

ELEVATE: a Quality Support System (QSS) Application Guide





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Overview

Your program can now register for ELEVATE: a Quality Support System (QSS)!

The online registration process is available through the Mississippi Department of Human Services' (MDHS) *lift-ED Program Portal* (<u>https://portal.lift-ED.ms</u>).

This guide will walk you through each step needed to complete the QSS Application. These steps include:

- 1. Sign in to your lift-ED account.
- 2. Open the Program Portal.
- 3. Select **Quality Support System Application** on your Program Portal Dashboard.
- 4. Complete each section of the application, including:
 - a. Your Program Information
 - b. Your Program Enrollment
 - c. Your Classroom Information
 - d. Your Agreement
- 5. Review and submit your application for approval!

Each of these steps will be explored in more detail in the corresponding sections of this guide.



Sign Up

Open a browser window and type <u>https://portal.lift-ED.ms</u> to get to the homepage of the lift-ED website.

Click **Sign Up** to create your personal account.

This will open a new screen where you will fill in basic information about yourself, including:

- Email Address (This will also be your Username)
- Password
- First and Last Name
- Date of Birth*

When you are done, click **Sign Up**.

After you have signed up, you will receive an email confirming that your account has been created. This message will include your username, which is the email address you provided, and also the contact information for Help Desk support.

*This information is required for verification purposes.

	→J Sign In		A Sign Up
	ç	Sign U _l	p
Email Add	iress		
	myemail@domainnam	ne.com	
Password			
	•••••		
Password r character, c	nust be at least 6 characters, ontain at least one digit and d	contain a lowercase contain at least one r	character, contain an uppercase non letter or digit character.
First Nam	e	Last Na	ime
1	Emily	1	Snowden
Date of B	irth	Mobile	Phone
	08/28/1988	3	(555) 555-5555
Enter your i may apply.	mobile number. You will recei	ive a code via text for	verification. Message and data rates
		OR	

Sign In

Access the Log In page by typing <u>https://portal.lift-ED.ms</u> in your browser. Click **Sign In.**

Once you have created your account, enter your username and password and click *Sign In.*

Log In
myemail@domainname.com
······ ✓
•J Sign In 🔗 Home 📯 Sign Up
OR
Forgot your Password? Reset Password

Forgot Your Password?

From the Log In page, click the **Reset Password** link. Enter the email address you used to sign up and click **Send**. You will receive an email with a link to reset your password.



When you are finished, click **Update** and use your new password to sign in to your account.

Two-Factor Authentication

We want to keep your account safe by making sure only *you* can sign in to your account. That is why you will be asked to go through two-factor authentication when logging in to your account from a new device or browser.

Two-factor authentication ensures it is you signing in to your account by asking you to use two different methods of signing in. The first of these methods is through your username and password and is done from the **Log In** page.

Once you have clicked **Sign In**, this will bring you to a screen where you will be asked to confirm it is *you* signing in by entering a six-digit code. Choose whether you want to receive this code via email, text message, or call to the phone number you provided when you created your profile.

*NOTE: If you want to bypass this process when logging in to the site from this browser on your private device, click the No button under **Remember Browser** to change to **Yes**.

When you receive your code, enter it in the **Verification Code** box.

Click Sign In to access your account.

If you are not able to access your phone, contact support by sending an email to support@welsfoundation.org or call (601) 345-3644.



Program Portal Dashboard

From the lift-ED Home Page,	select Program	Portal. T	This will a	open your l	Program
Portal Dashboard.					



***NOTE:** If you select **Program Portal** on the Dashboard without being granted access through your account, you will have the option to apply for that access.

Start your ELEVATE: a Quality Support System (QSS)

Application

To get started on your ELEVATE: a Quality Support System (QSS) Application, click the **Apply for Quality Support System** button on your **Program Portal Dashboard**.

A window will pop up asking you to confirm that you want to start your QSS Application. Click **Yes** to continue.

Save and return to your Application

Once you have started the Application, you will be able to return to it by clicking the newly available **Quality Support System** button on your Program Portal Dashboard. This button will also show your current application status.





Introduction

When you open the application, you will see the **Introduction** with some basic information about the ELEVATE online registration process. Start by reading the information provided on this screen.

