

**eSTACs Entering STAC-1
for Center Based, Center Based Related
Services, SEIT and Related Services**

Sullivan County Timeline

* **May 29, 2026:**

- * McGuinness migrated all children in the Sullivan County Preschool system over into eSTACs. Each district will only be able to see their own children.
- * Sullivan County is **not accepting any 26/27 STACs**. The county will return to districts any 26/27 STACs that have been previously sent to them. These STACs will need to be entered into eSTACs.

* **June 1, 2026:**

- * Any school districts who use eSTACs in another county can begin to enter children and STACs in eSTACs.

* **June 9, 2026:**

- * Districts will be able to enter 26/27 STAC-1's & STAC-5's into eSTACs after the final eSTACs training.

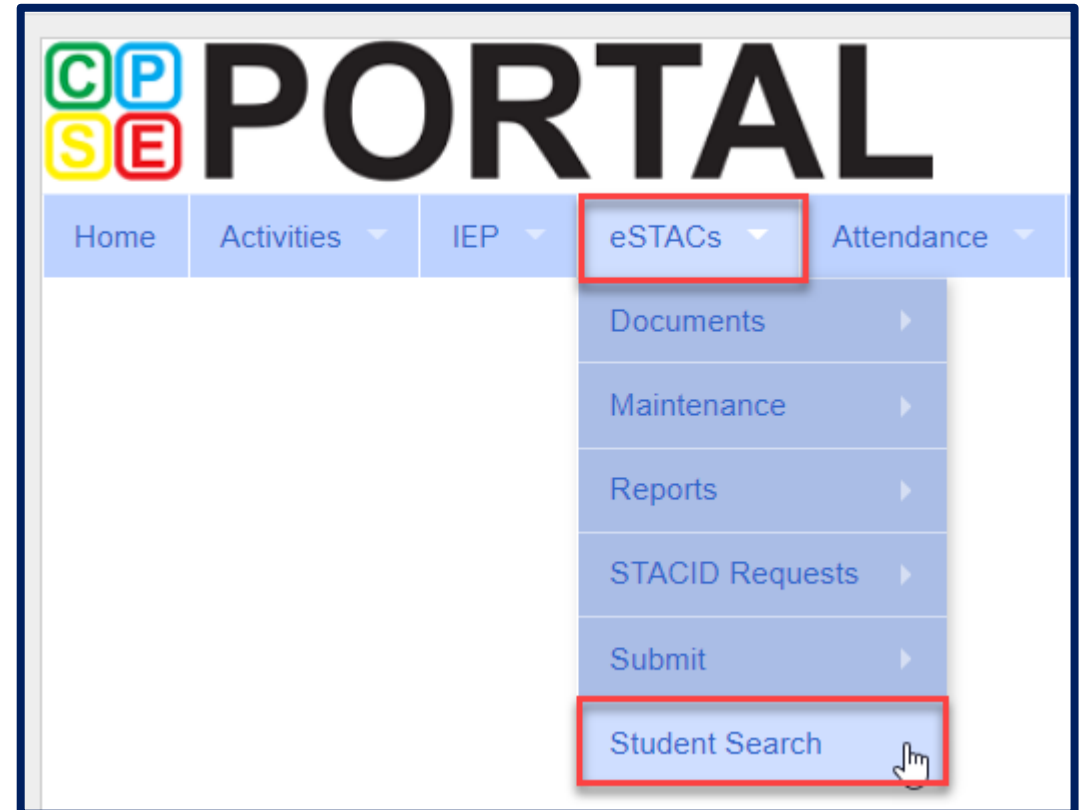
- * **All prior year STACs** (25/26, 24/25 etc.) send paper STACs to the county to enter or amend in their Preschool system. Prior years will not be turned on in eSTACs and you will not be able to enter any STACs.

Student Search

eSTACs Student

* Go to eSTACs -> Student Search

For help, email: eSTACs@CPSEPortal.com



Student Search

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

The screenshot displays a web application interface for student search. At the top, there is a navigation bar with the following menu items: Home, Activities, IEP, eSTACs, Attendance, Billing, Lookup, Documents, Reports, Maintenance, and Medicaid. Below the navigation bar is a section titled "Filters" which contains several input fields and dropdown menus. The first two input fields, labeled "ant" and "bar", are highlighted with red boxes. To their right are input fields for "DOB", "STACID", "CIN", and "Student Number". Below these are two dropdown menus: "County" with "ROCKLAND" selected and "District" with "CLARKSTOWN CSD" selected. At the bottom right of the filter section, there are two buttons: "Clear Filters" and "Retrieve", with the "Retrieve" button highlighted by a red box.

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

Adding New Center Based Placements

Adding a new CB Placement for STAC-1

- * Go to the IEP Placements tab
- * Click *Add CB Placement*

CPSE: 660413020000 ABBOT

Student Information

Last Name: **KINSEY** First Name: **NELIA** DOB: 1/1/2020 Eligibility: 1/1/2023 - 8/31/2025
STACID: CIN: Student Number: 5000086160 [Edit](#)

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

School Year Session 2025 - 2026 Winter ▼

eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date					
No Placements											

[Add CB Placement](#) [Add SEIT/RS 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 Aide / 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*

Type	Sharing	Hours Per Day	Days Per Week			
Aide 1	1:1 (No Sharing) 2	5.00 3	5 4	Add 5		

Aide / Nurse / Interpreter | Rel

Type

- Aide
- Aide
- RN
- LPN
- Interpreter

Sharing

- 1:1 (No Sharing)
- 1:1 (No Sharing)
- Shared with 1 other student
- Shared with 2 other students
- Shared with 3 other students
- Shared with 4 other students

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.

Service	Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Submitted Date	Status	Rescind	Amend
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

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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									
<input type="checkbox"/> 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			
<input type="text" value="v"/>	07/12/2022	08/20/2022	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>					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. Transportation documents will need to be uploaded.
4. Check the final page of IEP to ensure that **transportation is delineated under the Special Transportation section.**

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

Service	Provider	Start Date	End Date	Submitted Date	Status			
Parent	Rockland Parent Transportation	07/05/2023	08/15/2023		Not Submitted	Edit	Delete	
		07/05/2023	08/15/2023			Add		

Bus
LPN on Bus
Parent
RN on Bus
Wheelchair Bus

Effective Date: Comment:

Upload

Transportation Files

Uploaded	DocumentType	Comments	Effective Date
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Return to Student Details

Transportation

- * Sullivan County currently uses Rolling V Bus Corp transporter.
- * Complete and upload the Preschool Transportation Request Form.
- * English & Spanish versions of this form can be found under the forms tab for each child.

