



Healthy Youth and Schools Commission

May Quarterly Meeting

May 18, 2022 | Jeff Travers, Chairperson of the Commission



Welcome

Agenda

- Welcome and Introductions
- Recap of the Previous Commission Meeting
 - Approval of Minutes
- Updates from the Office of the State Superintendent of Education (OSSE)
- Immunization Attendance Policy
- Coronavirus (COVID-19) Response, Recovery and Restoration
 - Mental Health and Educator Wellness
 - School Meals
 - Data and Trends Update from DC Health
 - Indoor Air Quality Program Report
- Comments from Commissioners on Current Work
- Final Discussion, Closeout and Priorities for Next Meeting



Recap Previous Commission Meeting

Jeff Travers, Chairperson, Healthy Youth and Schools Commission

Recap Previous Commission Meeting

- February Quarterly Meeting
 - Date: Wednesday, Feb.16, 2022
 - Main topics covered:
 - COVID-19 Response and Recovery Updates
 - Data and Trends Update from DC Health
 - Health and Safety Guidance Update
 - COVID-19 Testing Opportunities for Schools
 - School Success Stories
 - Approval of minutes



Updates from OSSE



General Announcements

Heidi Schumacher, Assistant Superintendent, Health and Wellness, OSSE



Immunization Attendance Policy

Kyle Flood, Manager of Policy and Compliance, OSSE

Health Forms: The Basics

- Each student attending pre-K through grade 12 in a public, public charter, private, or independent school shall annually furnish a **completed Universal Health Certificate and Oral Health Assessment** (DC Official Code § 38–602).
 - No student shall be excluded from school for failure to provide these health forms.
 - The school leader is responsible for providing both oral and written reminders to the student's parent or guardian that the health forms are required (DC Official Code § 38–604).
- Schools are **strongly encouraged to distribute these forms in enrollment packets** and collect them at start-of-school.
 - The forms can be collected at any point during the school year but start-of-school is the best opportunity to secure these health documents.

Health Forms: Why are They Important?

- The Universal Health Certificate and Oral Health Assessment demonstrate that students are regularly receiving the health services they need to stay healthy and in school.
- The Universal Health Certificate and Oral Health Assessment may be used by the school to **identify health conditions** and **remove barriers to health and education**.
- School nurses and health technicians use this information to **adequately support students** in the school and **coordinate further care**.
- Other health forms for specific health conditions: Asthma Action Plan, Anaphylaxis Action Plan, Medication and Treatment Authorization Form
- DC Health, OSSE and DHCF use aggregate health form data to **identify gaps in health services** and **connect students to care**.

Oral Health Assessment

DC

HEALTH

Oral Health Assessment Form
 For all students aged 3 years and older, use this form to report their oral health status to their school/child care facility.

Instructions

- Complete Part 1 online. Take this form to the student's dental provider. The dental provider should complete Part 2.
- Return fully completed and signed form to the student's school/child care facility.

Part 1: Student Information (To be completed by parent/guardian)

First Name _____ Last Name _____ Middle Initial _____
 School or Child Care Facility Name _____
 Date of Birth (MM/DD/YYYY) _____ Home Zip Code _____
 School Grade _____ Day care _____ Pre-K _____ Pre-1 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ Adult _____

Part 2: Student's Oral Health Status (To be completed by the dental provider)

Q1. Does the patient have at least one tooth with apparent cavitation (untreated caries)? This does NOT include stained pit or fissure that has no apparent breakdown of enamel structure or non-cavitated demineralized lesions (i.e., white spots). Yes ☐ No ☐
 Q2. Does the patient have at least one treated carious tooth? This includes any tooth with amalgam, composite, temporary restorations, or crowns as a result of dental caries treatment. Yes ☐ No ☐
 Q3. Does the patient have at least one permanent molar tooth with a partially or fully retained unsuit? Yes ☐ No ☐
 Q4. Does the patient have untreated caries or other oral health problems requiring care before his/her routine check-up? (Early care need) Yes ☐ No ☐
 Q5. Does the patient have pain, abscess, or swelling? (Urgent care need) Yes ☐ No ☐
 Q6. How many primary teeth in the patient's mouth are affected by caries that are either untreated or treated with fillings/crowns? Total Number
 Q7. How many permanent teeth in the patient's mouth are affected by caries that are either untreated, treated with fillings/crowns, or extracted due to caries? Total Number
 Q8. What type of dental insurance does the patient have? Medicaid ☐ Private insurance ☐ Other ☐ None ☐

Dental Provider Name _____ (Dental Office Stamp)
 Dental Provider Signature _____
 Dental Examination Date _____

This form replaces the previous versions of the DC Oral Health Assessment Form used for each state (DC, Indiana, all other states) and each care system. This form is approved by the DC Health and is a confidential document. Confidentiality is assured by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for the health record and the Health Information Privacy and Protection Act (HITPPA) for the DC, Indiana and other providers.

