Healthy Youth and Schools Commission

September Quarterly Meeting

Sept. 15, 2021 | Jeff Travers, Chairperson of the Commission

Welcome

Agenda

- Welcome and Introductions
- Recap of the Previous Commission Meeting
  - Approval of Minutes
- School Reopening Landscape
  - In-Person Instruction
  - COVID-19 Health and Safety Updates
  - COVID-19 Positive Case Response
  - COVID-19 Testing
  - Outdoor Learning
  - Federal COVID-19 Relief Spending Update
  - Data Update from DC Health
- Updates from OSSE
  - General Announcements
  - Environmental Literacy Update
- Comments from Commissioners on Current Work and Strategic Plan Updates
- Closeout and Priorities for Next Meeting

Recap Previous Commission Meeting

Jeff Travers, Chairman, Healthy Youth and Schools Commission

Recap Previous Commission Meeting

- May Quarterly Meeting
  - Date: Wednesday, May 19, 2021
  - Main topics covered:
    - Planning for the 2021-22 School Year
    - Equitable Food Access Program
  - Approval of minutes

School Reopening Landscape

In-Person Learning

Dr. Heidi Schumacher, Assistant Superintendent of Health and Wellness, OSSE

Education Landscape for the 2021-22 School Year

- Schools are open!
  - Students are learning in-person, five days per week.
- We know that by working together as an entire community, we can make this school year a success.
- With layered safety protocols, we can successfully reunite our students with their teachers, classmates, coaches, counselors, mentors, and friends.
- OSSE continues to partner closely with DC Health to implement the latest guidance to protect students, educators, and families.

Distance Learning Eligibility

- Distance learning is only available to students who submit a standardized medical certification form documenting a student's **physical or mental health condition that requires distance learning** due to COVID-19**.**
- The form must be completed by a licensed physician or nurse practitioner.
- Medical certification forms will be **valid for one academic semester** (or two terms for schools on a quarterly schedule).
- LEAs and schools should accept any complete and legible medical certification that explains how a student's physical or mental health condition requires the student's participation in distance learning due to COVID-19.

COVID-19 Health and Safety Updates

Caitlin Shauck, Policy Analyst, OSSE
Kyle Flood, Manager of Policy and Compliance, OSSE
Rebecca Harnik, Management Analyst, OSSE

DC Health Guidance for Schools- Key Prevention Measures

- **Masking**: universal masking indoors and on school transportation, regardless of vaccination status
  - Outdoors: CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- **COVID-19 vaccination**:
  - Required for DCPS school staff by Sept. 19, 2021 or must participate in weekly testing
  - Strongly encouraged for school staff at all other schools and for eligible students
- **Physical distancing**:
  - 3 feet recommended between students in the classroom
  - 6 feet recommended between students outside of the classroom, when masks are removed (including when eating), between students and adults, and between adults
- **Screening testing**
  - Can be an effective tool at reducing transmission in schools when combined with prevention measures

Health and Safety Reopening Plans

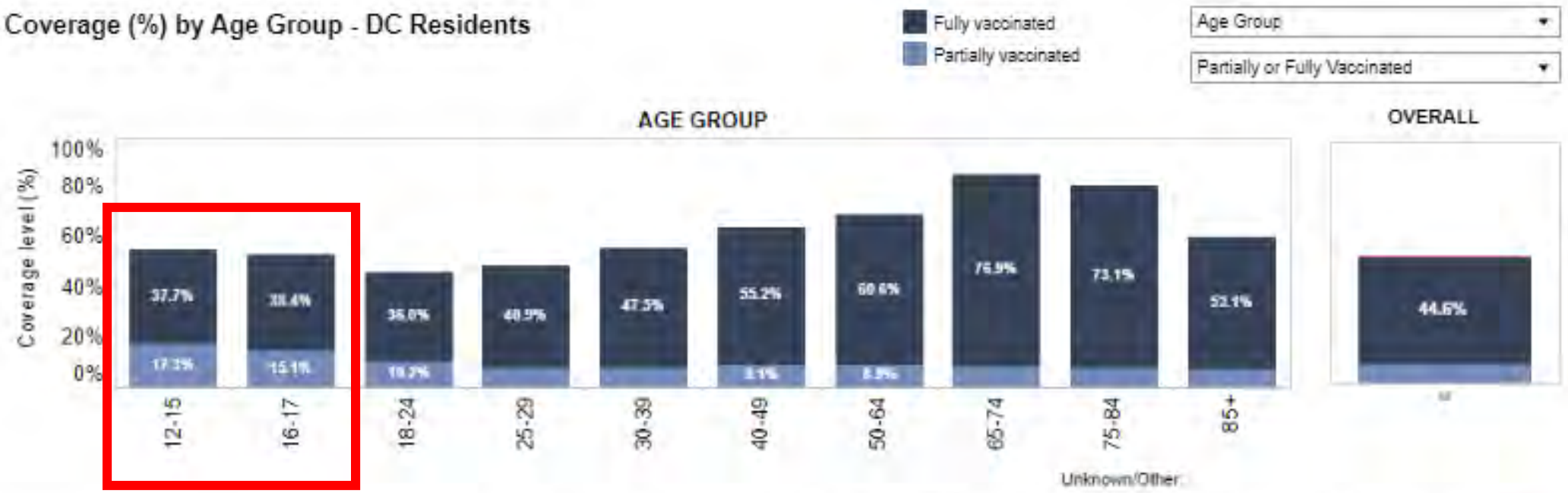
- All LEAs and private, parochial and independent schools were required to submit a plan to OSSE that described how they will safely reopen schools in accordance with the DC Health and OSSE health and safety guidance.
- LEAs and schools received feedback on the health and safety plans submitted to OSSE.
- LEAs and schools had the opportunity to update and resubmit their plans to OSSE.
- Plans must be publicly available at least 10 days prior to school reopening. OSSE posted final submitted plans on the OSSE website.
- Schools and LEAs should continue to make the latest version of their Health and Safety Plans available to the public.

COVID-19 Vaccination Access

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting COVID-19 vaccination can help schools safely return to in-person learning and activities.
- Fully-vaccinated individuals are exempt from many public health requirements and recommendations, including quarantine after close contact with an individual who is COVID positive.
- Routine pediatric immunizations remain a requirement for school attendance *and* a major priority to protect our communities.

Families can use vaccinate.dc.gov to make an appointment to get their child's required immunizations at 37 sites across DC!

COVID-19 Vaccination Coverage



AGE GROUP		12-15	16-17	18-24	25-29	30-39	40-49	50-64	65-74	75-84	85+	TOTAL
	Partially Vaccinated	3,785	1,547	7,427	6,350	11,663	7,581	9,391	4,158	1,967	848	54,717
	Fully Vaccinated	8,247	3,948	26,105	33,759	69,254	46,124	64,056	38,595	18,198	6,497	314,783
	Fully/Partially Vaccinated	12,124	5,507	33,770	40,100	80,586	53,496	73,235	42,641	20,062	7,264	368,805

As of Sept. 6, 2021

COVID-19 Vaccination Incentives

- District youth ages 12-17 and parents are eligible to receive on-site prizes at three DC Public School Sites:
  - Brookland Middle School, Sousa Middle School and Johnson Middle School
    - $51 VISA gift card
    - AirPods, while supplies last
    - Parents or guardians who bring their child to one of these sites are also eligible for one $51 gift card per child who gets vaccinated.
- Weekly drawings for iPads and $25,000 college scholarships for students ages 12 to 17.

COVID-19 Positive Case Response

David Esquith, Director of Policy, Planning, and Strategic Initiatives, OSSE

Dismissal of Close Contacts

- If a school identifies a student or staff member with COVID-19 who is in the building, the **school should dismiss that person as well as any individuals who the school identifies as potential close contacts**.
  - **It is not necessary to dismiss the entire cohort.**
- Preliminary contact identification should be carried out **by school staff** to identify and dismiss potential close contacts until DC Health is able to complete the case investigation.

Close Contact Definition and Exception

- Close Contact: Someone who was within 6 feet of an infected person for at least 15 minutes over a 24-hour period, starting from two days before illness onset (or for asymptomatic infected people, two days prior to positive test collection) until the time the infected person is isolated.

- Exception to close contact definition:
  - This exception **applies to all pre-K, K-12, and adult education students.**
  - In the school indoor classroom setting, the close contact definition **excludes students who were within 3-6 feet of an infected fellow student** where:
    - Both students were engaged in consistent and correct use of well-fitting face masks

      AND
    - Other layered prevention strategies were in place (such as universal mask wearing regardless of vaccination status, physical distancing, and increased ventilation)

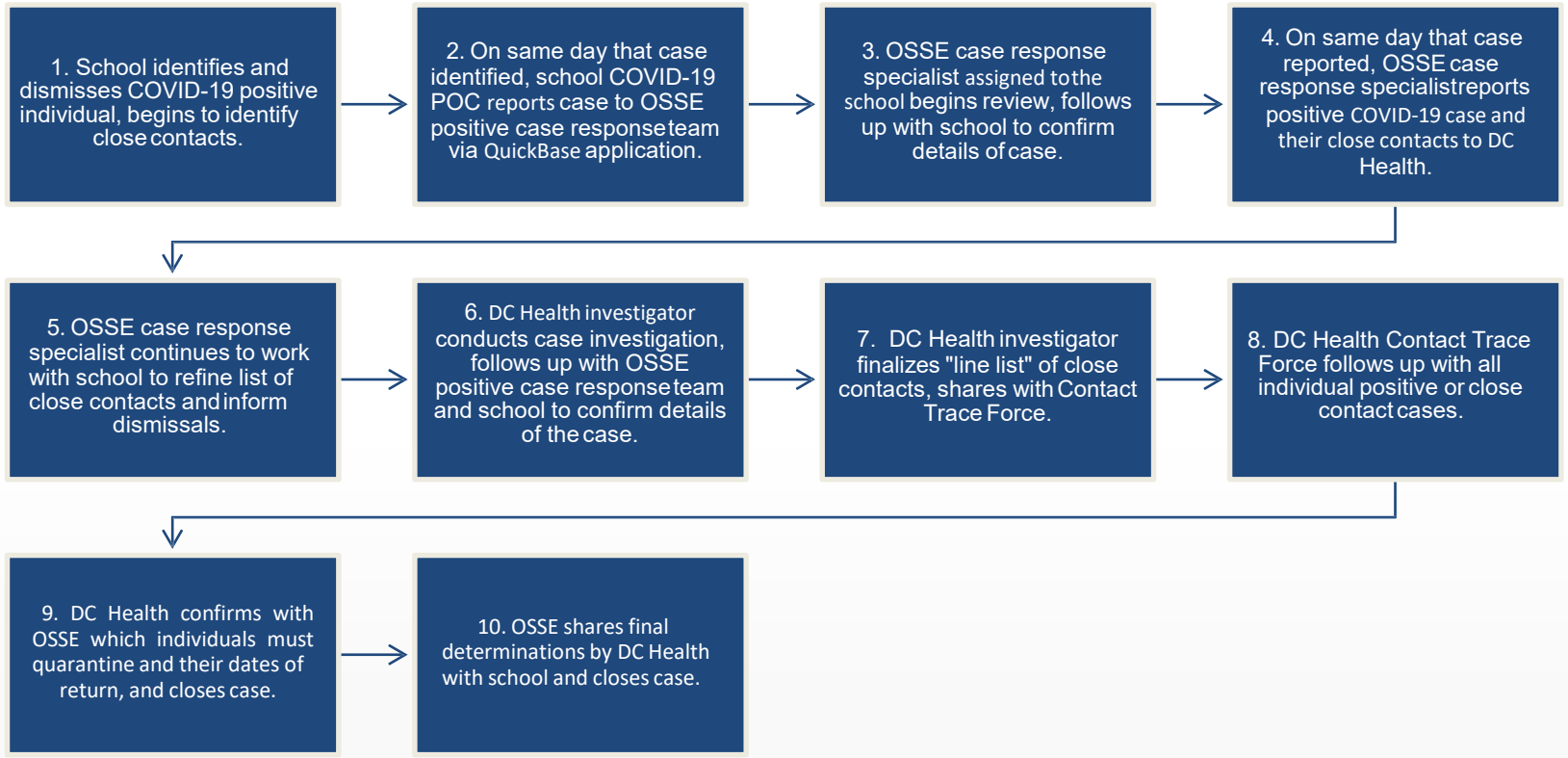
COVID-19 Positive Case Response Overview

