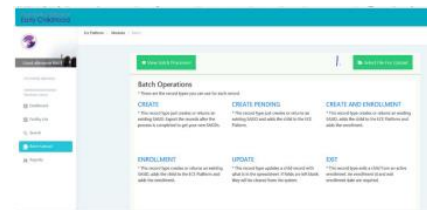
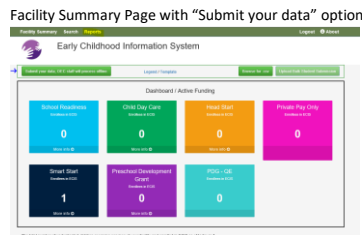


## Guide to ECIS-ECE Reports & Batch Upload Process

August, 2018

1. The Batch Upload process requires user access with “Batch Upload” permissions.
2. From ECIS Facility Summary page **Click to Batch Upload** (or Reports if Batch is not visible).
3. Read and check the on **Confidentiality Agreement** box.
4. Reports are found at the top of the Facility Summary page or in the left navigation bar in the new module. Select **Report Type** of **Batch Comprehensive** to get the correct file format and all of your facilities child and family level records, including ECIS Enrollment ID (associated with specific enrollment space type and dates). Select both Active and Exited Status. Leave the **date range** blank to get all records. Select the **facility (s)**. Select the **Funding Type(s)** and **Download the .xls** file and **Save** to a secure location. The **Additional Columns** is for local view only, and allows the user choice of field selection for report viewing from ECIS-ECE site.
5. **Make edits** to the records in the version of the report that you downloaded and include new enrollments using Record Type: “Create,” “Create and Enrollment,” “Enrollment,” “Update,” or “Exit”. Details about each are shown in the Batch section of ECIS. You must delete the last column “DateCreated” prior to upload.
6. Be sure to **format** all dates to be MM/DD/YYYY, and that zip code and facility codes with a leading zero, to be formatted as text. The income format should have two digits after the decimal and no commas.
7. Please refer to the **Batch Upload Guide** on the ECIS website for formatting details.
8. **Edit and Save your report** edits with a name that includes your facility name and the submission date in the file name. We recommend that you first save as Excel and then save a copy as .csv. **The .csv format is required for upload.** The Excel version allows you to make edits without undoing your formatted text and numbers.
9. You will **Select File** for Upload by browsing to your file folder.
10. Then **Click Upload**
11. Then **Click Validate (when green)**
12. Then **Click Process (when green).**
13. Then **Click Download** – if Exceptions – the issue will be written in the row below the record at issue. These exception record should be fixed and resubmitted in a separate file.
14. The Download file will also allow you to see the enrollment numbers and SASIDs created.
15. To get the best picture of what was updated, created, or enrolled, you may want to rerun a Batch Comprehensive Report or a Comprehensive Report (to view field as text instead of the batch codes).



Batch Upload & left navigation to Reports

A new alternative “**Submit your data**” option is provided. It allows users to submit updates and new enrollments as an Excel or .csv version of the Batch Comprehensive report. And the updates will be processed for the facility, through Batch by the OEC ECIS IT team. This will save facilities time in learning and utilizing the Batch Upload tools. Facilities will be responsible to the updates to records from an Excel/csv file. Any “exceptions” or issues in the data would be sent back to the user to fix in the user interface or via a subsequent upload.

Access to this “submit your date” is permitted for Data Entry and Administrative users roles. The ECIS user would download the Batch Comprehensive Report, add new enrollments, and revise the existing records, including funding end, exit categories, space type, race or ethnicity, changes to family income, address, etc. and then submit the file using the link at the top of the facility summary page. Click on the green to “Submit your data” button below the OEC logo, for this alternative.

*Please note: The ECIS-ECE Reporting and Batch Upload components work best with Chrome or Firefox. The ECIS system does not support Safari.*