Sullivan County Public Health Services
Preschool Special Education Transportation

New Student Change Discharge

Preschool Transportation Request Form

Requested Start Date: _____

CHILD'S INFORMATION			
Last Name		First	MI
Date of Birth			
Home Address		City	Zip
Mother	Phone	Cell	
Father	Phone	Cell	
Child's Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Child's Seating Type: <input type="checkbox"/> CARSEAT <input type="checkbox"/> SEATBELT <input type="checkbox"/> HARNESS*	MEDICAL ALERTS AND/OR SPECIAL NEEDS	
Height: _____	<input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> OTHER (specify)		
Weight: _____			
SERVICE INFORMATION			
School District		Destination Program	
Program Address			
Program Start Date		Session	
PICK-UP LOCATION		DROP-OFF LOCATION	
<i>Only fill this section out if pickups and drop off location will be somewhere other than the home address (i.e. daycare, babysitter)</i>			
Authorized Person		Authorized Person	
Street Address		Street Address	
City	Zip	City	Zip
Phone	Cell	Phone	Cell
PERSONS AUTHORIZED TO RECEIVE CHILD FROM BUS			
Name	Phone	Name	Phone
Relation	Phone	Relation	Phone
Name	Phone	Name	Phone
Relation	Phone	Relation	Phone
Name	Phone	Name	Phone
Relation	Phone	Relation	Phone
AUTHORIZATIONS & SIGNATURES			
<i>All Signatures are Required to Validate Form</i>			
Parent/Guardian Name	Parent/Guardian Signature	Date	
Program Official	Signature	Date	

CPSE: **591502040000**

Student Information

Last Name: _____ First Name: _____ DOB: **11/26/2022** Eligibility: **7/1/2025 - 8/31/2027**

STACID: _____ CIN: _____ Student Number: _____ [Edit SED Summary](#) [Resync](#)

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

School Year: _____

Forms

Form	Description
<input type="checkbox"/> Medicaid Parental Consent	Consent to Access Medicaid
<input type="checkbox"/> Medicaid Parental Consent (Spanish)	Consent to Access Medicaid (Spanish)
<input type="checkbox"/> Written Order	Generic Written Order / Prescription / Referral
<input type="checkbox"/> Unable to obtain consent	Notification of not being able to obtain Medicaid Parental Consent
<input type="checkbox"/> Evaluation Written Order	Generic Evaluation Written Order
<input type="checkbox"/> Transportation Request Form	Preschool Transportation Request Form
<input type="checkbox"/> Transportation Request Form (Spanish)	Preschool Transportation Request Form (Spanish)

[Generate Forms](#)

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”*

The screenshot shows a software interface with several tabs: Program, Aide / Nurse / Interpreter, Related Services, and Transportation. The Transportation tab is active. A red box highlights a checkbox with the text: "The IEP does not authorize reimbursement for transportation/ No parent reimbursement will be sought". Below this is a table with the following columns: Service, Provider, Start Date, End Date, Submitted Date, and Status. The Start Date is 07/12/2022 and the End Date is 08/20/2022. There is an "Add" button in the Status column. Below the table is a section for "Upload Transportation Document" with a "Document Type" dropdown, "Effective Date" field, and "Comment" field. There is a "Choose File" button and "No file chosen" text. Below that is an "Upload" button. At the bottom is a section for "Transportation Files" with a table header: Uploaded, DocumentType, Comments, and Effective Date.

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

Adding New SEIT/RS Placements

Adding a new STAC-1 for SEIT/Related Services

- * Go to the IEP Placements tab
- * Click Add SEIT/RS Placement

CPSE: 660413020000 ABBOT

Student Information

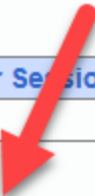
Last Name: **KINSEY** First Name: **NELIA** DOB: 1/1/2020 Eligibility: 1/1/2023 - 8/31/2025
STACID: CIN: Student Number: 5000086160 [Edit](#)

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

School Year Session 2025 - 2026 Winter

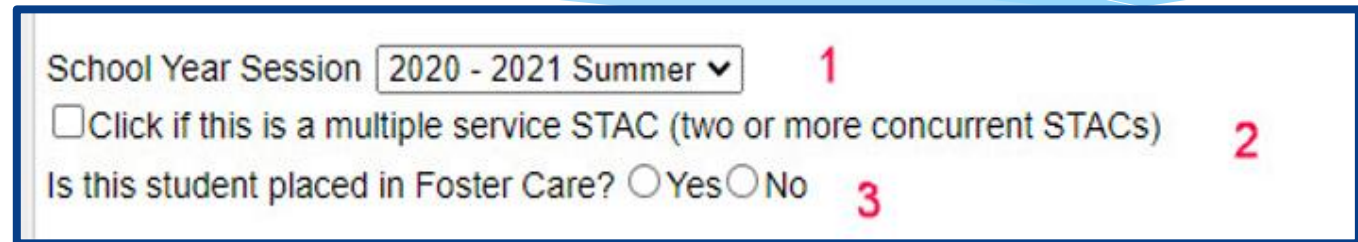
eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date						
No Placements												

[Add CB Placement](#) [Add SEIT/RS Placement](#)



For SEIT or RS

1. Select the School Year and Session.
2. Indicate if this student has two or more concurrent STACs.
3. Indicate if the child is in Foster Care.



School Year Session 1

Click if this is a multiple service STAC (two or more concurrent STACs) 2

Is this student placed in Foster Care? Yes No 3

* Multiple Service / Concurrent STACs

- * Student has a Center Based placement at the same time as having SEIT or fee for related services
- * Student has two separate Center Based placements
- * Student has SEIT at the same time from two separate SEIT Providers

Adding SEIT

SEIT and Student | Related Services | Transportation

Provider: SHARON A JOLLY & ASSOCIATES 1

Is this the same provider that conducted the most recent evaluation for this student? Yes No 2

Program: SEIT 07/01/23 - 08/31/23 9135(S) 3

Start Date	End Date	IND/GRP	Frequency	Minutes	Period	Location	Status		
07/03/2023	08/15/2023	I	2	60	WEEKLY	Home		Edit	Delete
<input type="text" value="07/01/2023"/>	<input type="text" value="08/31/2023"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Add	

1. Select Provider
2. Indicate if Provider was same provider that did most recent evaluation
3. Select the program (should be only 1)
4. Edit the Start Date
5. Edit the End Date
6. Indicate individual or group
7. Indicate number of sessions per IEP
8. Indicate number of minutes per IEP (**do not convert to 30 min**)
9. Enter the period for the frequency
10. Select the location where the service will be performed

Adding Related Services (fee for service not CBRS)

SEIT and Student **Related Services** Transportation

No Service Coordinator

1 2 3 4 5 6 7 8 9 10

Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Status		
DEREK FERST, SLP	Speech Therapy Indiv	07/03/2023	08/15/2023	I	<input type="checkbox"/>	3	30	WEEKLY	Home		Edit	Delete
Jawonio	Physical Therapy Indiv	07/03/2023	08/15/2023	I	<input type="checkbox"/>	2	45	WEEKLY	Daycare		Edit	Delete
DEREK FERST, SLP	Coordination	07/01/2023	08/31/2023	I	<input type="checkbox"/>	1	30	MONTHLY	Home		Edit	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Add	

1. Choose the provider
2. Select the service
3. When does service start
4. When does service end
5. Indicate Individual or Group
6. If Bilingual service – then check box
7. Indicate number of sessions per IEP
8. Enter minutes per session per IEP
9. Choose the time period for the frequency
10. Indicate where the service will happen

Miscellaneous Items

Compensatory Services

- * When entering services in eSTACs, there is now a checkbox if the service is for Compensatory.
- * Services **must be** delineated on the IEP. They can be listed under the Special Alerts or somewhere in the Meeting Information notes.


Compensatory Service: Occupational Therapy (2x weekly)
Time frame services were missed: 3/20-6/26/25
Number of sessions to be provided: 12 (7/7-8/15)
Reason: The student requires compensatory services as providers were not secured when services were recommended.