- DCPS schools will continue with their current process for Contact Identification
- Public Charter Schools are supported with an OSSE-based COVID-19 Positive Case Response Team and process
  - This process has evolved in response to feedback requesting greater direct support to all Charter LEAs
- The COVID-19 Positive Case Response Team coordinates closely with DC Health

COVID-19 Positive Case Response Overview, Continued

- OSSE is currently providing contact tracing support to 32 LEAs (64 campuses)
- **One contact tracing lead, Kidus Feleke, and 10 contact tracers**
  - Goal: to provide support to LEAs that expedites the close contact identification process so that DC Health can complete the contact tracing and get students back to school quickly and healthily
  - Contact tracers act as a liaison between your school and DC Health
- **Utilize Quickbase** to communicate positive cases to the OSSE contact tracing team
  - An OSSE contact tracer will contact you as soon as possible to review the case details and close contacts that should be dismissed
- This support is currently for LEAs that originally chose option 1, it will soon be expanded to support all Charter LEAs
- Schools that originally chose option 2 will continue to report cases to DC Health until notified

COVID-19 Positive Case Response: NEW



Lessons Learned & Solutions

ISSUE	SOLUTION
Clearer expectations on role of OSSE team vs. DC Health epi team vs. DC Health contact tracers	Updating protocols, scripts, training. Will cover in TA and Community of Practice sessions with schools.
More detailed guidance needed re: return-to-school criteria for those dismissed.	Continued training for OSSE contracted team, shadowing of case responses by OSSE content experts. Development of additional templates and tools to share with schools.
Technical challenges related to Quickbase application	System updates complete to allow members of LEAs/school to see all submitted cases.

COVID-19 Testing

Dorothy Lowry, OSSE

School Year 2021-22

- **Approach to testing:**
  - Testing is married to aggressive push on vaccination!
  - Approach will be adjusted as needed based on vaccination and COVID-19 prevalence rates.
  - All public and public charter schools will be eligible for supports from OSSE.

- **Two options for LEAs wishing to offer COVID-19 testing:**

1. **Centralized COVID school-based testing administered by OSSE**
2. **Subgrant for LEAs operating own new, expanded or modified testing program**

Option 1: Centralized Asymptomatic and Symptomatic Testing Program

- OSSE has partnered with saliva-based testing vendor Shield T3 to provide comprehensive on-site testing programs in schools.
- **Asymptomatic testing**
  - **10-20 percent weekly sample** of students and staff for Terms 1 and 2
    - 20 percent is for weeks following a holiday break
  - DC Health does not recommend that vaccinated individuals participate in asymptomatic testing.
- **Symptomatic testing**
  - For students and school-based staff who develop symptom(s) of COVID-19 during the school day
  - The same saliva-based sample, through the ShieldT3 program (not through school nurses)

Option 1: Centralized Asymptomatic and Symptomatic Testing Program (cont.)

- Goal is **one simplified operational model with streamlined communication** from and coordination with vendor, OSSE
  - *Staffing model:*
    - Sample collection overseen by trained staff subcontracted by ShieldT3
    - Charters may also have their own staff trained to oversee
  - *Courier services*

- Test Yourself DC and other District testing options available for Close Contact Testing

Option 2: Sub-Grant Funds to LEAs

- LEAs that wish to operate a **new, expanded or modified COVID-19 testing program** are eligible to receive sub-grant funds from OSSE to support that work.
- Preliminary allocations of the formula grant were distributed to LEAs and are available on OSSE's website
- **Grant timeline Targets:**
  - EGMS release date: on or about Sept. 15
  - Award date: on or about Oct. 1
    - Note, eligible expenses can be backdated to the start of school.

Asymptomatic Testing Workflow

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OSSE

SETTING UP ASYMPTOMATIC TESTING

Step 1: Verify Eligibility to Test
Students are eligible to test unless their parent/guardian has submitted an Opt-Out form. Schools confirm that students selected for testing have not been opted-out. Staff must Opt-out to test. Schools document eligibility in the Consent Management System

Step 2: Testing Area
ST3 and the schools will work together to identify a testing area, testing set-up and testing tub storage area.

Step 3: Scheduling
ST3 will provide the schedules to the courier. ST3 and the schools will review the testing schedules.

SCHOOL ASYMPTOMATIC TESTING BEGINS

Step 4: Test Prep
Schools randomly select students to be tested. All unvaccinated staff are selected. ST3 representatives will prep testing materials and tools.

Step 5: Testing Prep
School staff will take selected individuals out of class to go to the testing area. ST3 representatives will hand students/staff the test tubs with the appropriate bar code, test-tube lid and plastic bag.

Step 6: COVID-19 Testing
Students/staff salivate into the test tube under the supervision of school staff and a ST3 representative. After salivating, students/staff will seal the test tube, place it in the plastic bag, and seal the bag. School staff will help anyone who is having any difficulty.

Step 7: Test Sample Handling
ST3 representatives will scan each test tube's barcode then take the samples. ST3 will place the samples in the transport tub, which is then placed in the identified storage area.

Step 8: Test Sample Pick Up
The courier calls the school when they arrive. The school gives the transport tub to the courier and the courier will give them an empty tub in return.

ASYMPTOMATIC TESTING TRANSPORT

Step 9: Test Transport
The courier takes the samples to the lab to be pool tested.

Step 10: Lab Testing
The lab tests pooled samples for COVID-19.

ASYPMTOMATIC TESTING RESULTS

Step 11: Test Results
If the pooled test is negative, the lab logs the results in Point and Click. If the pool is positive, the lab retests each sample individually to identify the positive sample.

Step 12: Result Notification
Once the lab is finished testing, they post the results to Point and Click, which notifies the school, individuals or parents/guardians of the test results. Schools notify the school nurse of the positive result.

Step 13: Positive Test Result Action
If the individual has tested positive, the school isolates the student and notifies the parent or guardians who are requested to pick up their student. Staff are asked to leave campus.

For additional information, refer to the Resource Reference Guide

Symptomatic Testing Workflow

DISTRICT OF COLUMBIA
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OSSE

Step 1: Verify Eligibility to Test
Students are eligible to test unless their parent/guardian has submitted an Opt-Out form. Schools confirm that students selected for testing have not been opted-out. Staff must Opt-out to test. Schools document eligibility in the Consent Management System

→

Step 2: Area Identification
Schools identify isolation area(s) for symptomatic students and/or staff. Work with ST3 to identify appropriate testing and storage areas for test kits.

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IDENTIFICATION OF SYMPTOMATIC PERSON

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Step 3: Identify Symptomatic Person
School staff identifies symptomatic student using COVID-19 symptom checklist, reviews DC Health School Health Services Program Medical Flag List. Call emergency response services if person has difficulty breathing, change in color or indications of distress.

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Step 4: Isolate & Review Consent
Isolate symptomatic student/staff in the isolation area.

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Step 5: Contact Points of Contact
School notifies the student's parent/guardian of symptoms and arranges for the student to be picked up. If consent is confirmed, school contacts ST3 and requests that a testing observer or courier come to school to supervise and/or pick up symptomatic test.

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Step 6: COVID-19 Testing
If student/staff member meets criteria for COVID-19 test, trained school staff (or ST3 deployed staff) supervise sample collection.

→

Step 7: Test Sample Handling
School staff enters sample barcode into Point and Click; no PII will be written on the bag. School staff place sample in the transport tub which will be placed into the identified storage area. (If ST3 staff supervise sample collection, refer to step 9 re: handling of sample.)

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Step 8: Student Pick-Up/ Staff Departure
School staff gives summary letter of symptoms, testing status and next steps to symptomatic staff member/student and (if a student) to school nurse. Staff departs or parent/guardian picks up the student from school.

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Step 9: Test Sample
ST3 staff or courier calls the school when they arrive. The school gives the transport tub to the courier and the courier gives them an empty tub in return. The courier scans label and sample.

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SYMPTOMATIC TESTING TRANSPORT

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Step 10: Test Transport
The courier takes the sample to the lab to be tested.

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Step 12: Lab Testing
The lab tests sample to determine if positive or negative for COVID-19.

→

SYMPTOMATIC TESTING RESULTS

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Step 13: Test Results & Results Notification
Lab logs results in average of 6-8 hours into Point and Click. Point and Click displays results to parent/guardian or staff, as well as school.

→

Step 14: Test Results Action
Symptomatic student or staff member follows DC Health and school guidance.