DC Health | 899 North Capitol Street, NE, Washington, DC | 202.545.2180 | dchealth.dc.gov January 2019

Immunization Information

Part B: Immunization Information				To be completed by licensed health care provider			
Child Last Name:	Child First Name:	Date of Birth:					
In the space below, provide the date of immunization (MM/DD/YYYY)							
Diphtheria, Tetanus, Pertussis (DTaP)							
IPV (at age 12-14 yrs)							
Polio (IPV)							
Haemophilus Influenza Type 2 (Hib)							
Imovax 2 (Imovax)							
Polio (IPV, OPV)							
Measles, Mumps, Rubella (MMR)							
Measles							
Mumps							
Rubella							
Tdap/DT							
Pneumococcal Conjugate							
Imovax 2 (Imovax) (Born on or after 10/10/2000)							
Meningococcal Vaccine							
Acne (Meningococcal, MCV)							
Adjuvanted Meningococcal							
Adjuvanted (Recommended)							
Conjugate (Conjugate) (Recommended)							
Other:							
<input type="checkbox"/> The child is behind on immunizations and needs to begin or please get her/his back on schedule. Next appointment in: _____							
Medical Exemptions (if applicable)							
I certify that the above child has a valid medical exemption(s) to being immunized at the time signed:							
<input type="checkbox"/> Allergic	<input type="checkbox"/> Chronic	<input type="checkbox"/> Previous	<input type="checkbox"/> etc.	<input type="checkbox"/> Vacc	<input type="checkbox"/> Risk	<input type="checkbox"/> Medical	
<input type="checkbox"/> Allergic	<input type="checkbox"/> Rubella	<input type="checkbox"/> Chronic	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Vacc	<input type="checkbox"/> Meningococcal	<input type="checkbox"/> etc.	
Is this medical contraindication permanent or temporary? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until: _____ (date)							
Alternative Proof of Immunity (if applicable)							
I certify that the above child has laboratory evidence of immunity to the following and/or attached a copy of the test results:							
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pertussis	<input type="checkbox"/> etc.	<input type="checkbox"/> Vacc	<input type="checkbox"/> Risk	<input type="checkbox"/> Medical	
<input type="checkbox"/> Allergic	<input type="checkbox"/> Rubella	<input type="checkbox"/> Chronic	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Vacc	<input type="checkbox"/> Meningococcal	<input type="checkbox"/> etc.	
OFFICE USE ONLY - PROVIDER SIGNATURE & CERTIFICATION To be completed by licensed health care provider							
The child has been appropriately examined and health history reviewed and assessed in accordance with the state specified rules from, at the time of the exam, and it is satisfied that health care provider is fully qualified, competent, and child was not sedated or under any other sedation. <input type="checkbox"/> No <input type="checkbox"/> Yes							
The child is exempt for religious/spiritual, <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No, please attach declaration form.							
I hereby certify that I examined this child and the information recorded here was determined as a result of the examination.							
Licensed Health Care Provider (Office Stamp)		Provider Name: _____ Provider Phone: _____ Provider Signature: _____		Date: _____			
OFFICE USE ONLY - UNLICENSED HEALTH CARE PROVIDER							
Signed Official Name: _____		Signature: _____		Date: _____			
Health Care Personnel Name: _____		Signature: _____		Date: _____			

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Version 01-01-2010

Immunization Requirements Background and Introduction

- Healthy bodies and minds are the foundation of academic success.
- Immunizations are the best defense against some of the most common and sometimes deadly infectious diseases.
- District of Columbia law requires that schools verify immunization certification for all students as part of enrollment and attendance.
 - **A school shall not permit a student to attend for more than 20 school days while the school does not have certification of immunization for that student.**
- After 20 school days have passed for non-compliant students, schools shall code the students' attendance as "unexcused absence - immunization" until immunization certification is met.

