

# ELMS Data Entry Minimum Requirements

## Child Tab

<p><b>Within five business days</b> of child's start in class, or in time for submission of the next monthly report.</p>	<ul style="list-style-type: none"> <li>• Enter each child's prescreen and application and enroll the child in a class in ELMS.</li> <li>• Enter children's actual start dates on the Bulk Updates or class Monthly Report page.</li> </ul>		
<p>If child starts class, or in time for submission of the next <b>monthly report</b>.</p>	<p>Child and Family Updates</p>	<p>Medical Status</p>	<ul style="list-style-type: none"> <li>• Chronic health condition – must answer yes or no. Additional fields are required if yes.</li> </ul>
			<ul style="list-style-type: none"> <li>• Medical coverage – select type of coverage</li> </ul>
			<ul style="list-style-type: none"> <li>• Medical home – must answer yes or no. Additional fields are optional.</li> </ul>
			<ul style="list-style-type: none"> <li>• Well-child exam                             <ul style="list-style-type: none"> <li>○ Enter exam date.</li> <li>○ When exam results are verified, check the related box.</li> <li>○ If further evaluation or treatment is needed, additional fields are required.</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• Immunization status – select correct status and date.</li> </ul>
			<ul style="list-style-type: none"> <li>• <i>It is optional to record your follow-up notes on this page.</i></li> </ul>
	<p><i>Edit these in "At Time of Application" section, if they occurred before the child's enrollment.</i></p>	<p>Dental Status</p>	<ul style="list-style-type: none"> <li>• Dental coverage – select type of coverage.</li> </ul>
	<p><i>Enter these in "Updates" section, if they occurred after the child's enrollment.</i></p>		<ul style="list-style-type: none"> <li>• Dental home – must answer yes or no. Additional fields are optional.</li> </ul>
	<ul style="list-style-type: none"> <li>• Dental screenings                             <ul style="list-style-type: none"> <li>○ Enter screening date.</li> <li>○ When screening results are verified, check the related box.</li> <li>○ If further evaluation or treatment is needed, additional fields are required.</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>• <i>It is optional to record your follow-up notes on this page.</i></li> </ul>		
	<p><i>Enter these in "Updates" section, if they occurred after the child's enrollment.</i></p>	<p>Health Screening</p>	<ul style="list-style-type: none"> <li>• Vision screening – select where screening occurred, date and results or check that the child wears glasses. If fail or rescreen is selected, additional fields are required.</li> </ul>
			<ul style="list-style-type: none"> <li>• Hearing screening – select where screening occurred, date and results or check if child wears hearing devices. If fail or rescreen is selected, additional fields are required.</li> </ul>
			<ul style="list-style-type: none"> <li>• Height and Weight – select where screening occurred, enter date and measurements.</li> <li>• Check if referral is needed. If yes, additional fields are required.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>It is optional to record your follow-up notes on this page.</i></li> </ul>			
<p><i>Enter these in "Updates" section, if they occurred after the child's enrollment.</i></p>	<p>Child Development</p>	<ul style="list-style-type: none"> <li>• Developmental screening – enter date and result, or if no screening is needed. If child is not at age-level or needs a rescreen, additional fields are required.</li> </ul>	

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			<ul style="list-style-type: none"> <li>• IEP or IFSP information, if applicable               <ul style="list-style-type: none"> <li>○ Start date and end date</li> <li>○ Categories</li> <li>○ Where services are provided (IEP only)</li> <li>○ School district that issued the IEP or Early Intervention Provider that issued the IFSP</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• Child transportation – select how child is usually transported to PreK ECEAP or B-3 ECEAP.</li> </ul>
			<ul style="list-style-type: none"> <li>• Mental health consultation – must answer yes/no.</li> </ul>
			<ul style="list-style-type: none"> <li>• Parent-teacher conferences – for completed conferences enter dates, topics and summary of conferences.</li> </ul>
		Family	<ul style="list-style-type: none"> <li>• Family support visits – enter dates, topics and summary of visits.</li> </ul>
			<ul style="list-style-type: none"> <li>• Document referrals and follow-up.</li> </ul>
			<ul style="list-style-type: none"> <li>• Family questions – must answer yes or no for each question at time of child’s exit. See below.</li> </ul>
		Mobility Mentoring	<ul style="list-style-type: none"> <li>• Pre-Assessment               <ul style="list-style-type: none"> <li>○ Complete all fields by November 30 for families that start PreK ECEAP or B-3 ECEAP by <i>October 31</i>.</li> <li>○ Complete all fields within 30 days for families that start PreK ECEAP or B-3 ECEAP on or after <i>November 1</i> or 60 days before the last day of school.</li> <li>○ Families enrolled within the last 60 calendar days of the school year do not need a pre-assessment completed.</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• Goals               <ul style="list-style-type: none"> <li>○ Write one or more SMART goals or select “opt-out” by November 30 for families that start PreK ECEAP or B-3 ECEAP by <i>November 1</i>.</li> <li>○ Write one or more SMART goals or select “opt-out” within 30 days for families that start PreK ECEAP or B-3 ECEAP after <i>November 1</i></li> <li>○ Edit goals and enter progress for all families by June 30.</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• Mid-year Goal check-in               <ul style="list-style-type: none"> <li>○ Complete goal check-in by March 31 for families that start PreK ECEAP or B-3 ECEAP by Feb 1</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Post-Assessment – complete all fields by June 30 for all families.</li> </ul>		
<p><b>Before a child exits a program or turning 30 months at a minimum.</b></p>	<p>Transition Planning (B-3 ECEAP)</p>	<ul style="list-style-type: none"> <li>• Enter planning start date and expected transition date</li> <li>• Select where child will transition to</li> <li>• Enter transition plan description</li> </ul>	