→

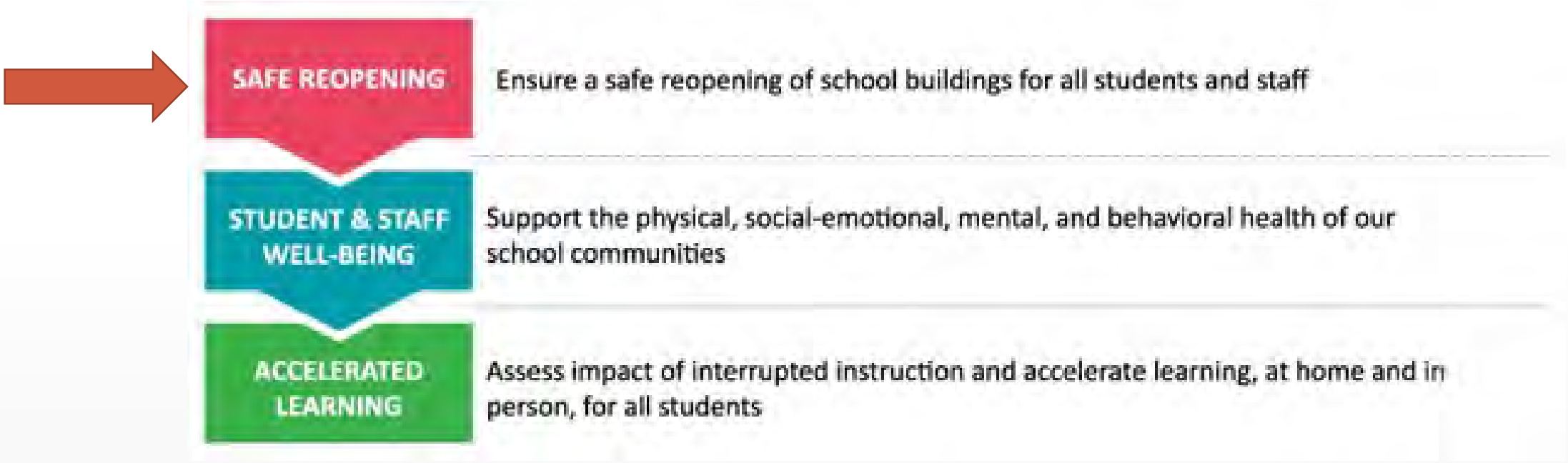
Step 15: Notification of Positive Case
In event of positive case, COVID-19 point of contact notifies school leadership and school nurse. School-based team immediately contacts positive student/staff, reports case to DC Health, begins contact tracing, and dismisses close contacts.

For additional information, refer to the Resource Reference Guide

Outdoor Learning Update

Grace Manubay, Environmental Literacy Coordinator, OSSE

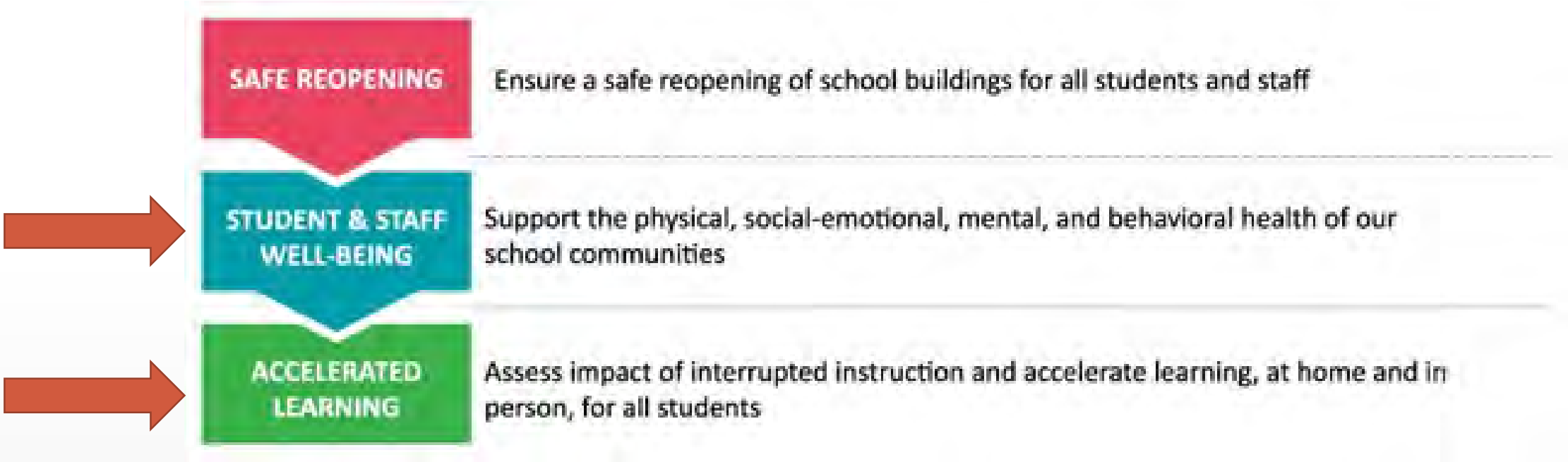
Recovery Priorities



Outdoor Learning Resources

- Resource Hub: osse.dc.gov/page/outdoor-learning-resources
  - FAQ, tip sheet, materials checklist, photo collection, procurement tool
- Technical assistance for 80 schools to
  - Site assessment and one-on-one meetings with landscape architect
  - Site plan and guidance document
- Professional development series for various school stakeholders
  - Outdoor Learning 101
  - Creating Buy for Using Outdoor Learning Spaces
  - Planning and Creating Outdoor Learning Spaces
  - Group Management Outdoors
  - Teaching and Learning Strategies

Next steps


SAFE REOPENING
Ensure a safe reopening of school buildings for all students and staff
STUDENT & STAFF WELL-BEING
Support the physical, social-emotional, mental, and behavioral health of our school communities
ACCELERATED LEARNING
Assess impact of interrupted instruction and accelerate learning, at home and in person, for all students

Federal COVID-19 Relief Spending Update

Jessie Harteis, Deputy Assistant Superintendent, K-12 Systems and Supports, OSSE

Overview of ESSER Recovery Funding

- The United States Department of Education (USED) has issued three rounds of Elementary and Secondary School Emergency Relief (ESSER) funds.
- These funds may be used to support local education agency (LEA) efforts now, and to continue the work of recovery over the next few school years.

	Overall Award	LEA Subgrants (90%)	SEA Reservation (10%) Includes 0.5% for SEA administration
ESSER III-ARP	$386,476,999	$347,829,299 $69,565,860 to address learning loss	$38,647,700
ESSER II-CRRSA	$172,013,174	$154,811,857	$17,201,317
ESSER I-CARES	$42,006,354	$37,805,719	$4,200,635

ESSER Funds: SEA Reservation

- Each round of ESSER recovery funding includes 10 percent state education agency (SEA) Reservation to support emergency needs, response and recovery
- Most recent round (ESSER III-ARP) includes specific reservations for activities and interventions that respond to students' academic, social, and emotional needs and address the disproportionate impact of COVID-19 on underrepresented student subgroups

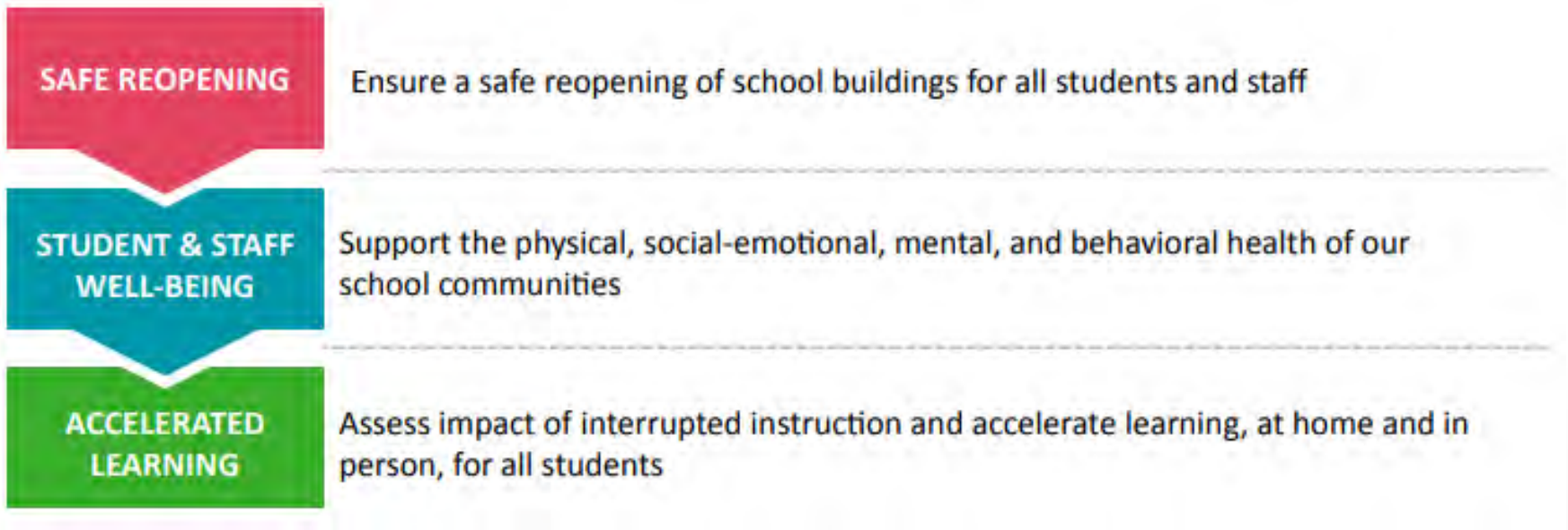
	Overall Award	SEA Reservation (10%) Includes 0.5% for SEA administration
ESSER III-ARP	$386,476,999	$38,647,700 – $19,323,850 to address learning loss – $3,864,770 for summer enrichment – $3,864,770 for afterschool programs
ESSER II-CRRSA	$172,013,174	$17,201,317
ESSER I-CARES	$42,006,354	$4,200,635

ESSER Learning Loss Requirements

- LEAs must reserve at least 20 percent of their ESSER III-ARP funds to address learning loss through the implementation of evidence-based interventions and ensure that those interventions respond to students' social, emotional, and academic needs and address the disproportionate impact of COVID-19 on underrepresented student subgroups
  - Initial plans outlined in 2021-2022 Continuous Education Plans
  - LEAs submitting ESSER III-ARP applications by **Sept. 30, 2021**

- States must use half of their ESSER III-ARP reserve funds for the implementation of evidence-based interventions aimed specifically at addressing learning loss
  - Initial plans outlined in DC ARP State Plan

Recovery Priorities



Accelerated Learning through Evidence-based Interventions

1) **High-impact tutoring (HIT):** OSSE is investing in infrastructure supports such as citywide standards and foundational training for tutors to help ensure high-quality implementation of HIT as well as grants to schools and/or community-based organizations (CBOs) to help scale HIT models that meet OSSE's standards, particularly in high needs areas where there is currently very limited supply (e.g., middle school math) and for populations who have experienced significant disruption due to COVID-19 (e.g., at-risk students).

Accelerated Learning through Evidence-based Interventions

2) **Scaling the use of high-quality literacy and math curricula:** OSSE is conducting a citywide audit of current literacy curricula and providing professional development and training on the science of reading while making available high-quality literacy curricula for schools and LEAs to adopt. OSSE will take comparable steps for math.

3) **Professional learning in implementing high-quality curriculum and literacy instruction:** OSSE is funding professional development related to implementation of high-quality curriculum described in the paragraph above. In addition, OSSE will be providing educators with self-paced professional learning in the science of reading and adolescent literacy.

