted Date	SubmittedUser	Status	Comments		
Select	Unidentified	03/15/2024	Student Record			NOT SUBMITTED		Edit View	Delete

Missing Documents

Category	Type	DocumentDescription	Applies To		
CHILD	MEDICAID CONSENT	Medicaid Parental Consent		Show Document List	Upload
PLACEMENT	AIDE FORM	Copy of SED AIDE form for partial/shared AIDE for CB Placement	09/06/2023-06/21/2024 A STARTING PLACE-9100(J)	Show Document List	Upload
PLACEMENT	IEP	Copy of IEP for Placement	09/06/2023-06/21/2024 A STARTING PLACE-9100(J)	Show Document List	Upload

Upload   Upload Multiple Documents

Upload Partial Reimbursement Form

* Under Document Type:

  * You will choose Serv: Aide, Nurse or Interpreter depending on the service.

Forms

Forms Tab

* The Forms tab has a list of generic forms that when chosen, will populate with the child's information on them.

Forms Tab

If your County gave us a Medicaid Consent that they want you to use, your County consent will also populate here. If not, then your school district's name will populate on the top of the consent.

Medicaid Consent

Dear Parent/Guardian of: John Smith
District: ABBOT
County: ROCKLAND

This is to ask your permission (consent) for the listed county to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP) and to ask you to give us your child's Client Identification Number (CIN) or allow us to obtain the CIN if you do not know it.

This consent allows the school district/county to bill Medicaid for covered health-related services and to release information to the school district's/county's Medicaid Billing Agent for that purpose.

I, _____ as the parent/guardian of John Smith _____
    (Print Parent's Name)   (Print Child's Name)
have received a written notification from the school district/county that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.
I understand and agree that the school district/county may ask for a Client Identification Number (CIN), check on Medicaid eligibility, and/or access Medicaid to pay for special education and related services provided to my child.

I understand that:
- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid and/or provide my child's CIN;
- I have the right to withdraw consent at any time; and
- The school district/county must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district/county to release the following records/ information about my child to the State's Medicaid Agency for the purpose of checking Medicaid eligibility and/or billing for special education and related services that are in my child's IEP. The following records will be shared:

Records to be shared (such as records or information about services your child receives)	
Prescription	Service Provider Attendance
Referral	"Under the Direction of" Certification
Treatment Logs	"Under the Supervision of" Certification
Individualized Education Program - IEP	"Under the Direction of" Logs
Attendance Records	"Under the Supervision of" Logs
Bus Logs	Calendar
Other unnamed documents needed to support a claim to Medicaid	Evaluations

Student's CIN, if known: _____

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: _____ **Date:**_____
                                                                    Must fill-in full date

Print Name: _____

Eligibility Waivers

Eligibility Waivers Tab

* If you have an evaluation or services that are outside of the eligibility dates, you can choose the Date Type, enter date and click "Add". You can then upload any supporting documentation. Contact your county first to see if this is an option.

CPSE: **660413020000** ABBOT

Student Information

Last Name: **Mouse**   First Name: **Minnie**   DOB: **1/1/2020**   Eligibility: **1/1/2023 - 8/31/2025**

STACID: CIN: Student Number: **5000067786**   Edit   Resync

| STAC-5s | Evaluation Components | IEP Placements | IEP Mandates | Documents | Forms | Eligibility Waivers |

Waivers

Date Type	Date	
⌄		Add

Earliest Eval Date
Earliest Service Date
Latest Eval Date
Latest Service Date

© James M

Signing and Submitting STAC-1

Signing and Submitting

* Once all information is entered from the IEP, you will now need to *Sign and Submit* the CB Placement.

CPSE: **661100010000** NEW ROCHELLE

Student Information

Last Name:	First Name:	DOB:	**6/23/2016**	Eligibility: **1/1/2019 - 8/31/2021**	
STACID:	CIN:	Student Number:			Edit SED Summary

| STAC-5s | Evaluation Components | IEP Placements | IEP Mandates | Documents | Forms |

School Year Session [All Sessions ▼]

