



1.5A Pre-Enrollment Case Conference For Children with Identified Health or Nutrition Concerns Instruction Sheet

PURPOSE STATEMENT:

The Pre-Enrollment Case Conference (PECC) is used to determine the appropriate Early Head Start (EHS)/Head Start (HS) placement and ensure that all necessary supports are in place before the child's first day of attendance. It is also a good time to share additional information about our program and its commitment to family engagement.

TIMELINE:

The PECC should be scheduled when need is determined during the Pre-Enrollment Review (PER) process and after the PER form has been completed. The PECC is completed before the child is enrolled in the program.

STAFF RESPONSIBLE:

The PECC is led by the Health and/or Nutrition Coordinator and includes the parent/guardian(s), and may also include the site supervisor, teacher (if available), the Area Director, appropriate Comprehensive Services and Quality Improvement (CSQI) Coordinators, CSQI Director, and/or Program Specialists.

INSTRUCTIONS:

Review relevant documentation provided and/or any family plans from community agencies prior to meeting with the family. Discuss appropriate accommodations that may need to be made for placement with the relevant Health and/or Nutrition Coordinator and Area Director if there are concerns.

Complete the following:

Mark the appropriate box regarding type of PECC (Health and/or Nutrition).

Write the child's name and date of birth.

1. **Past early care/education experience** Mark appropriate box regarding the child's past experience in preschool and/or childcare.
2. **Health/Developmental Concerns/Conditions (if applicable)** List any health, nutrition, or development condition or diagnosis in this section. Ask the parent to provide information regarding the child's condition/diagnosis and what type of support he/she might need.



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3. **Medications (if applicable):** List all emergency and non-emergency medications that the child will need to be given at school.
4. **Feeding Tube:** Indicate whether the child will need a feeding tube at school. If yes, please ask the parent to describe.
5. **Hospitalization:** Ask the parent if the child has been hospitalized due to their condition in the last year. If yes, List the date and the length of stay.
6. **Adaptive Equipment:** List any adaptive equipment that the child will need at school.
7. **Accommodations:** Ask the parent if the child needs any accommodations in the classroom or outside. Check yes or no. If yes, please describe.
8. **Restrictions:** Ask the parent if there are any restrictions to activities that the teacher and staff should be aware of. Check yes or no. If yes, please describe. (Ex: child has cast and cannot play in sandbox)
9. **Services Child Receives:** Ask the parent if their child receives any services, such as OT, PT, etc. Check all that apply. Describe any "Other" services. Obtain the provider's contact information and have the parent sign an Authorization to Release Information form if it has not been completed.
10. **Placement:** Indicate which program the child should be placed in and if there is a need for variation of attendance.
11. **IHP/Meal Accommodations:** Indicate whether and IHP or Meal Accommodation is required by checking yes or no. Check the box "Prior to 1st Day of Attendance" and indicate the date and time if known.
12. **Notes or Follow-Up:** Write in any notes or follow up information pertaining to the health and/or nutrition concern.
13. **Signatures:** All meeting participants sign and date the form. Add PECC as a service in the "Services" tab. The Health and/or Nutrition Coordinator will keep the original PECC at the main office. A copy of the PECC will be left with the site and put in the Child File upon enrollment when applicable.