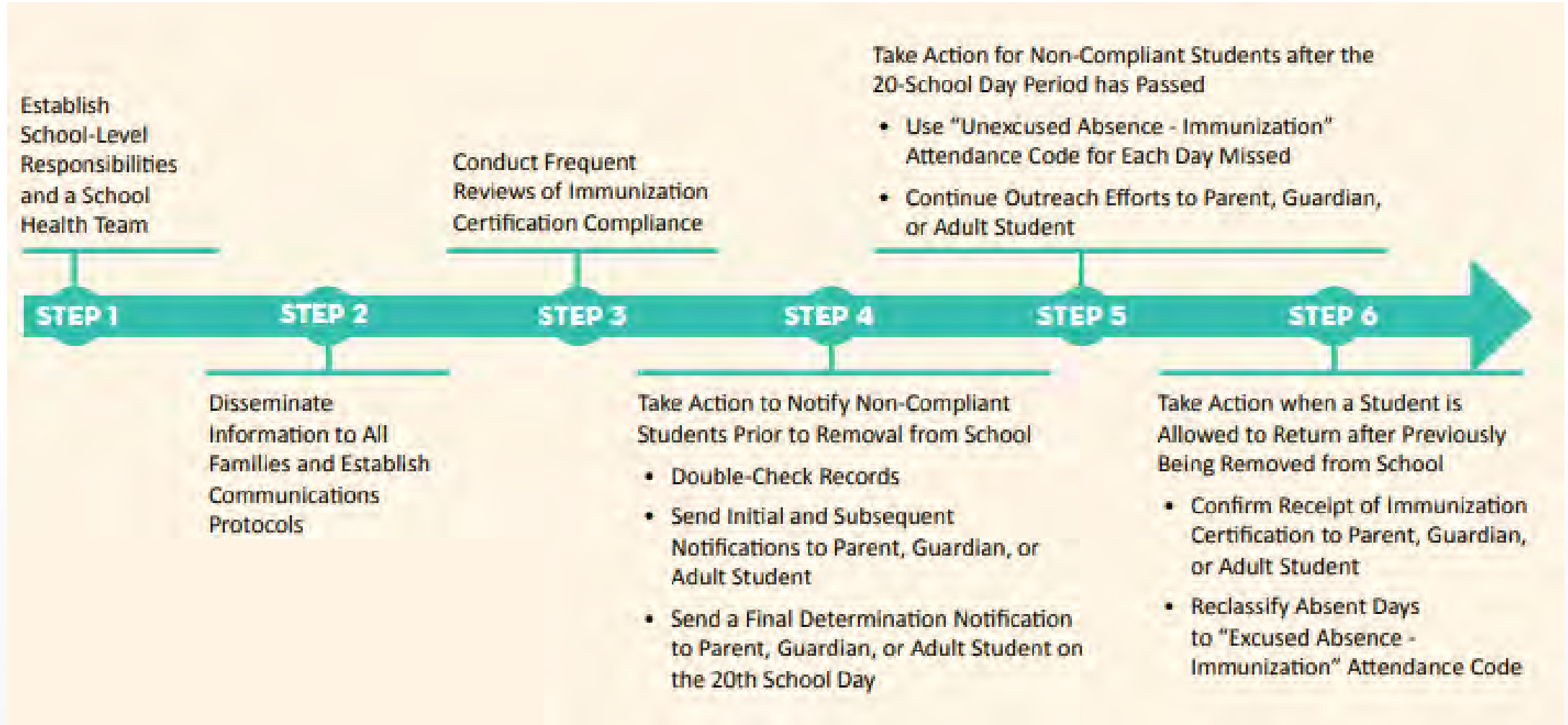
***NEW:* COVID-19 Vaccination in the 2022-23 School Year**

- Coronavirus Immunization of School Students and Early Childhood Workers Amendment Act of 2021
 - Requires **eligible students** to be vaccinated against COVID-19.
 - Applies to students who are of an age for which there is a **fully approved COVID-19 vaccine** in the US.
 - The Pfizer vaccine is fully approved for individuals 16 and older.
 - The Moderna vaccine is fully approved for individuals 18 and older.
 - Includes a 70-day timeline for students to get vaccinated if:
 - The US Food and Drug Administration (FDA) fully approves a vaccine for younger ages
 - OR
 - A student has a birthday and becomes eligible for a fully approved vaccine.