SEIT and Student | Related Services | Transportation

No Service Coordinator

Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Compensatory	Status	
ABILITIES FIRST, INC (New BEDS)	Physical Therapy Indiv	07/07/2025	08/15/2025	I	<input type="checkbox"/>	3	30	WEEKLY	Preschool	<input checked="" type="checkbox"/>		Edit Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		Add

[Return to Student Details](#)



Co-Treats

- * There is no special way to denote co-treats in eSTACs.
 - * Enter services PER the IEP:
 - * If OT is 2x30, and co-treat is 1x30, then enter into eSTACs:
 - * OT 2x30
 - * OT 1x30
 - * If ST is 3x45, and co-treat is 1x30, then enter into eSTACs:
 - * ST 3x45
 - * ST 1x30
 - * The clinician's will know how to enter their session notes for co-treating.

6-Day Cycle

- * If an agency is following a 6-day cycle:
 - * The IEP should indicate that the service is on a 6-day cycle.
- * The entry in eSTACs will remain the same with a frequency, duration and period of weekly.
 - * Using this IEP as an example:
 - * OT will be entered as 2x30 weekly,
 - * ST will be entered as 3x30 weekly.
- * It will be the agency/providers responsibility to follow a 6-day cycle calendar.

SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES			
Special Class: 8:1+3	07/07/2025 - 08/15/2025	5 x Weekly, 6hr.	Special Class
Occupational Therapy: Individual	07/07/2025 - 08/15/2025	2.0 x 6 day cycle, 30min.	Special Class
Speech/Language Therapy: Individual	07/07/2025 - 08/15/2025	3.0 x 6 day cycle, 30min.	Special Class

Per IEP (TOTAL)

- * When entering services, eSTACs has a dropdown for the Period of Weekly, Monthly or Per IEP.
- * **Per IEP = TOTAL.** Therefore, most districts will not be using Per IEP.
- * If the IEP states 1x30 quarterly for a service, then you can use Per IEP.
- * Some districts may use Per IEP for summer compensatory services.
 - * This must be delineated on the IEP.

MEETING INFORMATION		
Date: 6/13/2025	Committee: Committee on Preschool Special Education	Decision/Status: Classified Preschool
Reason: Amendment - Agreement No Meeting		Classification: Preschool Student with a Disability
Preschool Service Coordination: Jump Start Therapy		
Participants: [REDACTED]		
Comments: Description of action proposed or refused: The Committee on Preschool Special Education has recommended that your child receive compensatory services.		
Explanation of why action was proposed or refused: Due to a provider shortage resulting in a lack of recommended services being delivered, the CPSE recommends compensatory services in the follow areas:		
Physical Therapy - 6-30min/individual sessions (07/07/2025 - 08/15/2025)		
Description of each Evaluation, Procedure, Assessment, Record, or Report used in the Decision to Propose or Refuse the Action: Consideration of recommended services, number of		

Service Coordination

- * If there are no SEIT services and there are two or more related services, and service coordination is needed:
 - * Choose provider, and Coordination under Service tab, and complete other information.
- * If there are no SEIT services and Service Coordination is not needed:
 - * Mark the checkbox *“No Service Coordinator”*.

No Service Coordinator

Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Status		
DEREK FERST, SLP	Speech Therapy Indiv	07/03/2023	08/15/2023	I	<input type="checkbox"/>	3	30	WEEKLY	Home		Edit	Delete
Jawonio	Physical Therapy Indiv	07/03/2023	08/15/2023	I	<input type="checkbox"/>	2	45	WEEKLY	Daycare		Edit	Delete
DEREK FERST, SLP	Coordination	07/01/2023	08/31/2023	I	<input type="checkbox"/>	1	30	MONTHLY	Home		Edit	Delete
<input type="text"/>	<input type="text"/>	07/01/2023	08/31/2023	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Add	

Assisted Tech Service and Assisted Tech Device

Assistive Technology Services

- * Assistive Technology Services will be added to the Related Services tab.
- * This can be either under the CB Placement or the SEIT/RS Placement.

Program	Aide / Nurse / Interpreter	Related Services	Transportation									
<input type="checkbox"/> 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			
Speech Therapy Indiv	12/01/2020	04/02/2021	I	3	30	WEEKLY	Preschool		Not Submitted	Edit	Delete	
Occupational Therapy Indiv	12/01/2020	04/02/2021	I	2	30	WEEKLY	Preschool		Not Submitted	Edit	Delete	
Parent Counseling and Training	12/01/2020	04/02/2021	I	1	60	MONTHLY	Preschool		Not Submitted	Edit	Delete	
<input type="text"/>	12/01/2020	04/02/2021	<input type="text"/>			<input type="text"/>	<input type="text"/>			Add		

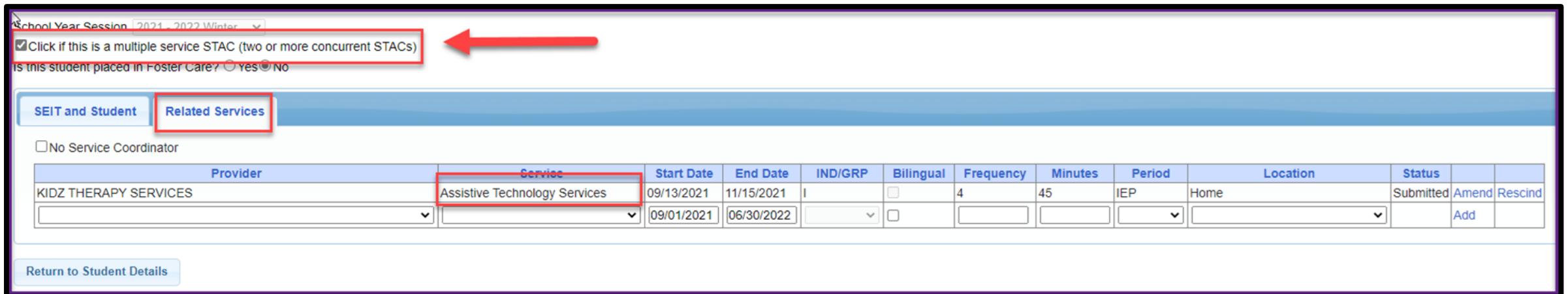
- Assistive Technology Services
- Audiology
- Interpreter
- Occupational Therapy Group
- Occupational Therapy Indiv
- Orientation & Mobility
- Parent Counseling and Training
- Physical Therapy Group
- Physical Therapy Indiv
- Psychological Counseling (CSL)
- School Health / Nurse
- Social Work
- Speech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

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Assistive Technology Services

- * If you have a CB Placement and the Assistive Tech Services are being delivered by a provider outside of the CB:
 - * Create a SEIT/RS Placement choosing the provider.
 - * If more than one Placement – then you will also need to check the checkbox:

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



School Year Session: 2021 - 2022 Winter

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

Is this student placed in Foster Care? Yes No

SEIT and Student | **Related Services**

No Service Coordinator

Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Status		
KIDZ THERAPY SERVICES	Assistive Technology Services	09/13/2021	11/15/2021	I	<input type="checkbox"/>	4	45	IEP	Home	Submitted	Amend	Rescind
		09/01/2021	06/30/2022		<input type="checkbox"/>						Add	

[Return to Student Details](#)

Assistive Tech Device

- * In most cases, the user of the Assistive Tech Device will obtain the device.
- * The device will **never** be part of the CB as it is NOT included with the tuition.
- * If the cost of the device is:
 - * Less than \$1,000 – then enter frequency of 10 and duration of 30
 - * If more than \$1,000 – then enter frequency of 100 and duration of 30