School Year Session	Placement	Description	Status	Submitted By	Submitted Date					
2020 - 2021 Summer	CB	07/06/2020-08/14/2020 -9100(A)	Submitted	import	8/18/2020	Amend	Rescind	Print		Submission History
2020 - 2021 Winter	CB	09/08/2020-06/25/2021 -9100(I)	Submitted	RS	12/21/2020	Amend	Rescind	Print		Submission History
2021 - 2022 Summer	CB	07/05/2021-08/13/2021 -9100(A)	Amended			Amend	Rescind	Print	Sign and Submit	Submission History
2021 - 2022 Summer	SEITRS	07/05/2021-08/13/2021 RS (OT(I))	Submitted	RS	8/4/2021	Amend	Rescind	Print		Submission History

[Add CB Placement]   [Add SEIT/RS Placement]

Compare CB Placement to IEP

* Compare ALL of your entries on left side to IEP on right side. **Do not** sign & submit if not correct.
  * Does the service match (individual or group); Does the frequency and duration match; Do the dates match?

Amendments and/or Corrections

Amendments

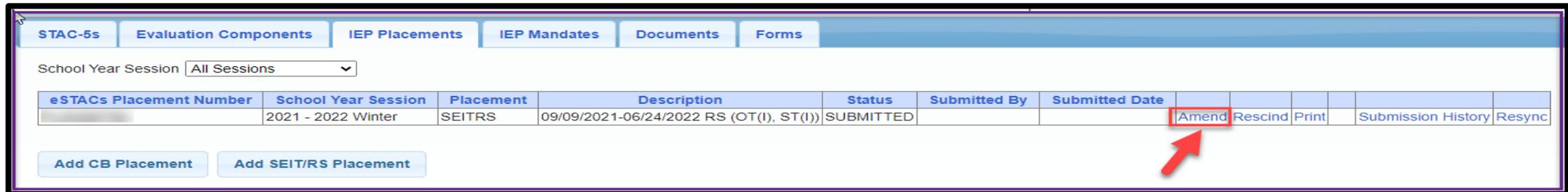* Prior to submitting a STAC to the County, you can *Edit* a placement and make any necessary changes.

* After you submit a STAC to the County, you must *Amend* the placement to make any changes.

* Once a STAC is submitted, you are limited as to what changes can be made.

For help, email: eSTACs@CPSEPortal.com

Amendments

* Now choose to "Amend Specific Mandate" to make changes to the STAC such as:
    * You need to change the start/end dates,
    * You need to add a new service to the STAC,
    * You need to change a location on the STAC,
    * You need to change the CB program listed on the STAC,
    * You need to rescind a service.

* Amend Program's End Date
    * To end all services on a specific date.
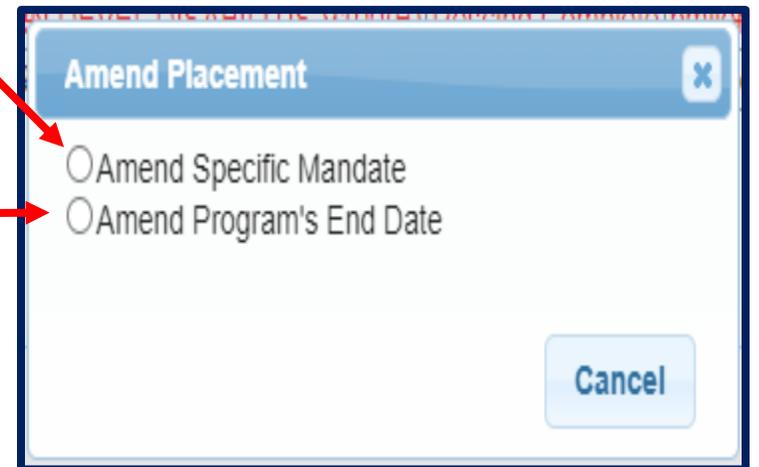
Amend Placement

○ Amend Specific Mandate
○ Amend Program's End Date

Cancel

Amending at IEP Placement Level

* All instances below will need to have the Placement End Dated:
    * Child moved out of district mid-year
    * Child changed CB programs mid-year
    * Child added an AIDE mid year
    * Child ended an AIDE mid year
    * Parent withdrew their student mid year
    * Child switched from CB to SEIT/RS mid-year (or vice-versa)
    * Other – child declassified

Amend Placement

○ Amend Specific Mandate
◉ Amend Program's End Date
End Date: _____
Reason:
Select Reason ▾

Select Reason
Child moved out of district
Child changed program
Aide/RN/LPN was added to IEP
Aide/RN/LPN was removed from IEP
Parent withdrew student from Program
Other

ancel

| STAC-5s | Evaluation Components | IEP Placements | IEP Mandates | Documents | Forms | Eligibility Waivers |

School Year Session [All Sessions ▾]

eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date				
PL00081848	2021 - 2022 Winter	CB	09/10/2021-06/24/2022 ARC -- PRIME TIME FOR KIDS-9100(I)	SUBMITTED			Amend	Rescind Print	Submission History	Resync

Amending at Details Level

* Under the "IEP Mandates" tab you can Amend just one specific service.