**ECIS-ECE Batch Upload Cades for Funding Type, Space Type, Exit Category and Exit Reason**

<b>Funding Type</b>	<b>Space Type</b>	<b>Sub Space Type</b>
<b>1 School Readiness – Competitive</b>	<b>2. Full Day/Full Year (FD/FY)</b>	<b>1. None</b>
1 School Readiness – Competitive	3. Part Day/Part Year (PD/PY)	1. None
1 School Readiness – Competitive	4. School Day/School Year (SD/SY)	1. None
<b>2 School Readiness – Priority</b>	<b>2. Full Day/Full Year (FD/FY)</b>	<b>1. None</b>
2 School Readiness – Priority	3. Part Day/Part Year (PD/PY)	1. None
2 School Readiness – Priority	4. School Day/School Year (SD/SY)	1. None
2 School Readiness – Priority	10. Extended Day (ED)	1. None
<b>3 Child Day Care</b>	<b>5. Infant/Toddler Full-Time (IT F/T)</b>	<b>1. None</b>
3 Child Day Care	6. Infant/Toddler Wrap Around (IT/	1. None
3 Child Day Care	7. Preschool Full-Time (PS F/T)	1. None
3 Child Day Care	8. Preschool Wrap Around (PS WA)	1. None
3 Child Day Care	9. School Age	1. None
<b>4 Smart Start (SS)</b>	<b>4. School Day/School Year (SD/SY)</b>	<b>1. None</b>
<b>5 PDG-Federal</b>	<b>18. Full Day, Expansion (FD E)</b>	<b>1. None</b>
5 PDG-Federal	19. Full Day, Improved (FD I)	1. None
5 PDG-Federal	20. School Day, Expansion (SD E)	1. None
5 PDG-Federal	21. School Day, Improved (SD I)	1. None
<b>6 PDG-State Quality Enhancement</b>	<b>1. None</b>	<b>1. None</b>
<b>7 Head Start – State Supplement</b>	<b>10. Extended Day (ED)</b>	<b>1. None</b>
7 Head Start – State Supplement	11. Extended Year	1. None
7 Head Start – State Supplement	12. State Enrollment	1. None
<b>8 Head Start/Early Head Start</b>	<b>13. Center-Based Full Day</b>	<b>2. 4 Days/Week</b>
8 Head Start/Early Head Start	13. Center-Based Full Day	3. 5 Days/Week
8 Head Start/Early Head Start	13. Center-Based Full Day	4. 5 Days/Week Full Working Day
8 Head Start/Early Head Start	13. Center-Based Full Day	5. 5 Days/Week Full Working
8 Head Start/Early Head Start	<b>14. Center-Based Part Day</b>	<b>2. 4 Days/Week</b>
8 Head Start/Early Head Start	14. Center-Based Part Day	3. 5 Days/Week
8 Head Start/Early Head Start	14. Center-Based Part Day	6. 4 Days/Week Double Session
8 Head Start/Early Head Start	14. Center-Based Part Day	7. 5 Days/Week Double Session
8 Head Start/Early Head Start	<b>16. Family Child Care</b>	<b>8. Full Working Day</b>
8 Head Start/Early Head Start	16. Family Child Care	9. Full Working Day Full Year
<b>9 Private Pay</b>	<b>1. None</b>	<b>1. None</b>

<b>FACILITY EXIT CATEGORY</b>	<b>CODE</b>	<b>FACILITY EXIT REASON</b>	<b>CODE</b>
<b>Please Select</b>		None	1
<b>Aged Out</b>	11	None	1
<b>Child Stopped Attending</b>	2	None	1
<b>Child Was Asked To Leave</b>	3	None	1
<b>Chose to Attend A Different Program</b>	4	Charter School	2
<i>Chose to Attend A Different Program</i>	4	Home Care	3
<i>Chose to Attend A Different Program</i>	4	Magnet School	4
<i>Chose to Attend A Different Program</i>	4	Other State Funding	6
<i>Chose to Attend A Different Program</i>	4	Private School	7
<i>Chose to Attend A Different Program</i>	4	Other	8
<b>Deceased</b>	5	None	1
<b>Moved to Another State</b>	6	None	1
<b>Moved to Another Town</b>	7	None	1
<b>Other</b>	8	None	1
<b>Parent Withdrew Child</b>	9	Other	8
<i>Parent Withdrew Child</i>	9	Due to Fees Unsatisfied	9
<i>Parent Withdrew Child</i>	9	Unknown	10
<b>Unknown</b>	10	None	1

	Required Fields (x) by Record Type for Batch Upload	Record Type	Record Type	Record Type	Record Type	Record Type
Column	CATEGORY [Column / Field Name]	CREATE AND ENROLLMENT	CREATE	ENROLLMENT	UPDATE	EXIT
A	Record Type	X	X	X	X	X
B	Enrollment ID				X	X
C	Assigned Facility Code	X	X	X	X	
D	Facility Name	X	X	X	X	
E	SASID			X	X	
F	Legal Last Name	X	X	X	X	
G	Legal First Name	X	X	X	X	
H	Legal Middle Name					
I	Generation Suffix					
J	Date of Birth	X*	X*	X*	X*	
K	Gender	X	X	X	X	
L	State of Birth					
M	Town of Birth					
N	Parent's Maiden Name					
O	MMR Vaccination Date	*	*	*	*	*
P	Birth Certificate ID					
Q	Ethnicity Hispanic?	X	X	X	X	
R	American Indian or Alaska Native	X	X	X	X	
S	Asian	X	X	X	X	
T	Black or African American	X	X	X	X	
U	Native Hawaiian or Other Pacific Islander	X	X	X	X	
V	White	X	X	X	X	
W	Who the Child Resides with	X		X	X	
X	Street Number	X		X	X	
Y	Street Address 1	X		X	X	
Z	Street Address 2	X		X	X	
AA	Town	X		X	X	
AB	State	X		X	X	
AC	Zip Code	X		X	X	
AD	# of People in Household	X		X	X	
AE	Annual Family Income	X**		X**	X**	
AF	Date Family Income Collected	X*		X*	X*	
AG	Income not Disclosed	X		X	X	
AH	Individual Education Prog					
AI	Start Date of IEP	*	*	*	*	*
AJ	Transportation Provided					
AK	Facility Group Name			X		
AL	Facility Entry Date	X*	X*	X*	X*	*
AM	Facility Exit Date	*	*	*	*	X*
AN	Facility Exit Category					X
AO	Facility Exit Reason					X
AP	Funding Type	X	X	X	X	
AQ	Space Type	X	X	X	X	
AR	Funding Start Date	X*	X*	X*	X*	
AS	Funding End Date	*	*	*	*	X*
AT	HS/EHSA	X	X	X	X	
AU	OEC Fee Schedule	X	X	X	X	
AV	Care4Kids	X	X	X	X	
AW	No Addl Funding	X	X	X	X	

\* Denotes dates that must be entered in format MM/DD/YYYY

\*\* Denotes currency that must be in "number" format 0000.00 (no commas)