ELEVATE a Quality Sector	upport System 🖨 Go to Dashboa
Introduction	Introduction
Your Program Information	Welcome to the MDHS ELEVATE: a Quality Support System Application!
Your Program Enrollment	This online registration process is designed to gather the information needed from programs to participate in Mississippi's new robust <i>ELEVATE: a Quality Support System (QSS)</i> , which focuses on strengthening families and providing input to ensure Mississippi's early care and education system is more responsive to all children and families' needs.
Your Classroom Information	We want to take a minute to thank you for your dedication and care for Mississippi's young children and their families. The work you do is hard, important, and it matters. •
Your Agreement	To complete this application, you will need to provide basic information in each section you see in the menu on the left. This includes:
Review and Submit	 Your Program Information: Review basic information about your program imported from LARS. Your Program Enrollment: Provide information about the children who are enrolled in your program. Your Classroom Information: Add each of the classrooms (Rooms) in your program. Your Agreement: Agree to the Terms and Conditions and provide your signature. When you have entered at least the required information in each section, you will Review and Submit the application. *NOTE: Once you submit your application, the application will 'lock' and you will not be able to edit the information you provided at submission unless the MDHS team requests "More Information." Your submitted application will then be reviewed by the MDHS team for verification and approval. Click Next to get started registering for ELEVATE: a Quality Support System.
	Next →

When you are ready to add information into the application, click *Next* to get started.

(1) Your Program Information

In **Your Program Information**, information about your program will be available from the *Mississippi Licensing and Reporting System (LARS)*. Start your application by reviewing this information.

The **Program Information** will show details about your program, including whether your program participates in the MDHS **Child Care Payment Program** (CCPP).

Program Name *		License Number *	
OCTUPUS GRADE	N	25CERFSA-1111	
Address Line 1 *		Address Line 2	
5302 Queen Mary	Ln	Enter Address Line 2	
City *		State*	
JACKSON		MS	
Zip Code •		County	
39209-2919		Hinds	
Phone Number *			
6018260552			
MDHS Child Care Pay	vment Program:		
Ye	es		
Administration Info	rmation		
Search Results		Show 10 Records	٥
NAME	POSITION	CEMAIL CPHONE	
Shelley Ezelle	Director	shelley@ogchildcare.com (601) 555-5555	

Next, review the Administration Information section and make sure the Name, Position, and contact information (Email and Phone) for this individual.

***NOTE:** If the information in Program Information is not current or correct, you will need to update the information in LARS. This updated information will be available in the lift-ED Portal the following day.

Click *Next* to save and continue to the next section.

(2) Your Program Enrollment

In **Your Program Enrollment**, you will enter information about the children who are enrolled in your program. This includes information about the kinds of support they receive.

As you answer each of the items on the screen, you will enter the number of children (by age group) who are currently enrolled and meet the criterion outlined in the on the left side of the screen.

License Capacity N/A 165 Update Totals Enrollment by Age Group 🚱 S Submit Family Year Year Year Year Year School Year School Childcare Less One Two Three Four Five Age 5 to Age 10 to One 9 12 50 Children 0 4 6 6 14 18 2 0 0 On CCPP 10 Children on CCPP with 0 0 2 3 4 0 0 0 1 Disabilities O Current Enrollment

Your License Capacity will also be available for review at the top of the screen.

To fill out the enrollment table, you will need to answer the following questions in each of the columns (by care level/age group). As you update each section with your program's enrollment information, the total number of children will automatically calculate on the left side of the screen for each.

Children on CCPP	How many children in your program participate in the MDHS Child Care Payment Program? Type your answers for each age group in the box provided.
Children on CCPP with Disabilities	How many enrolled children who have a disability participate in the MDHS Child Care Payment Program? Type your answers for each age group in the box provided.
Current Enrollment	How many children are currently enrolled in your program in each care level?

When you have finished entering your information, click **Next** to save and move on to the next section.

(3) Your Classroom Information

In **Your Classroom Information**, you will enter information about each of the classrooms (*Rooms*) your program.

***NOTE:** Any information about classrooms that you previously entered in the **Rooms** section of the Program Portal will autofill. Review this information and update as needed.

To add new rooms, click the **Add Classroom** button.