SEIT and Student
Related Services

No Service Coordinator

Provider	Service	Start Date	End Date	IND/GRP	Bilingual	Frequency	Minutes	Period	Location	Status		
Stefanelli, Marietta	Speech Therapy Indiv	09/09/2021	06/24/2022	I	<input type="checkbox"/>	2	30	WEEKLY		Submitted	Amend	Rescind
HTA OF NEW YORK	Teacher of Hearing Impaired	09/09/2021	06/24/2022	I	<input type="checkbox"/>	2	30	WEEKLY		Submitted	Amend	Rescind
HTA OF NEW YORK	Physical Therapy Indiv	09/09/2021	06/24/2022	I	<input type="checkbox"/>	1	30	WEEKLY		Amended	Amend	Rescind
SHARON A JOLLY & ASSOCIATES	Occupational Therapy Indiv	09/09/2021	06/24/2022	I	<input type="checkbox"/>	2	30	WEEKLY		Submitted	Amend	Rescind
CORNERSTONE FAMILY HEALTHCARE	Assistive Tech Device	09/09/2021	06/24/2022	I	<input type="checkbox"/>	100	30	IEP			Edit	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Add	

Return to Student Details

Uploading Documents

Documents Required for Services – Sullivan County

- * Sullivan 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.
 - * **Consent to Initiate Services**
 - * **A Birth Certificate or other form of ID**
 - * **Medical Forms** – Immunization Records & Physical
 - * **The IEP - all dates and services on the IEP must match the entries in eSTACs.**
 - * **Transportation Request** - Preschool Transportation Request Form.

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.

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

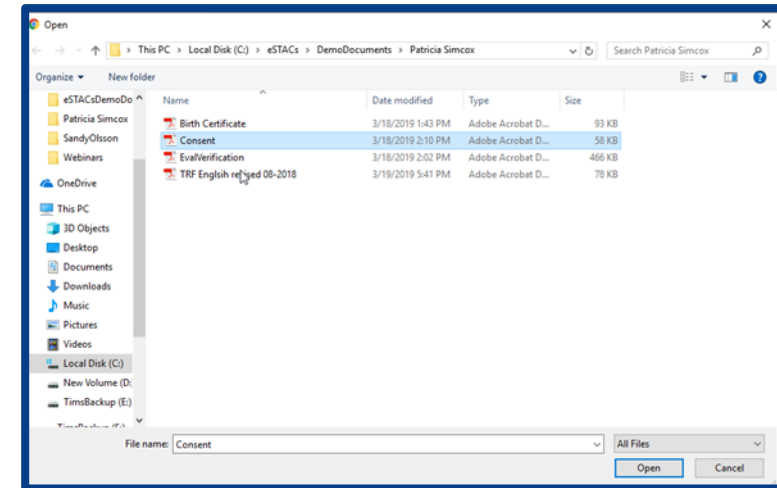
- * Click “Choose File” button.
- * Browse to the file location and select the file.
- * Click the “Open” button on the file dialog
- * The filename will appear next to “Choose File” button.
- * Click “Upload”.

CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **Rizzo** First Name: **Frank** DOB: **12/18/2016** Eligibility: **7/1/2019 - 8/31/2022**
STACID: CIN: [Edit](#)

Choose File No file chosen [Upload](#)



CPSE: 012806060000 RYDELL CSD

Child Information

Last Name: **Rizzo** First Name: **Frank** DOB: **12/18/2016** Eligibility: **7/1/2019 - 8/31/2022**
STACID: CIN: [Edit](#)

Choose File **Consent.pdf** [Upload](#)

Uploading a Document

- * Right hand side shows the document being uploaded.
- * Choose document type.
- * Choose correct school year and placement.

Enter Details for Entire Document

Page 1 to 1

Document Type Serv: IEP

School Year

Placement 07/05/2021-08/13

Comments IEP

OK Cancel

eSTACsFileHandler.ashx 1 / 11 100%

Blind Brook-Rye Union Free School District
390 North Ridge Street
Rye Brook, NY 10573-1105

Student: [Redacted] **Date of Birth:** 12/22/2017 **Gender:** Male **ID #:** 112201514
Address: [Redacted] **Age as of meeting date:** 3:4 **Native Language:** English
County: Westchester **Interpreter Required:** No

Contacts: [Redacted] **Home/Mobile #:** H: (914) 539-5147 M: (914) 420-6713 **Work #:** [Redacted] **Email:** [Redacted]
Home/Mobile #: H: (914) 539-5147 M: (914) 539-5147 **Work #:** [Redacted] **Email:** [Redacted]

School Year: 2021-2022 **Placement:** Approved Preschool Special Education Program **School:** Preschool Itinerant Services Only **Grade:** Preschool

Special Alerts:

IEP INFORMATION		SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES		
Projected IEP Start Date:	07/05/2021	Special Class in an Integrated Setting: 6:1+1	09/01/2021 - 06/24/2022 2 x Weekly, 5hr.	School
Projected IEP End Date:	06/25/2022	Speech/Language Therapy: Individual	09/01/2021 - 06/24/2022 2 x Weekly, 30min.	School
Projected Date of Annual Review:	06/24/2022	Occupational Therapy: Individual	09/01/2021 - 06/24/2022 2 x Weekly, 30min.	School
Projected Date for Reevaluation:	03/18/2024	Physical Therapy: Individual	09/01/2021 - 06/24/2022 2 x Weekly, 30min.	School
Extended School Year:	Yes			
Behavior Intervention Plan:	No	Special Class in an Integrated Setting: 6:1+1	07/05/2021 - 08/13/2021 5 x Weekly, 5hr.	School
Supplementary Aids and Services:	No	Speech/Language Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min.	School
Assistive Technology:	No	Occupational Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min.	School
Supports for School Personnel:	No	Physical Therapy: Individual	07/05/2021 - 08/13/2021 2 x Weekly, 30min.	School
Testing Accommodations:	No			
Participate State/District Assessments:	N/A			
Special Transportation:	Yes			

Documents for Nurses & Interpreters – STAC – 812 Form

STAC – 812 Form – Reimbursement for Student-Specific Nurses and Interpreters

- * There are occasions when you will need to upload the Request For Reimbursement For Student Specific Nurses and Interpreter form.
- * Go to the Aide/Nurse/Interpreter tab and click *Print*.
- * Have form signed by the Superintendent and upload form to eSTACs.

CPSE: **660413020000** ABBOT

Student Information

Last Name: **Johnson** First Name: **John** DOB: **2/5/2021** Eligibility: **1/1/2024 - 8/31/2026**

STACID: CIN: Student Number: **5000134681** Edit Resync

Placement Information

Session: From Date: **01/30/2026** To Date: **06/26/2026**
 Hrs/Day: **5.00** Days/Wk: **5** Aide/RN/LPN:
 Provider: **A STARTING PLACE** Program: **9100**

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

Type	Sharing	Start Date	End Date	Hours Per Day	Days Per Week	Submitted Date	Status				
Aide	1:1 (No Sharing)	01/30/2026	06/26/2026	5.00	5		Amended		Rescind	Amend	Print
RN	Shared with 2 other students	01/30/2026	06/26/2026	5.00	5		Not Submitted	Edit	Delete		Print
▼	1:1 (No Sharing) ▼	01/30/2026	06/26/2026	5.00	5 ▼			Add			

Return to Student Details

Upload STAC 812 - Reimbursement Form

CPSE: 660413020000 ABBOT

Student Information

Last Name: **Johnson** First Name: **John** DOB: **2/5/2021** Eligibility: **1/1/2024 - 8/31/2026**
 STACID: CIN: Student Number: **5000134681** [Edit](#)