Accelerated Learning through Evidence-based Interventions

4) **Encouraging the development and adoption of high-quality coursework in non-math and ELA subjects:** OSSE will expand access to science instruction and strengthen the STEM course offerings in the district. OSSE is also exploring how to make grants available that are specifically aimed at developing and implementing coursework beyond Math and ELA that meets high standards, engages our full school communities, and supports whole child development and engagement.

5) **Making targeted investments to support accelerated learning for students with disabilities (SWD) and English learners (EL):** OSSE will provide leaders and educators with access to high-quality professional learning and supports that boost the academic achievement of SWDs and ELs as well as assist LEA and school leaders in building effective programs that can sustain and expand these gains over time.

Accelerated Learning through Evidence-based Interventions

6) **Investing in a parent resource center to support students with disabilities:** With students with disabilities experiencing greater levels of unfinished learning while in a remote posture, the need to empower parents with the information, resources, and navigational support is only greater now than it was prior to COVID. OSSE will invest in a parent resource center that will help families build the knowledge and skills to partner effectively with their child's school and advocate on their child's behalf.

7) **Supporting adoption and effective use of high-quality assessments:** OSSE is offering training to improve the quality and effective use of formative and interim assessments by schools to better understand and track student progress. OSSE will also develop an assessment audit tool and rubric that LEAs can use to analyze and improve upon their current testing plans while also making available high-quality interim assessments for optional use by LEAs across for ELA, Math, and English Language Proficiency.

Questions?

Point of Contact

Jessie Harteis
Deputy Assistant Superintendent
Jessie.Harteis@dc.gov

For more information, please visit osse.dc.gov/recoveryfunding.

Data Update from DC Health

Dr. Anil Mangla, DC Health

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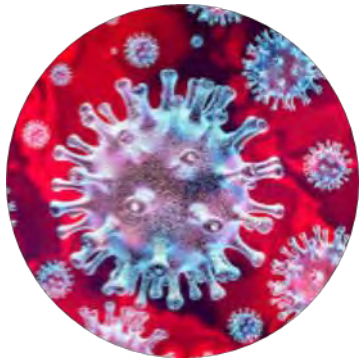

September: Healthy Youth and Schools Commission Meeting

Emerging COVID-19 Trends in DC

Anil T. Mangla | September 15, 2021

Supervisory Epidemiologist

OBJECTIVES

Understand the Current COVID -19 Trends in DC

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DC Reopening Metrics Summary

Criteria	Phase 3	Phase 2	Phase 0/1
Daily case rate	<5	5 - 15	>15
Rate of transmission	N/A*	0.8 - 1.2	>1.2
Test positivity rate	<3%	3% - 10%	>10%
New cases from quarantined contacts	<50%	5% - 60%	>5%
Percent hospital utilization	<80%	80% - 90%	>90%
Percent COVID-19 patients	<5%	5% - 10%	>10%
Mean test turnaround time	<2 days	2 - 3 days	>3 days
Positive cases with contact attempt	>90%	80% - 90%	<80%
Close contacts with contact attempt	>90%	80% - 90%	<80%
Positive cases interviewed	>80%	70% - 80%	<70%

CURRENT STATUS Green — **Phase 3** Minimal community spread, sufficient health and public health capacity, and excellent community engagement.

Current Values (data through 9/10/21)

Level of Community Spread	Daily case rate: 22.8 (Sep 10) — 7-day avg per 100,000 pop.	Rate of transmission: 0.82 (Aug 31) — Effective reproduction number (R(t))	Test positivity rate: 5.0% (Sep 7) — Percent positive from RT-PCR tests	New cases from quarantined contacts: 12.2% (Sep 7) — 7-day average
Health System Capacity	Percent hospital utilization: 89.8% (Sep 10) — of available beds without surge	Percent COVID-19 patients: 5.0% (Sep 10) — of daily hospital census, 7-day average	Mean test turnaround time: 2.1 (Sep 10) — (days) 7-day average	Diagnostic tests conducted: 5,906 (Sep 7) — 7-day avg per million pop.
Public Health System Capacity	Positive cases with contact attempt: 100% (Sep 9) — 7-day avg attempt within 1 day	Close contacts with contact attempt: 99.7% (Sep 8) — 7-day avg attempt within 2 days		
Community Engagement	Positive cases interviewed: 61.8% (Sep 7) — 7-day avg completed within 3 days	Positive cases who provide close contacts: 39.0 (Sep 7) — 7-day avg	Mean number close contacts provided: 1.2 (Sep 7) — 7-day avg	Exposure Notification Opt-in: 1,186,940 (Sep 6)
	Correct mask-wearing: 22.7% (Jun 9) — percent observed	Percent full COVID-19 vaccine coverage: 57.7% (Sep 6) — cumulative Updated weekly		

Data Source: DC Health

DC

CDC Indicators and Thresholds for Community Transmission of COVID-19

Table 1. CDC Indicators and Thresholds for Community Transmission of COVID-19

Indicator	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days[2]	0-9	10-49	50-99	≥100
Percentage of NAATs that are positive during the past 7 days[3]	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

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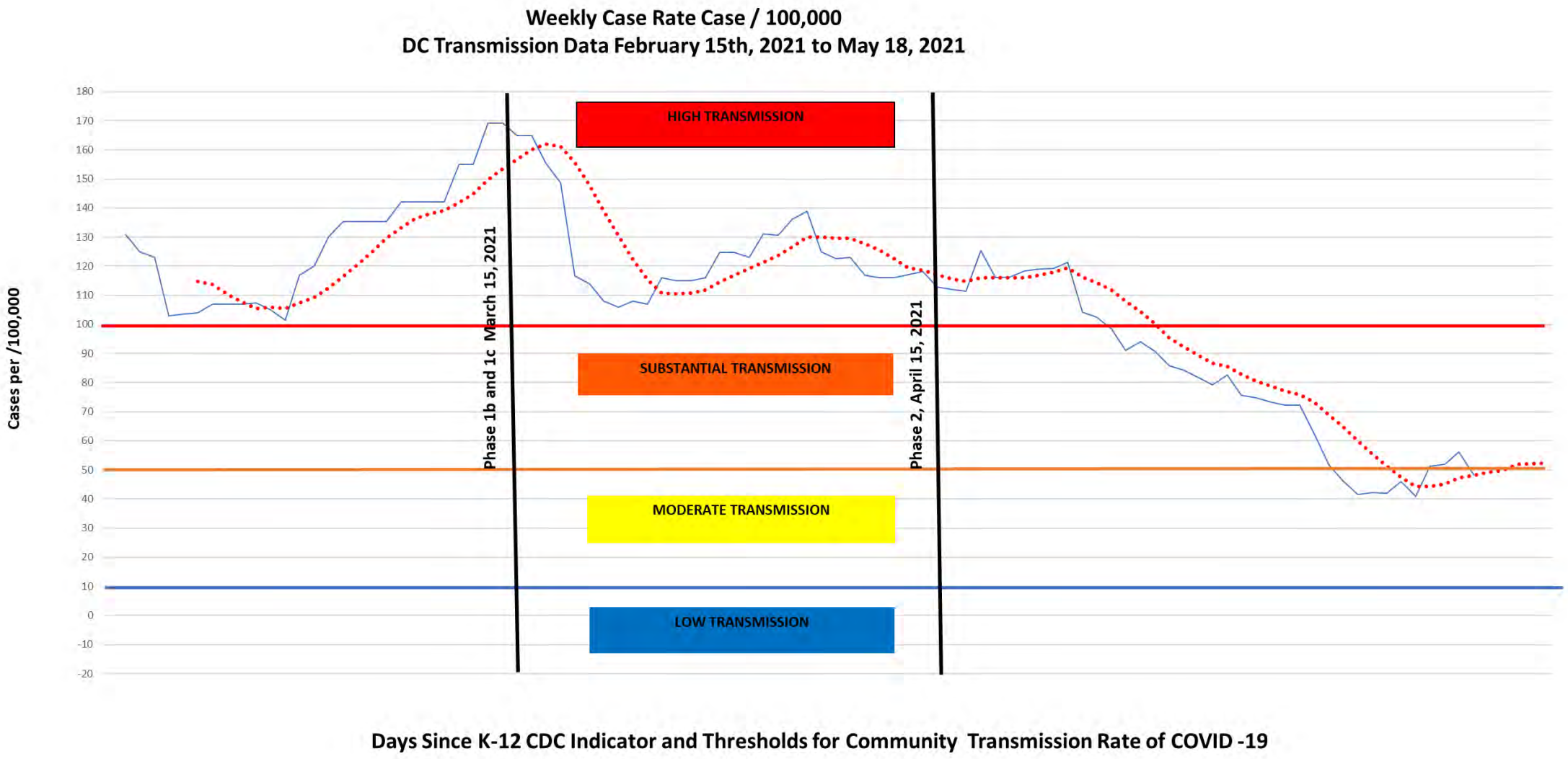

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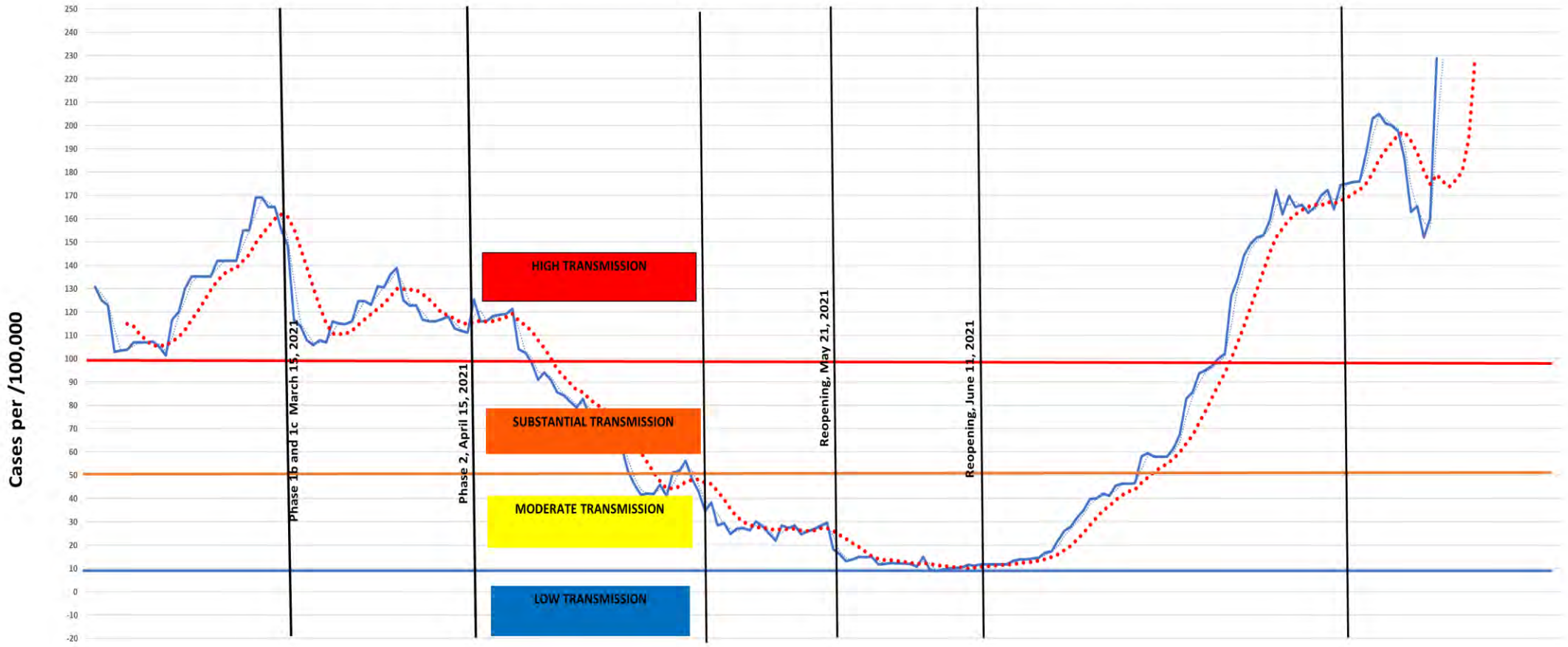
Weekly Case Rate Case / 100,000
DC Transmission Data February 15th, 2021 to September 15,2021