Classroom Information			+ Add Classroom
Search Results			Show 10 Records •
ROOM NAME 🗍 AGE GROUP	📜 START DA	ATE TEACHE	R(S) CACTIONS
	No Classroom(s)	were found	
Start in the Room section		PORTAL Add Room	
where you will enter at least the	required	(à	
nformation. This includes:		Room	Enrollment
		() When a field is followed by a •	the field is required .
- Room Name		Room Name *	Age Group*
- Age Group		Infant Room	✓ Infant (0 through 11 Months)
- Start Date		08/05/2024	✓ 05/30/2025
		Teacher(s)	+ Add Teacher
Next, click Add Teacher to assigr	n a staff	STAFF NAME / POSITION	EFFECTIVE DATE ACTIONS
nember.		-	There are No Staff in this Room.
This will open a window where y	ou will		→ Next × Close
select the individual from the list			
provided under Professional	PORTAL Stat	ff	
Staff.	Professional Staff*		
	Sandra Gutierrez	z (Early Childhood Assistant Teache	r) -
i nen, you will need to enter the	Effective Date *		Discontinue Date
date this individual began	08/05/2024	×	Enter Discontinue Date
working in this classroom.			
			✓ Add × Clos
when you have finished entering			
the Staff information, click Add .			

This will move you on to the **Enrollment** section where you will enter:

- Capacity
- Current Enrollment
- Number of Children with Disabilities
- Number of Adults

When you have finished typing your answer in each box, click **Add** to finish adding the room.

Repeat this process for each **Classroom** at your program.

PORTAL Add Room		
(A) Room		Enrollment
() When a field is followed b	y a • the field is required.	No Children With Disphilities
6 v	5 V	
Number of Adults *		
	← Prev	vious 🗸 Add 🗙 Close

When you have finished, click *Next* to save and move on to the next page.

(4) Your Agreement

In **Your Agreement**, you will need to read the **Attestation Statement**(s) provided on the screen about ELEVATE: a Quality Support System. This includes reading the provided information about how to best schedule CLASS observations for your program by choosing a **Pathway**.

After you have reviewed this information, you will need to select a *Pathway* for your program. You will need to choose either:

ELEVATE a Quality S	Go to Dashbo
Introduction	Agreement
Your Program Information	Review the information below, print and sign the contract to be able to submit.
Your Program Enrollment	Attestation Statement Read the Attestation Statement(s) provided on the screen about ELEVATE: a Quality Support System. This includes reading the provided information about how to best schedule CLASS observations for your program by choosing a Pathway.
Your Classroom Information	Pathway Selection
Your Agreement	 Pathway 1: The child care program does not wish to receive technical assistance before the receiving CLASS Observations. The Director/Owner is certifying that the program is ready for a CLASS Observation. Pathway 2: The child care program wishes to receive technical assistance before any CLASS Observations are conducted.
Review and Submit	I choose to proceed with the following pathway as part of my ELEVATE a Quality Support System application process.*
	Program Standards Pathway 1
	Agree to follow and adhere to all Mississippi Department of Human Services, Division of Early Childhood Care and Development, subsidy policies and procedures.*
	Within forty-eight (48) hours of registering for ELEVATE the director will update LARS and Lift-ED with all classroom information, identifying all classrooms and classroom teachers and will continue to update information as needed in both LARS and Lift-Ed as any changes occur.*

- **Pathway 1:** The child care program does not wish to receive technical assistance before the receiving CLASS Observations. The Director/Owner is certifying that the program is ready for a CLASS Observation.
- **Pathway 2:** The child care program wishes to receive technical assistance before any CLASS Observations are conducted.

Make your selection by choosing your **Pathway 1** or **Pathway 2** from the list provided.

After you have selected a **Pathway** from the list, you will next need to read each of the **Program Standards** provided on the left side of the screen.

To indicate your agreement with a standard, type your initials in the box provided on the right side of the screen. Complete this process for each.

Next, you will next need to agree to agree to the terms by clicking the button labeled *No* to change to Yes.



Finally, **Type** or **Draw** your **Signature**. Select the signature option that is best for you then follow the directions on the screen to complete.