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

Uploaded Documents

	Document Type	Uploaded Date	Applied To	Submitted Date	Submitted User	Status	Comments		
Select	Medicaid Parental Consent	01/29/2026	Student Record	1/29/2026	wbell3	SUBMITTED		Edit View	
Select	Evaluation Approval Request	01/29/2026	HTA OF NEW YORK Sep 2025 (EDU, PHT Bilingual, SPT)	1/29/2026	wbell3	SUBMITTED		Edit View	
Select	IEP	01/29/2026	09/03/2025-01/29/2026 A STARTING PLACE-9100(J)	1/29/2026	wbell3	SUBMITTED		Edit View	
Select	IEP	01/29/2026	09/01/2025-06/30/2026 SEIT (HASC) RS (ST(I))	1/29/2026	wbell3	SUBMITTED		Edit View	
Select	IEP	01/29/2026	07/01/2025-07/31/2025 SEIT (HASC) RS (ST(I))	1/29/2026	wbell3	SUBMITTED		Edit View	
Select	IEP	01/29/2026	09/05/2024-06/25/2025 HASC-9101(I)	1/29/2026	wbell3	SUBMITTED		Edit View	

Missing Documents

Category	Type	Document Description	Applies To		
PLACEMENT	IEP	Copy of IEP for Placement	01/30/2026-06/26/2026 A STARTING PLACE-9100(I)	Show Document List	Upload
PLACEMENT	NURSE FORM	Copy of SED NURSE form for LPN/RN for CB Placement	01/30/2026-06/26/2026 A STARTING PLACE-9100(J)	Show Document List	Upload
PLACEMENT	IEP	Copy of IEP for Placement	09/01/2024-06/30/2025 RS (ASST TECH DEV)	Show Document List	Upload

- [Upload](#)
- [Upload Multiple Documents](#)

Upload Partial Reimbursement Form

- * Under Document Type:
 - * You will choose Serv: Nurse or Interpreter depending on the service.

Enter Details for Entire Document

Page to

Document Type

Comments

OK Cancel

- Id : Birth Certificate
- Id : Passport
- Id : Adoption Papers
- Id : Legal Name Change
- Id : Child Information Change Form
- Medicaid : Medicaid Parental Consent
- Medicaid : Parent Revoked Consent
- Medicaid : Unable to obtain Medicaid Consent
- Foster Care : LDSS2999
- Eval : Evaluation Justification Letter
- Eval : Justification For Eval Outside Eligibility Dates
- Eval : Evaluation Approval Request
- Serv : Aide
- Serv : Nurse
- Serv : IEP
- Serv : Interpreter
- Serv : Summer Regression Justification
- Serv : Explanation for not having a STAC-5
- Serv : Written Order(s)

Forms Tab

Forms Tab

- * The Forms tab has a list of generic forms that when chosen, will populate with the child's information on them.
- * The Medicaid Parental Consent will print on Sullivan County letterhead.

School Year

Forms

	Form	Description
<input type="checkbox"/>	Medicaid Parental Consent	Consent to Access Medicaid
<input type="checkbox"/>	Medicaid Parental Consent (Spanish)	Consent to Access Medicaid (Spanish)
<input type="checkbox"/>	Written Order	Generic Written Order / Prescription / Referral
<input type="checkbox"/>	Unable to obtain consent	Notification of not being able to obtain Medicaid Parental Consent
<input type="checkbox"/>	Evaluation Written Order	Generic Evaluation Written Order
<input type="checkbox"/>	Transportation Request Form	Preschool Transportation Request Form
<input type="checkbox"/>	Transportation Request Form (Spanish)	Preschool Transportation Request Form (Spanish)

[Generate Forms](#)

Eligibility Waivers Tab

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.

The screenshot displays the CPSE Portal interface for a student named Minnie Mouse. At the top, the student's CPSE number is 660413020000. The 'Student Information' section shows the last name as Mouse, first name as Minnie, and a date of birth of 1/1/2020. The eligibility period is listed as 1/1/2023 to 8/31/2025. Below this, there are fields for STACID, CIN, and Student Number (5000067786), along with 'Edit' and 'Resync' buttons. A navigation bar contains several tabs: STAC-5s, Evaluation Components, IEP Placements, IEP Mandates, Documents, Forms, and Eligibility Waivers. The 'Eligibility Waivers' tab is highlighted with a red circle. Underneath, the 'Waivers' section features a table with columns for 'Date Type' and 'Date', and an 'Add' button. A dropdown menu is open under the 'Date Type' column, listing four options: 'Earliest Eval Date', 'Earliest Service Date', 'Latest Eval Date', and 'Latest Service Date'. A mouse cursor is pointing at the first option. The bottom right corner of the page includes the copyright notice '© James M...'.

Date Type	Date	
Earliest Eval Date		Add
Earliest Service Date		
Latest Eval Date		
Latest Service Date		

Service Locations Tab

Service Locations Tab

- * Districts can now enter and assign service locations for children.
- * Each child in eSTACs now has a Service Locations tab.



- * When you click Assign New Service Location, a popup box will populate.
 - * If you have added previous locations, you can search and the location will populate for you to select.

Location Search

Filters

Location Type* **Preschool** Search

Zip Code* 12553

Location Name

Street Name

County **ORANGE**

District **Newburgh City**

	Service Location Name	Service Location Type	Street Address	Street Name	City	State	Zip Code
Select	Abilities First Preschool	Preschool	121	Executive Drive	New Windsor	NY	12553

Add New Service Location

Service Location Tab

- * If you have not added any previous locations, then click *Add New Service Location*.
- * You will need to choose the Location Type in the dropdown, enter all the requested information and click *Add*.

Location Search

Filters

Location Type* Residence

Zip Code* Residence

Location Name Preschool

Street Name Other

County ORANGE

District Newburgh City

Service Location Name	Service Location Type	Street Address	Street Name	City	State	Zip Code
No service locations found.						

Add Service Location

Location Type Residence

Location Name

Daycare

Preschool

Other

Street Name

City

State New York

Zip Code

County: ORANGE

District Newburgh City

Service Location Tab

- * The location name and address will now populate under the service location tab.

Location Name	Location Type	Street Address	Street Name	City	State	Zip Code	
Educational Learning Experience	Preschool	930	Raz Avenue	New Windsor	NY	12553	Remove

Assign New Service Location

- * Each time you now select Preschool as the Location Type, this address will populate for you to select for future students.

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 Placement(s).

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

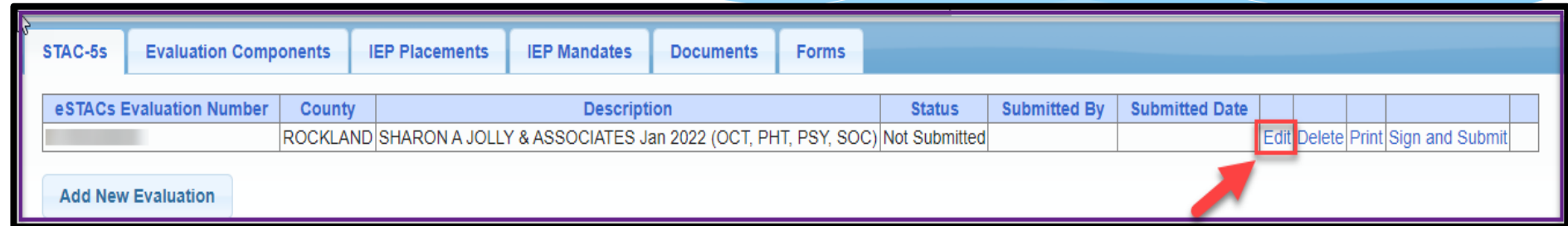
School Year Session	Placement	Description	Status	Submitted By	Submitted Date					
2020 - 2021 Summer	CB	07/06/2020-08/14/2020 -9100(A)	Submitted	import	8/18/2020	Amend	Rescind	Print		Submission History
2020 - 2021 Winter	CB	09/08/2020-06/25/2021 -9100(I)	Submitted	RS	12/21/2020	Amend	Rescind	Print		Submission 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](#)