Days Since K-12 CDC Indicator and Thresholds for Community Transmission Rate of COVID-19



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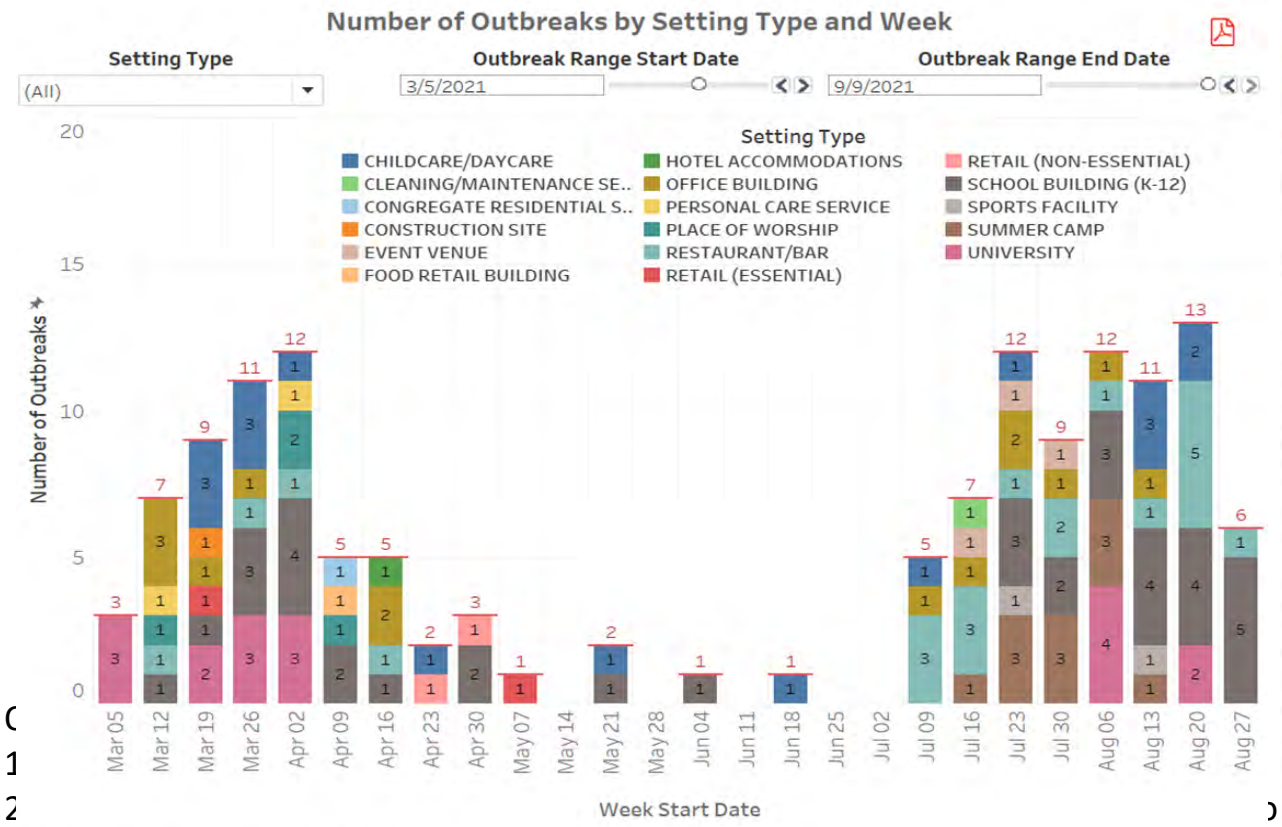
OUTBREAK DATA

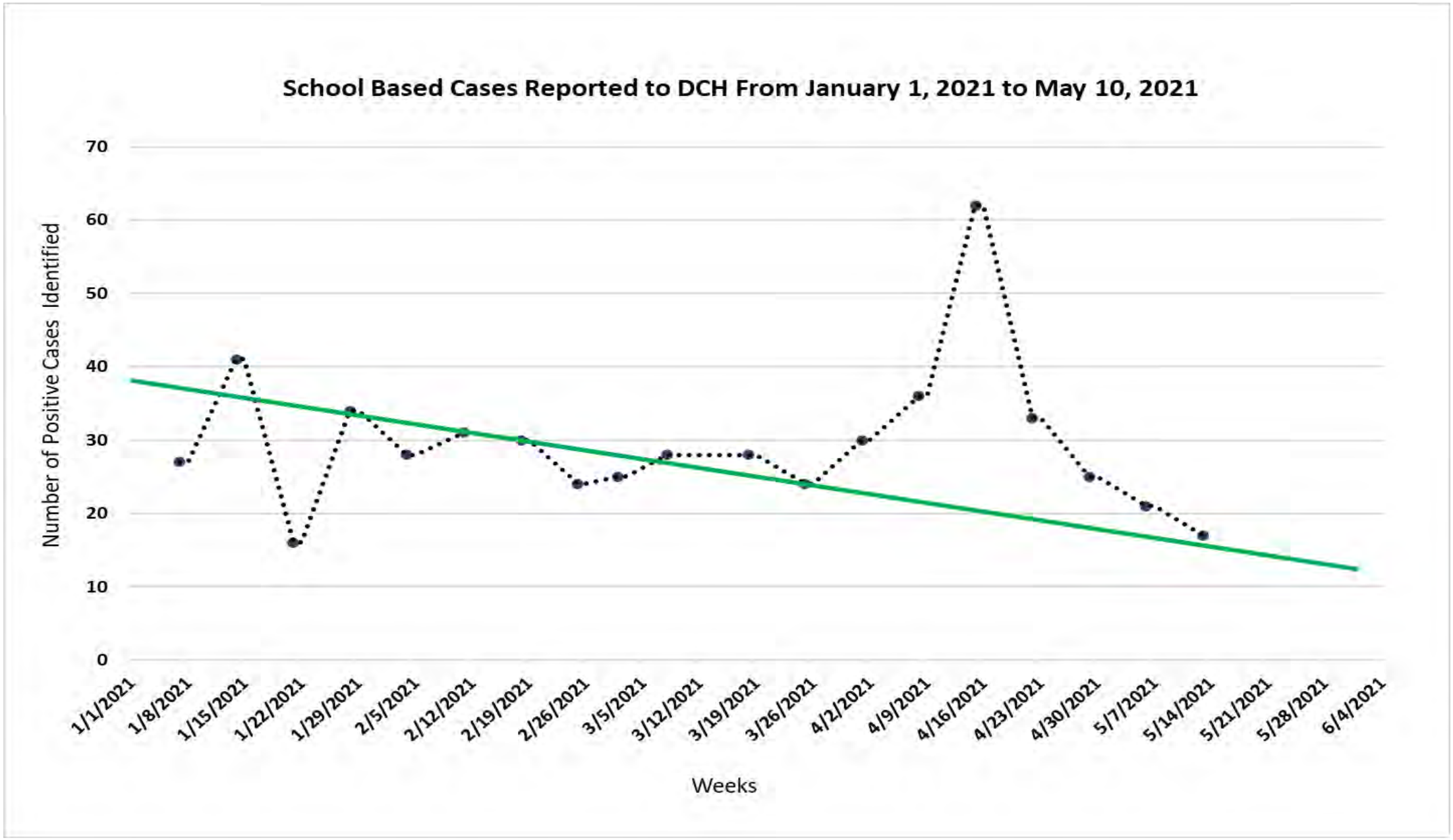
- 12 new outbreaks reported since last week: 9 School Buildings (K-12), 2 Restaurant/Bars, and 1 University
- Since 3/5/2021 (within the last 6 months), there were 137 outbreaks reported; the settings with the highest frequency of outbreaks are School Buildings (K-12) (37), Restaurant/Bars (21), Childcare/Daycares (17), and Universities (17). These account for 67% of all outbreaks reported in this time span.
- Since 7/30/2021, there were 51 outbreaks reported; the settings with the highest frequency of outbreaks are School Buildings (K-12) (18), Restaurant/Bars (10), and Summer Camps (7). These account for 69% of all outbreaks reported in this time span.



Outbreaks from Selected Settings in the District of Columbia between March 5, 2021 - Sep 8, 2021

Setting Type	Number of Outbreaks
CHILDCARE/DAYCARE	17
CLEANING/MAINTENANCE SERVICE	1
CONGREGATE RESIDENTIAL SETTING	1
CONSTRUCTION SITE	1
EVENT VENUE	3
FOOD RETAIL BUILDING	1
HOTEL ACCOMMODATIONS	1
OFFICE BUILDING	14
PERSONAL CARE SERVICE	2
PLACE OF WORSHIP	4
RESTAURANT/BAR	21
RETAIL (ESSENTIAL)	2
RETAIL (NON-ESSENTIAL)	2
SCHOOL BUILDING (K-12)	37
SPORTS FACILITY	2
SUMMER CAMP	11
UNIVERSITY	17

Data Source: DC Health (as of September 8, 2021)
*These data do not reflect total outbreaks across all settings in DC.
**Data subject to change due to ongoing investigations and data quality improvements. See the Data Guide for category definitions and detailed information.