When you have read the information on the page, selected a pathway, and initialed next to each statement on the page, click *Next* to review your application before submitting.



Review and Submit

The last screen will show the status of all application requirements. The status will be **green** if you have completed all requirements for that section.

If you are missing information, you will see a **blue** bar indicating the percentage of your progress. You will also see in **red** what requirements are missing.

Return to a section missing information by clicking on the

our Progra	am Information Click here to Lodate
Please add at I	east one administrative staff member
r tease and at t	Rook
	05.0
🖌 You	r Enrollment Details
Cong	ratulations, you have completed all of the requirements for this section.
	100%
Capacity is req	room Information Click here to Update.
Capacity is req Capacity is req Current Enrollr No. Children W Number of Adu Please add at I	room Information <i>Click</i> [here] to Update. uired. nent is required. (th Disabilities is required. It's is required. It's is required.
Capacity is req Capacity is req Current Enrollr No. Children W Number of Adu Please add at I 25%	room Information Click here to Update. uired. nent is required. /ith Disabilities is required. Its is required. east one classroom.
Cour Classi Capacity is req Current Enrollr No. Children W Nümber of Adu Please add at I 25%	room Information <i>Click here</i> to Update. uired. nent is required. (th Disabilities is required. lits is required. east one classroom.
Your Classi Capacity is req Current Enrollin No. Children W Number of Adu Please add at l 25% Agr	room Information <i>Click here</i> to Update. uired. nent is required. (th Disabilities is required. uits is required. east one classroom. reement
Your Classi Capacity is req Current Enrollr No. Children W Number of Adu Please add at I 2599 Agr Cong	room Information Click here to Update. uired. nent is required. (th Disabilities is required. lits is required. east one classroom. recement ratulations, you have completed all of the requirements for this section.
Cour Classi Capacity is req Current Enrollr No. Children W Nümber of Adu Please add at 1 259 Agr <i>Cong</i>	room Information Click here to Update. uired. nent is required. ith Disabilities is required. Its is required. east one classroom. recement ratulations, you have completed all of the requirements for this section. 100%

blue button provided. Or, select that section from the menu on the left side of the screen.

Once all requirements are completed, click *Submit* to complete your **Quality Support** System Application.

***NOTE**: Once you submit your application, the application will 'lock' and you will not be able to edit the information you provided when you submitted unless the MDHS team requests "More Information."

Once submitted, your application will be reviewed by the MDHS team and either approved or sent back to you with comments requesting more information.

Check Your Application Status

Return to the Program Portal and open your application to view your current status.

★ ELEVATE a Quality S	Go to Dashboard
Your Application Status	Application Status More Information
Introduction	Vour Program Information
Your Program Enrollment	Vour Program Enrollment
Your Classroom Information	Your Classroom Information
Your Agreement	 You shared that two adults were in the "Butterfly Room." Please add the second adult from the Professional Staff list (you may add more than one).
	Z Your Agreement Verifying
	Next \rightarrow

Applications

ELEVATE a Quality Support System More Information

33/100%

Each section of the application will have its own status. The status will let you know if the section has been:

Verifying	Your application has been successfully submitted and you are currently waiting for the MDHS team to review the information you provided.
Verified	The MDHS team has reviewed the information you provided in this section. After reviewing, they verified this section of your application to mark it as complete.
More Information	The MDHS team needs more or different information to mark this section of your application as verified and complete. You need to return to this section of the application to update the information and resubmit to the MDHS team.
Approved	All sections of your application have been reviewed and verified by the MDHS team and your program's application has been approved—welcome to ELEVATE!

Submitting More Information

If for any reason the documentation you uploaded cannot be verified, you will receive an email letting you know more information is needed to verify and approve your application. Sign in to your lift-ED account and update the information in the corresponding section of your ELEVATE application in the Program Portal. Then, make sure to resubmit your application through the **Review and Submit** section.

Download Your Program's QSS Contract

Once you have submitted your application, the **Your Agreement** page will update and a PDF of the information you read and agreed to will be available in the **Contract** section.



checking the "Downloads" folder on your device.

Follow Ups with Your Coach or Observer

Depending on what you chose in the application for your program, you will start in the ELEVATE program by either being assigned to a Coach *or* scheduling a CLASS observation.