Amendments and/or Corrections

Amendments

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

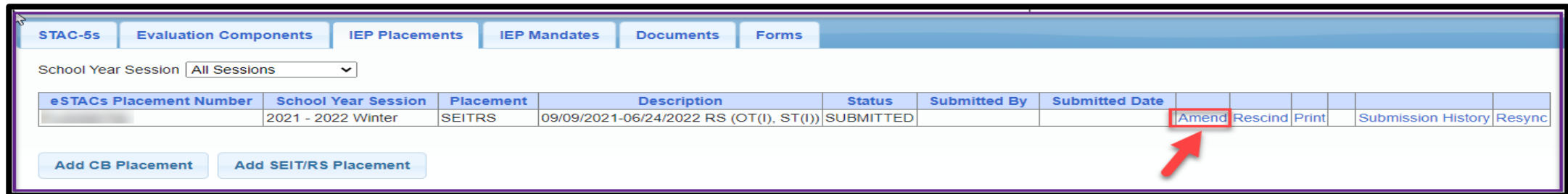


The screenshot shows the 'STAC-5s' tab selected in the navigation menu. Below the menu is a table with the following columns: eSTACs Evaluation Number, County, Description, Status, Submitted By, Submitted Date, and a set of action buttons. The 'Edit' button is highlighted with a red box and a red arrow pointing to it.

eSTACs Evaluation Number	County	Description	Status	Submitted By	Submitted Date					
	ROCKLAND	SHARON A JOLLY & ASSOCIATES Jan 2022 (OCT, PHT, PSY, SOC)	Not Submitted			Edit	Delete	Print	Sign and Submit	

Below the table is an 'Add New Evaluation' button.

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



The screenshot shows the 'STAC-5s' tab selected in the navigation menu. Below the menu is a 'School Year Session' dropdown menu set to 'All Sessions'. Below that is a table with the following columns: eSTACs Placement Number, School Year Session, Placement, Description, Status, Submitted By, Submitted Date, and a set of action buttons. The 'Amend' button is highlighted with a red box and a red arrow pointing to it.

eSTACs Placement Number	School Year Session	Placement	Description	Status	Submitted By	Submitted Date					
	2021 - 2022 Winter	SEITRS	09/09/2021-06/24/2022 RS (OT(I), ST(I))	SUBMITTED			Amend	Rescind	Print	Submission History	Resync

Below the table are two buttons: 'Add CB Placement' and 'Add SEIT/RS Placement'.

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

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

Amend

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

School Year Session

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

Amending at Details Level

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

School Year Session Placement

Placement	eSTACs Placement Number	eSTACs Placement Detail Number	From Date	To Date	Provider	Service	Program	Location	ESID	Rate	Description	Status	Submitted By User	Submitted Date			
202223W_01	PL00124228	PD00330606	09/07/22	03/01/23	FRED S KELLER SCHOOL	Classroom	9100			53776.00	Classroom 5.00 hrs/day 5 days/wk	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330607	09/07/22	03/01/23	FRED S KELLER SCHOOL	Occupational Therapy Indiv		Preschool			OT(I) 2x30 (Preschool)	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330608	09/07/22	03/01/23	FRED S KELLER SCHOOL	Speech Therapy Indiv		Preschool			ST(I) 2x30 (Preschool)	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330609	09/07/22	03/01/23	FRED S KELLER SCHOOL	Bus					Transportation: Bus	Amended			Amend	Rescind	Resync
202223W_01	PL00124228	PD00330632	12/01/22	03/01/23	FRED S KELLER SCHOOL	Physical Therapy Indiv		Preschool			PT(I) 3x45 (Preschool)	Amended			Amend	Rescind	Resync
202223W_02	PL00124229	PD00330610	09/01/22	06/30/23	A STARTING PLACE	Speech Therapy Indiv		Home			ST(I) 3x30 (Home)	Submitted	kellyknowles	6/14/2023 2:45:22 PM	Amend	Rescind	Resync
202223W_02	PL00124229	PD00330611	09/01/22	06/30/23	A STARTING PLACE	Parent Counseling and Training		Home			PNT 1x30 MONTHLY (Home)	Not Submitted			Edit		Resync

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	End Placement detail by amending end date of detail
The student will no longer receive a type of transportation	
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)	

SEIT / RS Amendments

CPSE determines	What to do
The SEIT Provider should change	End Placement and Create new placement with all necessary details
The student no longer needs a particular related service	End Placement detail by amending end date of detail
The student no longer needs SEIT	
The student needs an additional related service	Add additional placement details as necessary
The student needs to have SEIT in addition to just RS	
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
There should be a change to the SEIT frequency or between individual and group.	

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 Placement Type

Placement Type	Service Category	Requires Rescinding entire placement	Requires Rescinding single detail	Can correct data via amending
SEIT/RS	SEIT	School Year Session Foster County Provider	Individual vs Group Frequency, Duration & Period	Start Date End Date Location
	Related Service	School Year Session Foster County	Provider Service Individual vs Group Frequency, Duration & Period	Start Date End Date Location

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

Generate Prescriptions

Generate Prescriptions

- * If you are a district who obtains prescriptions or services children, you can now complete your prescription template in eSTACs.
- * First, you will create your CB or SEIT/RS Placement.
 - * All services listed on the placement will now be listed on the prescription.
- * Under the IEP Mandates tab is a button for *Generate Prescription*. Click this button.

The screenshot shows the 'IEP Mandates' tab in the eSTACs system. At the top, there are navigation tabs: STAC-5s, Evaluation Components, IEP Placements, IEP Mandates (highlighted in yellow), Documents, Forms, Eligibility Waivers, and Service Locations. Below the tabs, there are two dropdown menus: 'School Year Session' set to 'All Sessions' and 'Placement'. A table with the following columns is displayed: Placement, eSTACs Placement Number, eSTACs Placement Detail Number, From Date, To Date, Provider, Service, Program, and Location. The table contains one row of data. Below the table, there is a 'Generate Prescription' button, which is pointed to by a red arrow.

Placement	eSTACs Placement Number	eSTACs Placement Detail Number	From Date	To Date	Provider	Service	Program	Location
		5	09/22/25	11/12/25	HUDSON VALLEY SPEECH & SWALLOWING THERAPY, PLLC	Speech Therapy Indiv		Facility Location / Private Office

Generate Prescription ←

Generate Prescription


- * Choose the SY and click *Retrieve*.

Filters
School Year

- * You will select one or all services and click *Generate Prescription*.