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<p><b>Within five business days</b> of each child’s last day in class, or in time for submission of the next monthly report.</p>	<p>Exit</p>	<ul style="list-style-type: none"> <li>• Enter the last date the child attended class.</li> <li>• If child attended 30 or more calendar days this school year, click the “Required” link to update their Child &amp; Family Updates.</li> <li>• All children must be exited by June 30<sup>th</sup>.</li> </ul>
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## Locations and Classes Tab

<p><b>By July 1</b> (for Working Day and B-3 classes)</p> <p>or</p> <p><b>By August 15</b> (for Part Day and School Day classes),</p> <p><b>And ongoing</b> in time for submission of each monthly report.</p>	<p>Contractor</p>	<p>Info</p>	<ul style="list-style-type: none"> <li>• Complete all fields with red marks.</li> </ul>
		<p>Staff</p>	<ul style="list-style-type: none"> <li>• Must select one or two PreK ECEAP or B-3 ECEAP directors.</li> <li>• Must select one or two primary ELMS contact.</li> <li>• Must select one or more Mobility Mentoring lead.</li> <li>• Must select one Expansion Contact.</li> </ul>
		<p>Service Areas</p>	<ul style="list-style-type: none"> <li>• Complete the Service Area Zip Code section.</li> <li>• Review and update Neighboring PreK ECEAP, B-3 ECEAP or Head Start Providers.</li> </ul>
	<p>Subcontractor</p>	<p>Info</p>	<ul style="list-style-type: none"> <li>• Complete all fields with red marks.</li> <li>• PreK ECEAP or B-3 ECEAP Services – Must answer yes or no to all four statements.</li> </ul>
		<p>Staff</p>	<ul style="list-style-type: none"> <li>• Select one contact person who works for the subcontractor.</li> </ul>
		<p>Funding and Slots</p>	<ul style="list-style-type: none"> <li>• Enter Funded Slots and Funds Per Slot.</li> <li>• <i>Other fields are optional.</i></li> </ul>
	<p>Site</p>	<p>Info</p>	<ul style="list-style-type: none"> <li>• Complete all fields with red marks.</li> <li>• Enter Curricula used at this site.</li> <li>• Enter Developmental Screening tools used at this site.</li> </ul>
		<p>Staff</p>	<ul style="list-style-type: none"> <li>• Enter “Training on Dual Language Learners.”</li> <li>• Must select primary on-site contact who works at the site, for state emergency management.</li> <li>• Must select one Early Achievers contact.</li> </ul>
		<p>Slots</p>	<ul style="list-style-type: none"> <li>• Contractor or subcontractor must enter Funded PreK ECEAP or B-3 ECEAP Slots.</li> </ul>
		<p>Recruitment</p>	<ul style="list-style-type: none"> <li>• Answer all five questions.</li> </ul>
		<p>Site Approval (as applicable)</p>	<ul style="list-style-type: none"> <li>• Complete all fields with red marks.</li> <li>• Submit to DCYF.</li> </ul>
	<p>Class</p>	<p>Info</p>	<ul style="list-style-type: none"> <li>• Complete all fields with red marks.</li> <li>• Enter a weekly schedule.</li> <li>• Enter an alternating schedule, if applicable.</li> </ul>
		<p>Staff, Slots and Ratio</p>	<ul style="list-style-type: none"> <li>• Ensure correct lead and assistant teachers are listed.</li> <li>• Mark the positions for which you have staff present for all PreK ECEAP or B-3 ECEAP hours (such as lead and assistant teacher).</li> </ul>

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		<ul style="list-style-type: none"> <li>Plan for Reserving Slots – enter number of slots for each category. Enter “0” if none.</li> <li>All PreK ECEAP and B-3 ECEAP slots must be entered into Plan for Reserving Slots.</li> </ul>
	Class Approval (as applicable)	<ul style="list-style-type: none"> <li>Complete all fields with red marks.</li> <li>Submit to DCYF.</li> </ul>

## Monthly Report

<b>Between the 1st and 15th</b> of each month - except for June which is between the last day of class and July 10th.	Classes	<ul style="list-style-type: none"> <li>Enter actual number of class days for the report month.</li> <li>Enter actual class start dates for children that had their first day in class during the report month.</li> <li>Enter the numbers of non-PreK ECEAP or non-B-3 ECEAP children enrolled on last day of the report month.</li> </ul>
	Sites	<ul style="list-style-type: none"> <li>Review class monthly reports.</li> <li>Confirm whether correct staff are listed for the report month.</li> </ul>
	Contractor	<ul style="list-style-type: none"> <li>Review site monthly reports.</li> <li>Check all activities that occurred during the report month.</li> <li>By October 15, complete the form within the September ELMS <i>Monthly Report</i> to request to use B-5 ECEAP funds as federal match, if applicable.</li> </ul>
Last month with classes	Classes	<ul style="list-style-type: none"> <li>Exit all children. You may begin this one week before the last day of class.</li> </ul>