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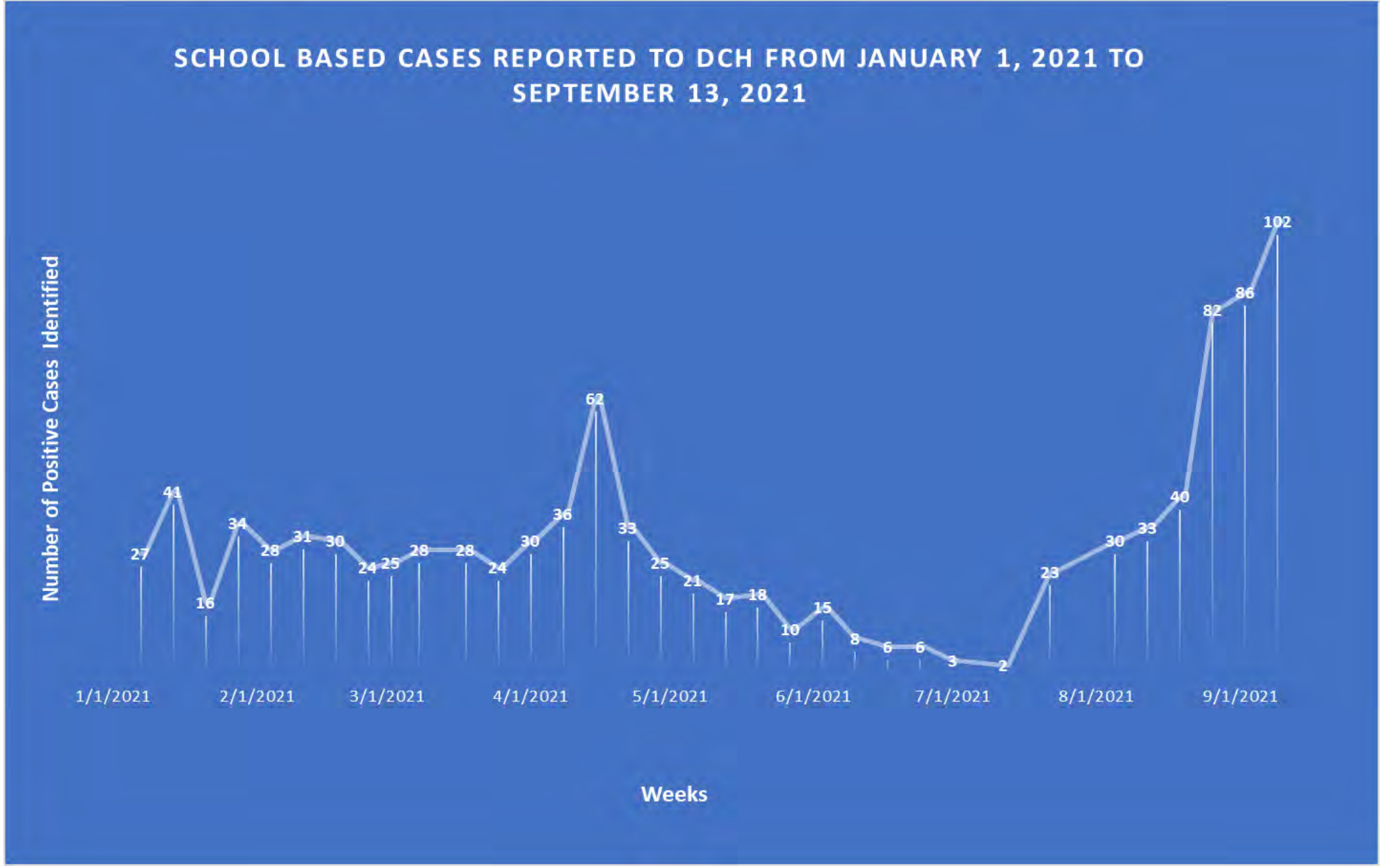

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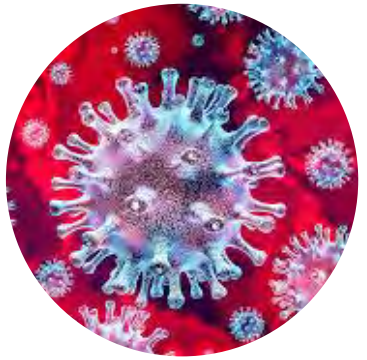
DISTRICT OF COLUMBIA VACCINATION DATA

https://coronavirus.dc.gov/data/vaccination



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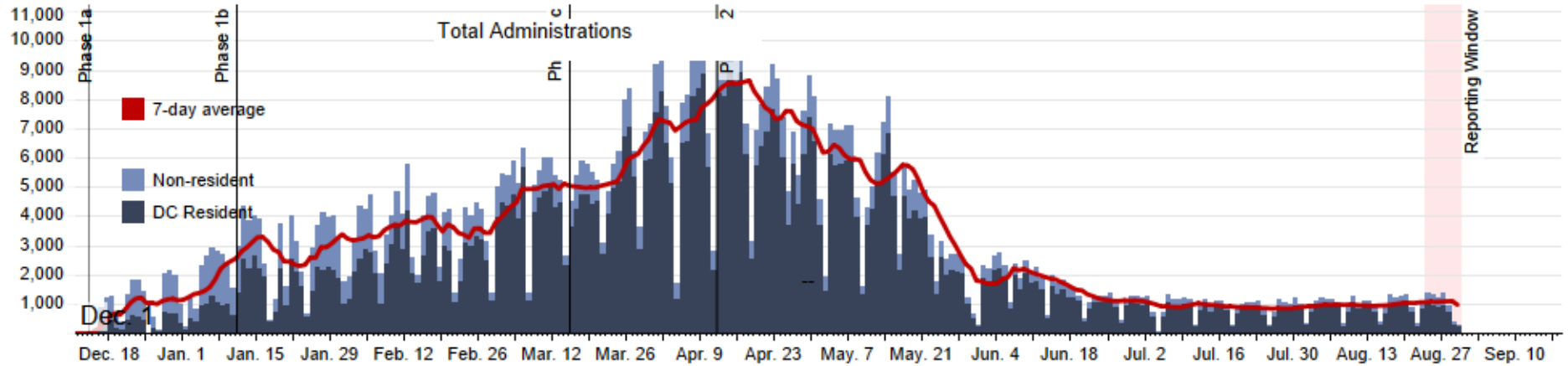
DC Residents

Total Population

TOTAL DOSES ADMINISTERED WITHIN DC	ESTIMATED % RESIDENTS PARTIALLY OR FULLY VACCINATED**	ESTIMATED % RESIDENTS FULLY VACCINATED**	ESTIMATED % OF BREAKTHROUGH CASES***
937,445	67.4%	57.0%	0.61%

Individuals Partially or Fully Vaccinated within DC by Administration Date



	At Least One Dose	Fully Vaccinated	Total Administrations	Dose 7-day Average
DC Resident (within DC)	364,711	311,071	651,373	712
DC Resident (outside DC)	81,997	62,213	135,616	
DC Resident (Federal Entity)	29,094	28,922	55,682	
Total DC Resident	475,802	402,206	842,671	
Non DC Resident (within DC)	111,781	86,429	193,157	272
Non DC Resident (Federal Entity)	15,806	15,736	37,233	
Total Non DC Resident	127,587	102,165	230,390	

Metric Definition: Number of administrations reported by DC-area providers by date of vaccine administration for DC Residents and Non DC Residents. The 7-day rolling average represents the average number of administrations including the past 6 days. Listed in Summary include the Total Doses administered within DC include residents and non DC residents.
Data Considerations: There may be a lag time between vaccine administration and provider report. This may impact the reporting of vaccine administered, especially in the three most recent days of report, highlighted in red above. Non DC residents may be vaccinated within DC, especially those who fall into prioritized non-resident categories. Administration may be impacted by holidays and weekends, and is impacted by the size of prioritized groups and vaccine supply. Individuals who receive single dose regimens such as J&J are considered fully vaccinated.The Chart consists of data from DC Health and table data consists combination of DC Health and Tiberius Data. Tiberius data are provided in cumulative numbers and have granular representation and only listed in the table and included in Summary bar values. Total doses administered within DC and **estimated rates of fully/partially vaccinated DC residents are calculated using both administered doses inside and outside of DC, which includes doses administered by some federal entities and other jurisdictions outside DC. Estimated coverage rates were calculated based on 2019 ACS population census estimates. ***Estimated % Breakthrough cases is calculated using the number of DC residents who were identified as being a breakthrough case (SARS-CoV-2 RNA or antigen detected on respiratory specimen collected >=14 days after completing primary series of FDA authorized COVID-19 vaccine (J&J, Moderna or Pfizer) out of the total number of DC residents who were vaccinated (and were reported to DOCIIS2.0).

Last Updated: 8/30/2021

DC Residents

Total Population

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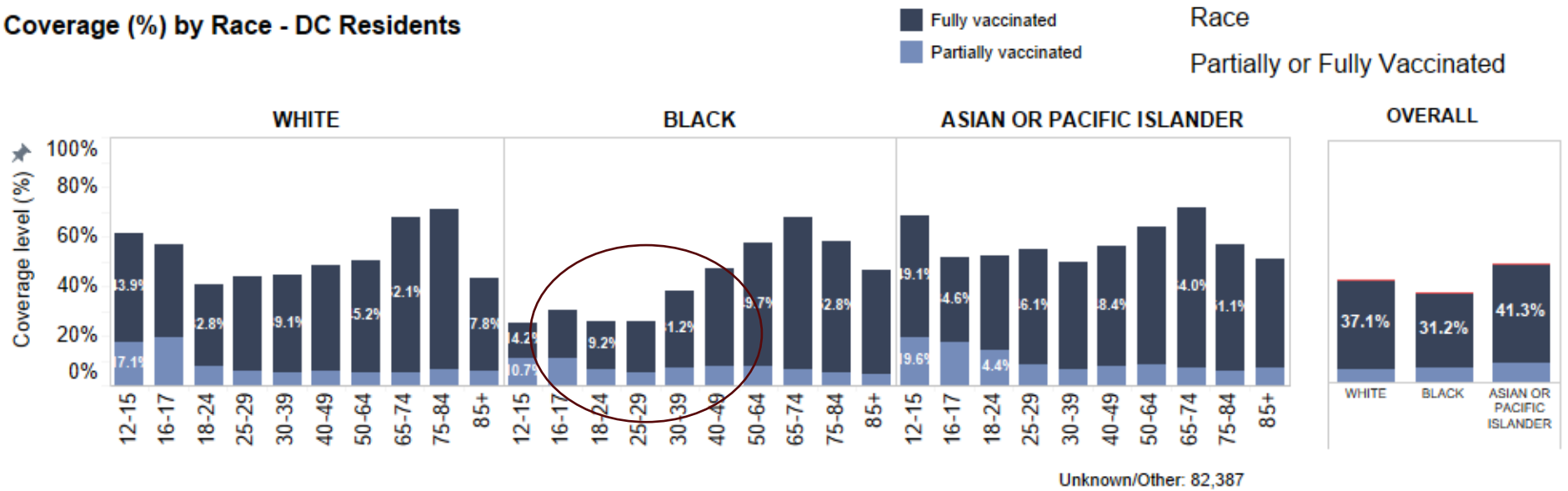
Coverage (%) by Race - DC Residents