Filters
School Year

Select	Provider	Service	FromDate	ToDate	Student Ratio	Frequency	FrequencyPeriod	Duration	FrequencyDescription	ScriptStatus
<input type="checkbox"/>	ABILITIES FIRST, INC (New BEDS)	Occupational Therapy Indiv	07/07/25	08/15/25	Individual	2	WEEKLY	30	2 x 30 minutes WEEKLY Individual	UPLOADED
<input type="checkbox"/>	ABILITIES FIRST, INC (New BEDS)	Speech Therapy Indiv	07/07/25	08/15/25	Individual	2	WEEKLY	30	2 x 30 minutes WEEKLY Individual	UPLOADED
<input type="checkbox"/>	ABILITIES FIRST, INC (New BEDS)	Occupational Therapy Indiv	09/04/25	06/26/26	Individual	2	WEEKLY	30	2 x 30 minutes WEEKLY Individual	UPLOADED
<input type="checkbox"/>	ABILITIES FIRST, INC (New BEDS)	Speech Therapy Indiv	09/04/25	06/26/26	Individual	2	WEEKLY	30	2 x 30 minutes WEEKLY Individual	UPLOADED



Generating Multiple Prescriptions

- * To generate prescriptions for multiple children:
 - * Go to **eSTACs -> Reports -> Generate Prescriptions**,
 - * Use the filter for the school year or choose All Sessions, Winter or Summer.
 - * There is a checkbox to “*Exclude entries that have a script uploaded already*”. Click **Retrieve**.
 - * You can now select specific children or **Select All**.

Generate Prescriptions

Filters

County District School Year

Provider

Exclude entries that have an script uploaded already

Select	County	District	Student	From	To	Service	Frequency
<input type="checkbox"/>	ORANGE	Newburgh City		9/4/2025	6/26/2026	Psychological Counseling	2 x 30 minutes WEEKLY Individual
<input type="checkbox"/>	ORANGE	Newburgh City		12/15/2025	6/26/2026	Speech Therapy	2 x 30 minutes WEEKLY Individual
<input type="checkbox"/>	ORANGE	Newburgh City		10/9/2025	6/26/2026	Speech Therapy	2 x 30 minutes WEEKLY Individual
<input type="checkbox"/>	ORANGE	Newburgh City		10/27/2025	6/26/2026	Psychological Counseling	2 x 30 minutes WEEKLY Individual
<input type="checkbox"/>	ORANGE	Newburgh City		12/8/2025	6/26/2026	Occupational Therapy	2 x 30 minutes WEEKLY Individual
<input type="checkbox"/>	ORANGE	Newburgh City		9/4/2025	6/26/2026	Speech Therapy	2 x 30 minutes WEEKLY Individual

Generate Prescriptions

Filters

County District School Year

Provider

Exclude entries that have an script uploaded already


- All Sessions
- All Sessions
- 2025 - 2026 Winter
- 2025 - 2026 Summer
- 2024 - 2025 Winter
- 2024 - 2025 Summer

DEMONSTRATION

Reports

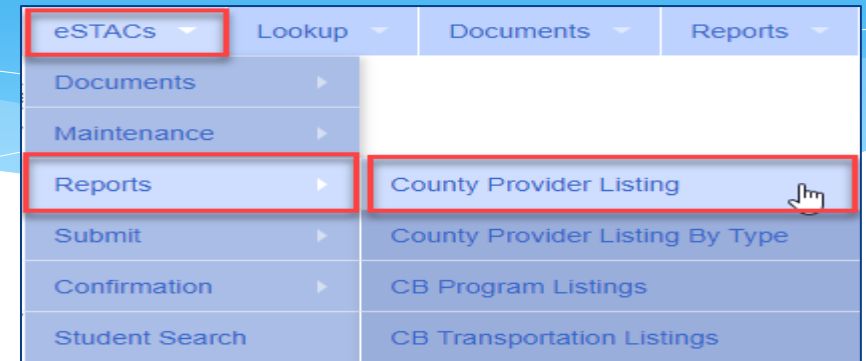
Changing District School Dates

- * School district yearly dates are defaulted to:
 - * Summer dates: July 1 – August 31
 - * Winter dates: September 1 – June 30
- * Go to **eSTACs -> Maintenance -> Default Session Dates for District**

School Year	Session	Description	Session Start	Session End	District Start	District End	
202627	WIN	2026 - 2027 Winter	09/01/2026	06/30/2027	09/01/2026	06/30/2027	Edit
202627	SUM	2026 - 2027 Summer	07/01/2026	08/31/2026	07/01/2026	08/31/2026	Edit
202526	WIN	2025 - 2026 Winter	09/01/2025	06/30/2026	09/01/2025	06/30/2026	Edit
202526	SUM	2025 - 2026 Summer	07/01/2025	08/31/2025	07/01/2025	08/31/2025	Edit

County Provider Listing

- * This shows which providers are contracted with the County for specific services
- * Go to **eSTACs** -> **Reports** -> **County Provider Listing**



County Provider Listing

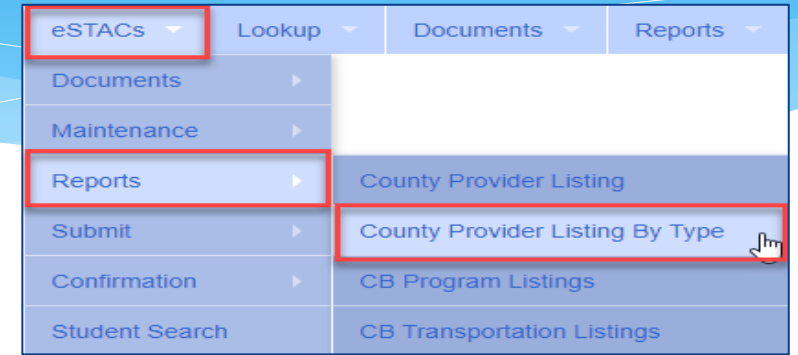
Filters

County School Year Session

eSTACs Provider Name	NPI	SED Provider Code	SED Provider Name	Evaluations	SEIT	Related Services	Centerbased	Transportation
A STARTING PLACE	1437302262	500308880107	A STARTING PLACE			Y	Y	
ARC -- PRIME TIME FOR KIDS	1386898583	500308990003	ARC ROCKLAND CO CHAP PRIME TIME	Y		Y	Y	
AVI	1306127626					Y		
CHILDREN'S HOME LMSW, OT, PT, PSYC,	1508019365	800000071335	CHILDREN'S HOME LMSW, OT, PT, PSYC,	Y		Y		
CORNERSTONE FAMILY HEALTHCARE	1689669079					Y		
DEREK FERST, SLP	1740432830					Y		
Donlon-Farry, Eibhlin	1447489687					Y		

County Provider Listing By Type

- * Shows contracted providers for a particular service.
- * Go to **eSTACs -> Reports -> County Provider Listing By Type**



County Provider Listings

Filters

County: ROCKLAND ▼ School Year Session: 2021 - 2022 Winter ▼ Type: SEIT ▼ Retrieve

Excel

eSTACs Provider Name	NPI	SED Provider Code	SED Provider Name
FRED S KELLER SCHOOL	1407008626	662300880413	APPLIED BEHAVIOR ANALYSIS FRED S KEL
Head Start of Rockland	1639459993	500304880222	HEAD START OF ROCKLAND - PRESCHOOL P
HEBREW ACAD FOR SPEC CHLDRN	1033556519	332000227132	HEBREW ACADEMY FOR SPEC CHLDRN
HTA OF NEW YORK	1033361357	660405880003	HTA OF NEW YORK
SHARON A JOLLY & ASSOCIATES	1467767228	441201880022	SHARON A JOLLY & ASSOCIATES

UnSubmitted Placements

* eSTACs -> Reports -> UnSubmitted Placements

* The Status column will show any “Problems Found”.


