



1.4 Pre-Enrollment Review **Instruction Sheet**



PURPOSE STATEMENT:

The purpose of the Pre-Enrollment Review (PER) is to assist in ensuring appropriate placement and support of all applicants with identified health, nutrition, documented mental health (behavioral and/or social-emotional), and/or disabilities (IEP/IFSP and non-IEP/IFSP) before they are enrolled.

TIMELINE:

The Pre-Enrollment Review is completed after a family submits an application and before a child is placed on the Prioritization List.

STAFF RESPONSIBLE:

The Family Service Advocate (FSA), Site or Home Base Supervisor, Family Services Supervisor (FSS), Early Head Start Program Assistant (EHS PA), or other designated staff completing the intake completes the family contact information, site, and date of application at the top of the form. This staff ensures necessary supporting documentation is collected and that the Authorization to Release Information form is completed and attached to the PER. The same staff member also completes the Health and Nutrition section of the PER as needed.

The PER form, Application, and supporting documentation is reviewed by the FSS or EHS PA and a Status Recommendation is marked and Service Requests (SR) are submitted to the appropriate staff.

The Area ECE/Disabilities Specialist (ECE) completes the developmental section as needed. The Comprehensive Services and Quality Improvement Program Support (CSQI PS) Disabilities Coordinator, Mental Health Coordinator, or Program Specialist may complete this section in the event of the ECE's absence.

INSTRUCTIONS:

The need for a PER form is determined at intake either by the staff completing the intake or by the FSS/EHS PA at the Area office. All children that have a disability, a health and/or nutrition condition, or a developmental or mental health concern noted on the Confidential Application for Child Development Services must have a PER form completed (for a full list of concerns/conditions that require a PER, please see the Health, Nutrition, Mental Health, and Disability CSQI PS Service Request Referral Criteria Standard Operating Policies and Procedures (Criteria SOPs)).



1.4 Pre-Enrollment Review Instruction Sheet



Complete the following:

1. **Child's Name:** Write the name (first and last) of the child applying for the HS/EHS program.
2. **DOB (Date of Birth):** Write in the month, day, and 4-digit birth year of the child.
3. **Parent/Guardian Name/Telephone/Email:** Write in family information.
4. **Early Head Start/Head Start (EHS/HS) Site:** Write the name of the potential site being considered for placement.
5. **Application Date:** Write the date that the application was completed.
6. **ATTACH:** Attach supporting documentation and a completed Authorization to Release Information form for each of the child's providers (including as applicable: physician, school district, Regional Center, Rady Children's, etc.) listing the provider's name, address, and telephone number so that NHA staff can contact and acquire pertinent information regarding the child's condition(s).
7. **Health and Nutrition:** This section is completed when a severe health and/or nutrition concern is identified at intake. See Criteria SOPs.
 - a. **Health Condition:** Mark all boxes that apply.
 - b. **Medications and/or Adaptive Equipment:** Indicate any medications that must be taken or adaptive equipment that must be used for the child to fully participate in the program. If none are needed, mark the "N/A" box.
 - c. **Additional Comments:** Add further details as needed.
 - d. **Signature and Date:** EHS/HS staff completing this section signs.
8. **FSS/EHS PA/HB Supervisor Verification:** FSS/EHS PA/Home Base Supervisor (HB Sup) reviews Application and PER for completion. If more information is required, FSS/EHS PA/HB Sup contacts the appropriate person. FSS/EHS PA/HB Sup follows these steps:
 - a. For children with health or nutrition concerns, submit CSQI PS SR. Attach the PER, completed Authorization to Release Information form, and supporting documents to the SR (scan, save, and upload to SR). Follow up with an email to the health or nutrition coordinator.



1.4 Pre-Enrollment Review Instruction Sheet



- b. For disabilities or mental health concerns, provide PER to the ECE.
 - c. **NOTE:** For cases that meet PER criteria for health and/or nutrition AND disability and/or mental health, submit a CSQI PS SR to the Health or Nutrition Coordinator and provide PER to ECE. Inform ECE and CSQI Coordinator(s) for all contents involved in the PER.
9. **Status Recommendation:** The FSS/EHS PA/HB Sup marks this section based on PER.
- a. **Prioritization List** is marked if there is no follow up needed with CSQI Coordinators or ECE.
 - b. **EHS/HS Applied** is marked if a CSQI PS SR was submitted to a Coordinator (Health, Nutrition, Disability or Mental Health). The Coordinator submits a CEU SR to request a Status Change (from Applied to Prioritization List) when the case is closed.
 - c. **Only a Coordinator** may submit a CEU SR for this purpose.
10. **Developmental-** The ECE completes this section if the child has an IEP, IFSP and/or there is a disability or mental health concern identified by a professional other than by a Part B/Part C agency at intake.
- a. **Identified Disability (IEP/IFSP):** Mark "YES" if the child has an IFSP or IEP. Mark "NO" if they do not, even if there is documentation from a doctor, clinic or therapist. This will be covered in Section C below.
 - b. **A. Primary disability/Current IEP/IFSP Date:**
 - i. **Services:** List all special education services/interventions that the child is currently receiving along with the hours per week or hours per year that the child is receiving each service.
 - 1. For example, Speech and Language Therapy 30 hours per year, Occupational Therapy 2 times per week for 15 minutes, Adaptive Physical Education 4 hours per year.
 - ii. **Part B/C Provider:** Write the name of the school district or Part C agency that is providing the child's special education services.
 - iii. **Has Specialized Academic Instruction:** Check the "YES" or "NO" box to indicate if the child is currently enrolled in a Specialized Academic Instruction class. If "YES," the child must be referred for a Pre- Enrollment Case Conference.



1.4 Pre-Enrollment Review Instruction Sheet



- c. **B. Non-IEP/IFSP related Disability or Mental Health (Social Emotional/Behavioral) Concern:** Mark “YES” or “NO” for this section if there is documentation from a doctor, clinic, therapist, or other service provider stating that the child has a disability or is receiving treatment for social/emotional and/or behavioral concerns. See list of examples on PER.
- i. Notify the Mental Health Coordinator for non-disability related social/emotional and/or behavioral concerns with a CSQI PS SR and a follow up email.
- d. **Additional Comments:** Add further details as needed. This includes any secondary conditions or identified disabilities.
- e. **Signature and Date:** ECE signs and dates after reviewing.
11. **Status Recommendation:** The ECE marks this section based on PER.
- a. **Prioritization List** is marked if there is no follow up needed with CSQI.
- b. **EHS/HS Applied** is marked if the ECE sent a CSQI PS SR to a Coordinator (Health, Nutrition, Disability or Mental Health).
12. **Filing-** Place completed PER and supporting information in the Child File.
13. **PROMIS Entry** (Only for children with IFSPs or IEPs): Once CEU has entered the child in PROMIS, the ECE adds the PER as a new service on the Disabilities Services Page. See PROMIS Record Keeping Section Disabilities: Entering Pre-Enrollment Review.