Unknown/Other: 82,387

		12-15	16-17	18-24	25-29	30-39	40-49	50-64	65-74	75-84	85+	TOTAL
WHITE	Partially Vaccinated	1,144	582	2,726	2,700	4,607	2,415	2,136	1,053	646	249	18,258
	Fully Vaccinated	2,935	1,127	11,667	17,647	33,499	17,429	18,319	12,187	6,246	1,710	122,766
	Fully/Partially Vaccinated	4,103	1,705	14,564	20,333	37,886	19,704	20,349	13,216	6,853	1,946	140,659
BLACK	Partially Vaccinated	1,539	743	2,056	1,687	3,507	2,789	4,758	1,884	752	317	20,032
	Fully Vaccinated	2,045	1,333	6,113	6,238	15,360	14,621	30,251	17,761	7,586	3,117	104,425
	Fully/Partially Vaccinated	3,613	2,098	8,174	7,946	18,841	17,404	34,966	19,574	8,298	3,400	124,314
ASIAN OR PACIFIC ISLANDER	Partially Vaccinated	119	60	663	439	669	379	306	107	37	21	2,800
	Fully Vaccinated	298	121	1,754	2,381	4,272	2,450	1,946	923	334	128	14,607
	Fully/Partially Vaccinated	422	178	2,445	2,804	4,912	2,803	2,241	1,029	368	149	17,351

Source: DC Health; Data are subject to change.
Metric Definition: The number of DC residents who have been fully vaccinated across age groups, gender, race, and ethnicity. This information is carefully tracked to determine targetting and equity of vaccine rollout and administration. ***Estimated % Breakthrough cases is calculated using the number of DC residents who were identified as being a breakthrough case (SARS-CoV-2 RNA or antigen detected on respiratory specimen collected >=14 days after completing primary series of FDA authorized COVID-19 vaccine (J&J, Moderna or Pfizer) out of the total number of DC residents who were vaccinated (and were reported to DOCIIS2.0).
Data Considerations: Coverage is defined as the number as a proportion of the number of residents in DC, as reported by the total population reported in the ACS 2019 census and CDC Bridged population estimates, including residents who may be ineligible to receive the vaccine. Demographic data are self-reported, and obtained from electronic health records. Demographic data from electronic health records can be incomplete, especially for race and ethnicity. These information may be updated from supplementary data. The chart above does not include non-residents which may have been vaccinated in DC, or residents who have not completed the vaccine regimen, or completed the regimen outside of DC. Individuals who receive single dose regimens such as J&J are considered fully vaccinated. Numbers..

Last Updated: 8/30/2021

ESTIMATED 7-DAY AVERAGE OF FULLY VACCINATED CASES (PER 100,000)

14.1

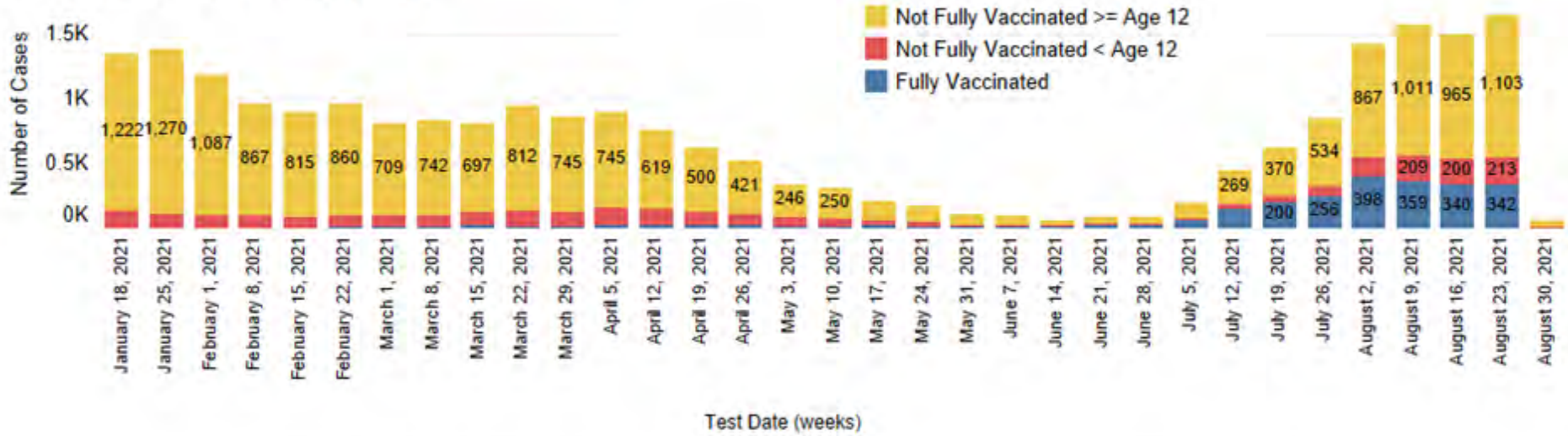
ESTIMATED 7-DAY AVERAGE OF NOT FULLY VACCINATED CASES (PER 100,000)

48.5

Case Rates | Case Chronology | Demographic Profile | Time since fully vaccinated | Symptomatic | Hospitalized / Deceased

Cases | Hospitalizations | Deaths

Number of COVID-19 Cases (2021)

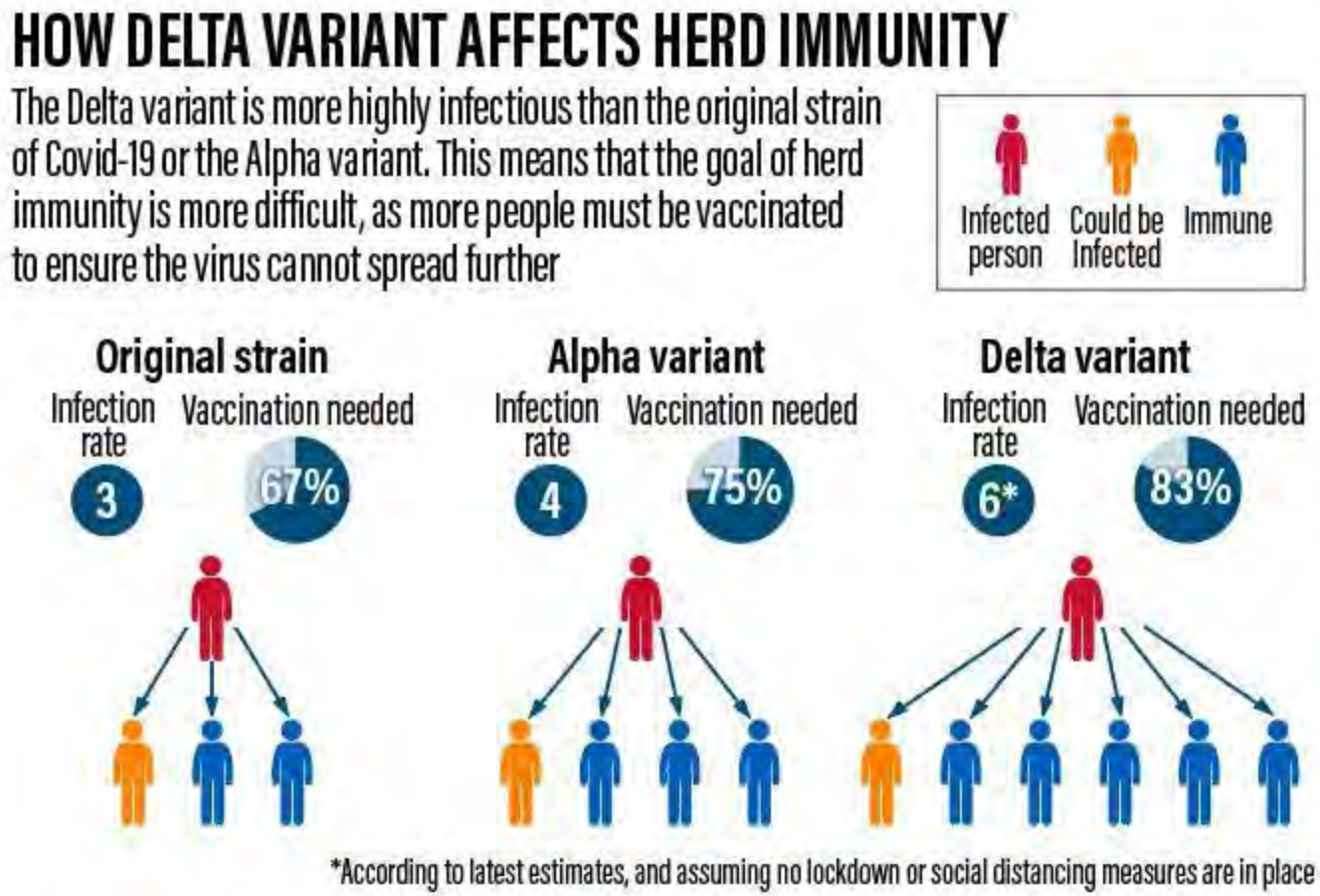


	Cases since Jan 18th 2021	Percent of cases since Jan 18th 2021	Cases in Last 7 days	Percent of cases in last 7 days
Fully Vaccinated	2,449	10.4%	275	19.2%
Not Fully Vaccinated < Age 12	2,800	11.8%	185	12.9%
Not Fully Vaccinated >= Age 12	18,461	77.9%	972	67.9%
Total	23,710	100.0%	1,432	100.0%

Metric Definition: Number of COVID-19 breakthrough cases who are DC residents. The number of cases and the percentage of cases out of all those vaccinated who are reported in DOCIIS2.0 are presented by vaccine type. This information is tracked to identify any trends or clustering in patient characteristics, the administered vaccine, or the infecting virus. This could provide early signals regarding sub-optimal primary immune response in certain groups or conditions , waning immunity, compromised vaccine due to inadequate cold-chain or other issues during shipping, storage, or administration or viral mutations or variants that may impact vaccine effectiveness
Data considerations: COVID-19 Breakthrough cases are DC residents who have SARS-CoV-2 RNA or antigen detected on respiratory specimen collected ≥14 days after completing the primary series of an FDA-authorized COVID-19 vaccine (J&J, Moderna or Pfizer). COVID-19 breakthrough cases reported included have vaccination records reported to DC Health's immunization registry DOCIIS2.0 as well as confirmed positive SARS-COV-2 RNA or antigen tests reported to DC Health. ..