UnSubmitted Placements

Filters

County District School Year Session Show All Only OK To Submit Only Problems

Unsubmitted Placements

Student #	STACID	Last Name	First Name	School Year Session	District Name	Placement Type	Details	Status
6600121297			GENE	2025 - 2026 Winter		SEITRS	01/05/2026-06/26/2026 RS (OT(G))	Problems Found
6600024198			GENE	2025 - 2026 Winter		CB	09/04/2025-06/26/2026 CAROL AND FRANK BIONDI EDUCATIONAL -9100(I)	Problems Found
6600103485			JOAN	2025 - 2026 Winter		SEITRS	12/01/2025-06/26/2026 RS (OT(I), ST(I))	Problems Found
6600106953			ARTHUR	2025 - 2026 Winter		SEITRS	09/01/2025-06/26/2026 RS (ST(I))	OK to Submit
6600024073			LOUIS	2025 - 2026 Winter		CB	09/03/2025-06/26/2026 ACDS.INC-9100(I)	Problems Found



UnSubmitted Placements – Problems Found

- * In the example below:
 - * The IEP needs to be uploaded,
 - * And the ST services is missing a location.

CPSE: 500304030000 NYACK UFSD

Student Information

Last Name: [REDACTED] First Name: [REDACTED] DOB: 12/15/2016 Eligibility: 7/1/2019 - 8/31/2022
STACID: [REDACTED] CIN: [REDACTED] Student Number: [REDACTED] [Edit SED Summary](#) [Resync](#)

Placement Details

Provider	Service	From Date	To Date	Program	Location	Rate	Description	Detail Status	
Shannon Bender	Speech Therapy Indiv	09/09/2021	06/24/2022				ST(I) 2x30	Submitted	Details

Problems

Detail	FromDate	ToDate	Problem
			Missing Copy of IEP for Placement
Speech Therapy Indiv	09/09/21	06/24/22	County requires the Placement Location be entered

Placement Problems


- * You can also review issues with why you cannot sign & submit.
- * Go to *eSTACs -> Reports -> Placement Problems*.

Placement Problems

Filters

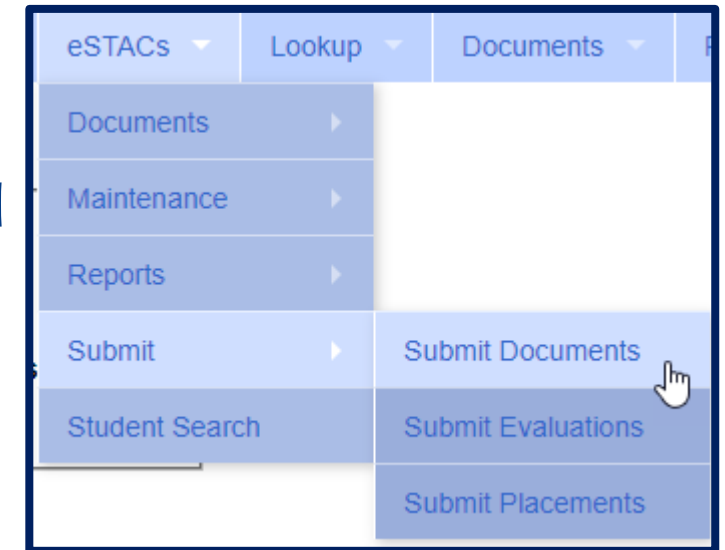
County District School Year Session*

District Name	Student #	STACID	Student Name	County Name	Placement Description	Problem
RYDELL CSD	5000067801		Jones, Minnie	ROCKLAND	07/03/2023-08/11/2023 A STARTING PLACE-9100(B)	Missing Medicaid Parental Consent
RYDELL CSD	5000067801		Jones, Minnie	ROCKLAND	07/03/2023-08/11/2023 A STARTING PLACE-9100(B)	Missing Copy of IEP for Placement
RYDELL CSD	5000067801		Jones, Minnie	ROCKLAND	07/01/2023-08/31/2023 RS (PNT)	Missing Medicaid Parental Consent
RYDELL CSD	5000067801		Jones, Minnie	ROCKLAND	07/01/2023-08/31/2023 RS (PNT)	Missing Copy of IEP for Placement



Submitting Documents - After Placements Have Been Submitted

- * Any documents that have been uploaded after you have signed & submitted the placement, must now be submitted to the County.
- * Go to **eSTACs -> Submit -> Documents**.
- * This will bring up a list of documents that you have uploaded into eSTACs after you signed/submitted the placement.
- * Now select the documents and click the **Submit** button.



Submit Documents To County

Filters

District County

Select	Student Name	Document Name	Related To	Rule Name
<input type="checkbox"/>	Franklin, Peter	Child Miscellaneous		

Common Errors

Common Errors

- * **Common errors that we at McGuinness see through Portal tickets:**

- * School District dates not changed – therefore start & end dates do not match IEP.
 - * Always change your school district dates each year to help prevent date errors with SEIT or RS services.
- * **Overlapping placements – more than one placement has been created.**
 - * Somewhere you have one or more services that have overlapping dates, or you may have created another placement when you only needed to amend the current placement (see next slide).
- * **School district signed & submitted, but the agency doesn't see changes.**
 - * Once the SD signs & submits the placement, the agency WILL NOT see the change immediately. The county will then synch the change(s) into their Preschool program and then upload or change the enrollments.

Overlapping Placements

- * In most cases, you will only have one CB Placement and/or one SEIT/RS Placement.
- * In the example below, SEIT services were being added to the child.
 - * The district created another SEIT/RS Placement and added OT & ST to this placement. This created overlapping placements since the OT & ST were in the original SEIT/RS Placement that was created.
 - * The original placement should have been Amended and the SEIT provider needed to be entered within here. The additional placement needs to be deleted.

School Year Session

School Year Session	Placement	Description	Status	Submitted By	Submitted Date					
2021 - 2022 Winter	SEITRS	09/13/2021-06/24/2022 RS (OT(I), ST(I))	Submitted		9/9/2021	Amend	Rescind	Print		Submission History
2021 - 2022 Winter	SEITRS	11/08/2021-06/24/2022 SEIT (Alcott School) RS (OT(I))	Not Submitted			Edit	Delete	Print	Sign and Submit	

Closing

Sullivan County Timeline

* **May 29, 2026:**

- * McGuinness migrated all children in the Sullivan County Preschool system over into eSTACs. Each district will only be able to see their own children.
- * Sullivan County is **not accepting any 26/27 STACs**. The county will return to districts any 26/27 STACs that have been previously sent to them. These STACs will need to be entered into eSTACs.

* **June 1, 2026:**

- * Any school districts who use eSTACs in another county can begin to enter children and STACs in eSTACs.

* **June 9, 2026:**

- * Districts will be able to enter 26/27 STAC-1's & STAC-5's into eSTACs after the final eSTACs training.

- * **All prior year STACs** (25/26, 24/25 etc.) send paper STACs 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.

Getting Support

- * CPSE Portal Address (you may want to bookmark):
<https://www.cpseportal.com>
- * If you need help you can contact Kelly Knowles at Kknowles@jmcguinness.com and CC eSTACs@CPSEPortal.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.
 - * Do **not** use child's name
 - * Use Student # or STAC ID #
- * If you would like to speak on the phone, please state so in your email and include your phone number and best times to reach you. Our office is open from 8:00-5:00 and is closed from 12-1:00 for lunch.

Webinar Survey

The day after the webinar, you should receive an email from Go To Webinar with a brief survey. We would appreciate if you took the time to complete the survey for future webinars.

Thank you

James McGuinness & Associates