



1.1 Annual Enrollment Questionnaire Instruction Sheet



PURPOSE STATEMENT:

The purpose of the Annual Enrollment Questionnaire is to identify and document any pre-existing conditions/situations and to plan for the anticipated needs of the child/family before they attend the Early Head Start/Head Start Program (i.e. appropriate placement, Disabilities services, Health and Nutrition needs, Mental Health needs, and general family needs).

TIMELINE:

The Annual Enrollment Questionnaire is completed at the time of child's enrollment for both new and returning children.

STAFF RESPONSIBLE:

Staff completing enrollment: Family Service Advocates, Home Visitor, Early Head Start Teacher, Site Supervisor/Assistant Site Supervisor, and other staff as assigned.

INSTRUCTIONS:

- Staff completes the form with the parent/guardian in an interview style, asking all questions on the form and documenting answers appropriately.
- Check **“Yes”** or **“No”** for ALL questions.
- Pay close attention to YES answers in questions.
- If the question is answered YES, then additional questions must be answered.
 - Documentation verifying the child's condition/situation should accompany any “YES” answer.
- Question 1. – If child was admitted to the NICU, PROMIS data entry must occur.
 - In PROMIS under the “Family” screen, click on “Health” tab, click on “General Health” tab, click on “Birth Record” tab, check the “Yes” box for “Admitted to NICU/SCN,” and click “Save.”
- Question 2. – If medication is needed at school, ensure an Authorization to Administer Medication form and Individual Health Plan (IHP) are completed for each medication before the child attends school.
 - Refer to the following Standard Operating Policies and Procedures (SOPs) for follow-up details: HEA Identifying New or Reoccurring Health Concerns; HEA Individual Health Plan; HEA-14 Medication Administration.



1.1 Annual Enrollment Questionnaire Instruction Sheet



- Question 3. – If a special meal or accommodation is needed, ensure the correct Request for Special Meals and/or Accommodations (RSM) form is completed (Medical or Parent/Guardian) and approved by the Central Kitchen before the child attends school. If medication is also needed (example, severe food allergy), then ensure the follow-up for Question 2. (see above) is completed as well before the child attends school.
 - Refer to the follow SUPs for follow-up details: NUT Nutrition Assessments and Responding to Nutrition Needs; NUT Request for Special Meals and or Accommodations.
- Question 4. – The need for special adaptive equipment or accommodations to address feeding problems may be noted on the RSM form – Medical in the section addressing food texture modification and/or in the adaptive equipment section. An IHP may also need to be completed (see follow-up for Questions 2. and 3.) prior to the child attending school.
- Question 5. – Staff need to obtain a clearance to attend school letter/documentation from the child’s physician before the child attends school. If there are any restrictions noted, an IHP must be completed. Contact the Health Coordinator for support if needed.
- Question 6. – Identify any pre-existing services that the family is receiving.
 - If any mental health/development concerns, conditions, or services are identified during the application/intake, a CACU Service Request (SR) is submitted to the Mental Health Coordinator.
 - If any disability related concerns, conditions, or services are identified, a SR to the Disabilities Coordinator is submitted.
- Question 7. – If marked yes for an IFSP/IEP-
 - Verify that the PER, PECC, and Authorization to Release Information are completed, and a copy of the current IFSP/IEP are attached. A PER and PECC must be completed prior to the child’s attendance. All items are filed in Section 5 of the Child File.
 - If the IFSP/IEP is not current (within the last 12 months) and/or is not from Regional Center or San Diego Unified School District, contact the Area ECE/Disabilities Specialist for additional assistance. Document in the Progress Notes of Section 5 of the Child File.
- Question 8. – If marked yes, list the provider(s) and the service(s) received. For example, “Autism Spectrum Therapy- ABA services.”



1.1 Annual Enrollment Questionnaire **Instruction Sheet**



- Question 9. – Staff to complete a SR to Family Community Partnerships per FCP Children and Families Involved in Child Welfare Services SOP.
- Question 10. – Staff to provide additional referrals for any unmet needs.
- Question 11. – If experiencing a military separation such as deployment, assess the family's level of support and the impact of the separation on the family's well-being. Make appropriate referrals for community and/or military services. If the caregiver would like additional support due to the effects of family separation, complete a SR to Family Community Partnerships (FCP).
- Question 12. – Staff provide immediate referral to family to assist with homelessness/housing concerns.
- Question 13. – Staff add the Kindergarten Transition Checklist to the Child File and provide the parent/guardian with the "Kindergarten Here I Come" resource.
- Parent/Guardian and Staff completing the form must print their names, sign, and date the completed form.
- The Site Supervisor reviews all Annual Enrollment Questionnaires to ensure that appropriate follow-up action is taken prior to enrollment and signs/dates as proof of review.