Last Updated: 08/30/2021

Alpha vs Delta



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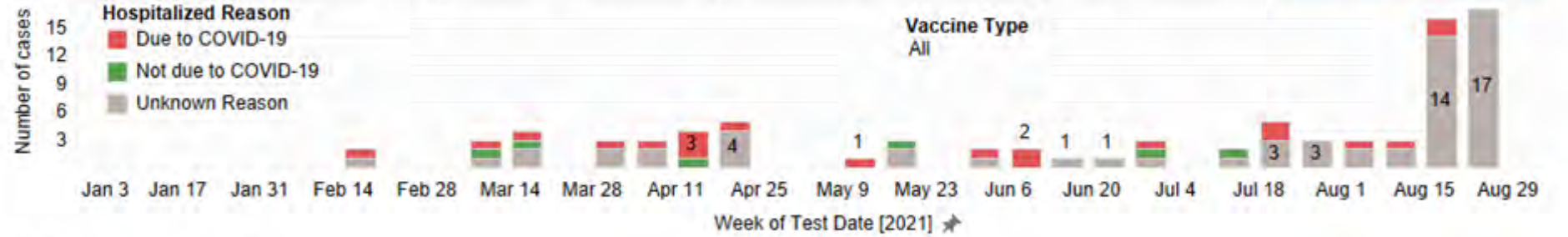

		Total	J&J	Moderna	Pfizer
Hospitalized	Due to COVID-19	20 (23.26%)	5 (50.00%)	4 (14.29%)	11 (22.92%)
	Not due to COVID-19	6 (6.98%)	1 (10.00%)	1 (3.57%)	4 (8.33%)
	Unknown Reason	60 (69.77%)	4 (40.00%)	23 (82.14%)	33 (68.75%)
	Total Hospitalizations	86 (100.00%)	10 (11.63%)	28 (32.56%)	48 (55.81%)
Not Hospitalized		443 (18.75%)	88 (22.45%)	96 (15.53%)	259 (19.14%)
Unknown		1,920 (81.25%)	304 (77.55%)	522 (84.47%)	1,094 (80.86%)
Deceased	Due to COVID-19	8 (88.89%)	2 (100.00%)	2 (100.00%)	4 (80.00%)
	Not Due to COVID-19	1 (11.11%)			1 (20.00%)
	Total Deaths	9 (100.00%)	2 (22.22%)	2 (22.22%)	5 (55.56%)

Source: DC Health (Data are subject to change).
Metric Definition: Number of COVID-19 breakthrough cases who are DC residents over time who have symptoms, are hospitalized or who die. This information is tracked to identify any trends or clustering in patient characteristics, the administered vaccine, or the infecting virus. This could provide early signals regarding sub-optimal primary immune response in certain groups or conditions , waning immunity, compromised vaccine due to inadequate cold-chain or other issues during shipping, storage, or administration or viral mutations or vari..

Last Updated: 08/30/2021

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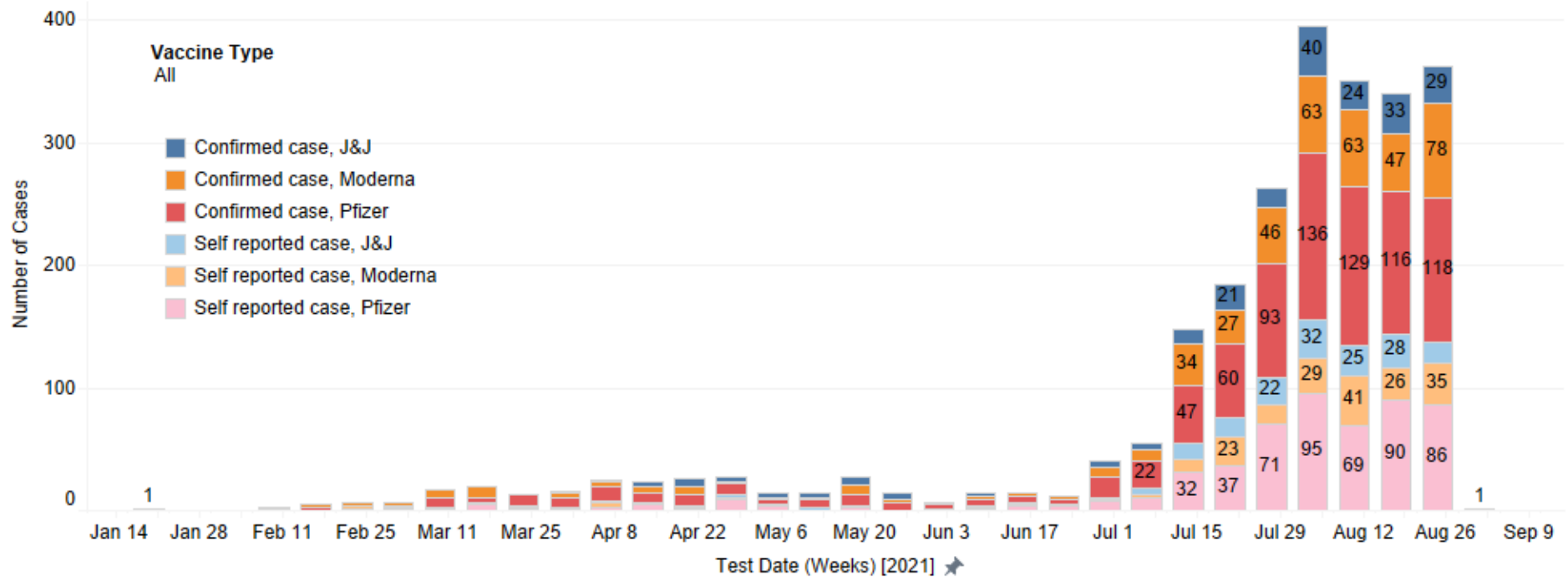

	Fully Vaccinated	Confirmed cases	Self reported cases	Total cases	Percent
J&J	33,963	225	177	402	1.18%
Moderna	150,596	446	200	646	0.43%
Pfizer	219,616	854	547	1,401	0.64%
Total	**404,175**	**1,525**	**924**	**2,449**	**0.61%**

Metric Definition: Number of COVID-19 breakthrough cases who are DC residents. The number of cases and the percentage of cases out of all those vaccinated who are reported in DOCIIS2.0 are presented by vaccine type. This information is tracked to identify any trends or clustering in patient characteristics, the administered vaccine, or the infecting virus. This could provide early signals regarding sub-optimal primary immune response in certain groups or conditions , waning immunity, compromised vaccine due to inadequate cold-chain or other issues during shipping, storage, or administration or viral mutations or variants that may impact vaccine effectiveness
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Last Updated: 08/30/2021

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

dchealth.dc.gov

@_DCHealth dchealth DC Health

For more information on the District's COVID-19 response, visit **coronavirus.dc.gov**

General Updates from OSSE

Dr. Heidi Schumacher, Assistant Superintendent, OSSE

Updates from OSSE

- Welcome Acting State Superintendent of Education, Dr. Christina Grant!

Nutrition Programs Update

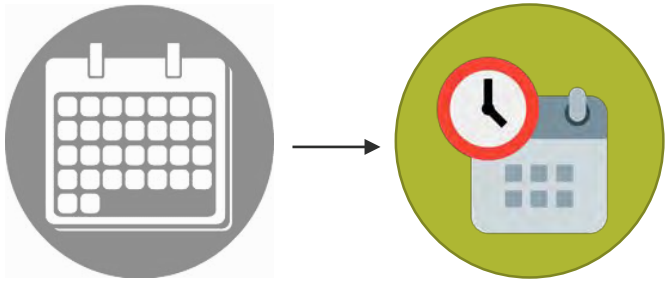
- Student meals:
  - DCPS, public charters schools, and Private Schools participating in school meal programs are serving meals at school AND have contingency plans to continue meal service if/when students are unable to attend in-person
  - Flexibilities are in place through June 30, 2022, and include:
    - Free meals for all
    - Meals to be served for multiple days at a time and sent home with students if needed
    - Meal pattern flexibilities, if needed (needs OSSE approval)
    - Higher per meal reimbursement to schools to offset costs
  - OSSE is supporting LEAs and schools to customize meal service to prioritize student safety, including meals in the classroom, grab and go, and outdoor meals
- Anticipate releasing NSLP Equipment Assistance Grant in the Spring

Mental and Behavioral Health Update

- OSSE continues to collaborate with DBH to support expanding school-based behavioral health to all DCPS and public charter schools.
  - Consult with school leaders on best practices for integrating CBO partners
  - Support SBH teams with annual self-assessment and programmatic planning
  - Participate in Community of Practice and Data/Evaluation core planning meetings
- Professional Development
  - Youth Mental Health First Aid
  - Suicide Prevention Education (have trained 175 SBH providers since April)
- Technical Assistance “Office Hours”
  - Open sessions to dig deeper into effective implementation and evaluation

2021 Youth Risk Behavior Survey Administration

- Fall 2021 Administration
- Transition from Paper to Web-Based Administration
- Questionnaire Updates:
  - Parent/Guardian job loss during the COVID-19 pandemic
  - Mental health over the past 30 days
  - Hours of daily screen time
  - Witnessing community violence (*HS Only*)



Spring 2020-21 school year

Fall 2021-22 school year

Environmental Literacy Update

Grace Manubay, Environmental Literacy Coordinator, OSSE

Environmental Literacy Advisory Committee

- Hosted the first meeting to transition the Environmental Literacy Plan (ELP) agency workgroup into the Environmental Literacy Advisory Committee in August
- The group discussed the creation of a shared vision and goal statement for the committee as it works to implement the 2020 DC Environmental Literacy Plan, continue collaboration, and maintain networks and communication channels across agencies
- Next meeting scheduled at the end of September

Environmental Literacy Grant Updates

- Grantees providing programs to schools that participated in the Environmental Literacy Leadership Cadre and alumni schools, closing out this grant cycle at end of the month
- Successful livestream program series during spring 2021
  - Nature Connections provided eight virtual field trips with environmental experts
  - Preliminary results indicate 1,661 students from 38 schools participated
- Many grant-funded resources created during COVID-19 remain accessible on the OSSE webpage with distance learning resources

Cadre and Capital LEAF

- Two schools that participated in the Capital LEAF (Leaders in Environmental Actions for Our Future) pilot, DC Bilingual PCS and Key Elementary, have been honored as US Green Ribbon Schools. The recognition ceremony is in DC on Sept. 28
- Eight cadre schools completed the Capital LEAF applications, which are currently being reviewed. We anticipate recognizing these schools during Growing Healthy Schools Month.
- We are hopeful that Capital LEAF continues to be a stepping stone for schools to become US Green Ribbon Schools
- Currently finalizing elements of cadre program and hope to recruit the new cohort of school representatives soon

Commissioners' Current Work

Commissioners

Healthy Youth and Schools Commission Strategic Plan Update

Jeff Travers, Chairman, Healthy Youth and Schools Commission

ACEs Working Group

Jeff Travers, Chairman, Healthy Youth and Schools Commission

Nutrition Education and Meals Working Groups

Kristy McCarron, Commissioner, Healthy Youth and Schools Commission
Beverley Wheeler, Commissioner, Healthy Youth and Schools Commission

Data Working Group

Bill Dietz, Commissioner, Healthy Youth and Schools Commission

Closeout and Priorities for Next Meeting

Jeff Travers, Chairman, Healthy Youth and Schools Commission