Cheat Sheets

CB Amendments

CPSE determines	What to do
An AIDE/RN/LPN should be added to the IEP	End Placement and Create new placement with all necessary details
An AIDE/RN/LPN should be removed from the IEP	
The student should be in a different program (different provider, SC vs SCIS, half day vs full day etc.)	
The student no longer needs a particular related service The student will no longer receive a type of transportation	End Placement detail by amending end date of detail
The student needs an additional related service	Add additional placement details as necessary
The student will get a new type of transportation service (No transportation -> bus, bus->Bus + Parent, Bus-> Bus + AIDE)	
There should be a change to a related service (change in frequency, change from individual to group, change location)	End Placement detail by amending end date of detail, then add new placement detail
The child will change transportation (Bus->Parent, Parent->Bus)	

Corrections
Actions Needed to Correct Data in eSTACs by Field

Placement Type	Service Category	Requires Rescinding entire placement	Requires Rescinding single detail	Can correct data via amending
CB	CB	School Year Session Foster County Provider		Program (SC vs SCIS, half day vs full day) Start Date / End Date Hours Per Day / Days Per Week
	AIDE		Type (AIDE/LPN/RN) Sharing	Hours Per Day Days Per Week
	Related Service		Service Individual vs Group Frequency, Duration & Period	Start Date End Date
	Transportation		Service (Bus, Parent, LPN, etc.) Provider	Start Date End Date

Corrections
Actions Needed to Correct Data in eSTACs by Field

	Center Based (CB)				SEIT and/or Related Services	
	CB	**AIDE/RN/LPN**	**Related Service**	**Transportation**	**SEIT**	**Related Services**
School Year Session	Rescind Entire Placement				Rescind Entire Placement	Rescind Entire Placement
Foster Care County	Rescind Entire Placement				Rescind Entire Placement	Rescind Entire Placement
Provider	Rescind Entire Placement				Rescind Entire Placement	Rescind single detail
Program	Amend				Rescind Entire Placement	
Sharing (AIDE)		Rescind single detail				
Service		Rescind single detail	Rescind single detail	Rescind single detail		Rescind single detail
Start Date	Amend		Amend	Amend	Amend	Amend
End Date	Amend		Amend	Amend	Amend	Amend
Hours Per Day	Amend	Amend				
Days Per Week	Amend	Amend				
Ind. Vs Group			Rescind single detail		Rescind single detail	Rescind single detail
Frequency			Rescind single detail		Rescind single detail	Rescind single detail
Duration			Rescind single detail		Rescind single detail	Rescind single detail
Period			Rescind single detail		Rescind single detail	Rescind single detail
Location			Amend		Amend	Amend

Closing

Orange County Timeline

* **January 31, 2025:**
  * McGuinness will migrate all of the children that are in the Orange County Preschool system over into eSTACs. Each district will only be able to see their own children.

* **February 3, 2025:**
  * Orange County will **no longer accept any 24/25 STAC-5's**. You will however continue to send your 24/25 paper STAC-1's to the county.
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* **All prior year STAC-1's** (23/24, 22/23 etc.), send paper STAC to the county to enter or amend in their Preschool system. Prior years will not be turned on in eSTACs and you will not be able to enter any STACs.

For help, email: eSTACs@CPSEPortal.com

Getting Support

* If you need help you can contact Kelly Knowles at Kknowles@jmcguinness.com

* After you are familiar with the Portal, and you need help, send an email to **eSTACs@CPSEPortal.com**.

* Please include your district name, which County you work with and a description of your issue.

* If you would like to speak on the phone, please state so in your email along with your phone number and best times to reach you.

For help, email: eSTACs@CPSEPortal.com