Scope of Immunization Attendance Policy

- Applies to all students:
 - ✓ Not yet age 26 years by the start of the school year
 - ✓ Enrolled in grades pre-K through 12 or pursuing an individualized education program (IEP) Certificate of Completion at a public or public charter school
 - ✓ Regardless of at what point in the school year the student is Stage 5 enrolled and identified as non-compliant with the immunization requirements

Six Steps to Attendance Policy Implementation



Medical and Religious Exemptions

- DC law permits medical or religious exemptions from immunization if the parent/guardian or adult student submits written documentation.
 - The IPOC ensures a record of all medical or religious exemptions is in DOCHS and the paper record is kept in the student's health file.

Medical Exemptions	Religious Exemptions
<ul style="list-style-type: none">• Do not expire unless indicated by the healthcare provider• Shall be signed or approved by a private physician, their representative, or the public health authority stating that the immunization is medically inadvisable for the student	<ul style="list-style-type: none">• Expire July 1 of each year• Must be submitted to the school AND DC Health using the official DC Health Religious Immunization Exemption Certificate<ul style="list-style-type: none">• Families must obtain directly from DC Health at doh.immunization@dc.gov• DC Health approves religious exemptions

Resources from OSSE



[OSSE's immunization webpage](#) include the Immunization Attendance Policy, a pre-recorded training, and other resources for schools



COVID-19 Response, Recovery and Restoration

Continued Technical Support

- Resources to support schools, child care facilities, and families with the following topics:
 - Personal protective equipment
 - Return criteria
 - Exclusion and dismissal criteria and protocols
 - Close contact identification
- Community of Practice call series

Mental Health and Educator Wellness

- Timely and targeted investments to support LEAs and schools implement the District's Comprehensive School Behavioral Health Model (SBH)
 - Suicide Prevention Education
 - Evidence-Based Interventions
 - Consultation and Technical Assistance for SBH Providers
 - Supporting Students in Crisis
- Continue our efforts in partnership with governmental agencies, community partners, and LEAs and schools.
 - Educator Wellness Technical Assistance Program
 - High Fidelity School Wraparound



School Meals for the 2022-23 School Year

Liz Leach, Nutrition Programs Manager, OSSE

Meal Access: Background

March 2020

- Nation-wide waivers begin
- Free meals available at open meal sites

July 1, 2022
Revised limited
waivers available*

**June 30,
2022** Nation-wide
waivers expire



*Waivers are not yet approved. Official guidance forthcoming.

5/18/2022

23

What does this mean for schools?



NEW: Waivers*: July 1, 2022 – June 30, 2023

- Grab and go meals (including multiple days' worth of meals and parent pickup) may be provided when congregate meal service is limited by the COVID-19 pandemic.
- Students not eligible for free meals required to pay for school meals

Allowable meal service:

- Student is in quarantine due to COVID-19
- Entire class is in quarantine due to COVID-19

Unallowable meal service:

- Student absent for non-COVID-19 related reason
- School closure for non-COVID-19 related reason (water main break)



*Waivers are not yet approved. Official guidance forthcoming.

5/18/2022

25

Meal Access: Full time virtual schools

- LEAs operating fully virtual learning schools will be required to provide meals for enrolled students. Meals provided to students in this posture:
 - Are encouraged to meet federal and local nutrition requirements
 - May be funded through current Uniform Per Student Funding Formula (UPSFF)
 - Are not eligible for federal or local meal program reimbursement

OSSE's Multi-Tiered Systems of Support (MTSS)

Tier 3: Identified through application review

- Targeted technical assistance

Tier 2: Schools without free meals for all

- Conduct meal eligibility and Free And Reduced-price Meal (FARM) application training

Tier 1: Food service directors and staff

- Disseminate guidance, resources, and tools
- Conduct programmatic trainings with emphasis on traditional operations and limited use of waivers
- Review and approval meal program applications
- Promote partnerships to support continued food access
- Monthly office hours

21 SFAs

65 DC School
Food Authorities
(SFAs)

Questions?



Stoddert Elementary School March 2022

Menu options:

1. Chicken drumstick or baked tofu
 - Jollof rice
 - Black beans
2. Hearty garden salad

Served with:

- Fresh banana
- Choice of milk



Data and Trends

Dr. Anil Mangla, DC Health

Healthy Youth and Schools Commission Meeting

May 18th , 2022

Anil T. Mangla, MPH, FRSPH
State Epidemiologist

Daily Update for the United States

Cases

New Cases (Daily Avg)

87,831

Case Trends



Deaths

New Deaths (Daily Avg)

266

Death Trends



Hospitalizations

New Admissions (Daily Avg)

2,798

Admission Trends



Vaccinations

% At Least 1 Dose

82.5%

People Age 5+



Total Cases

82,301,126

Total Deaths

997,083

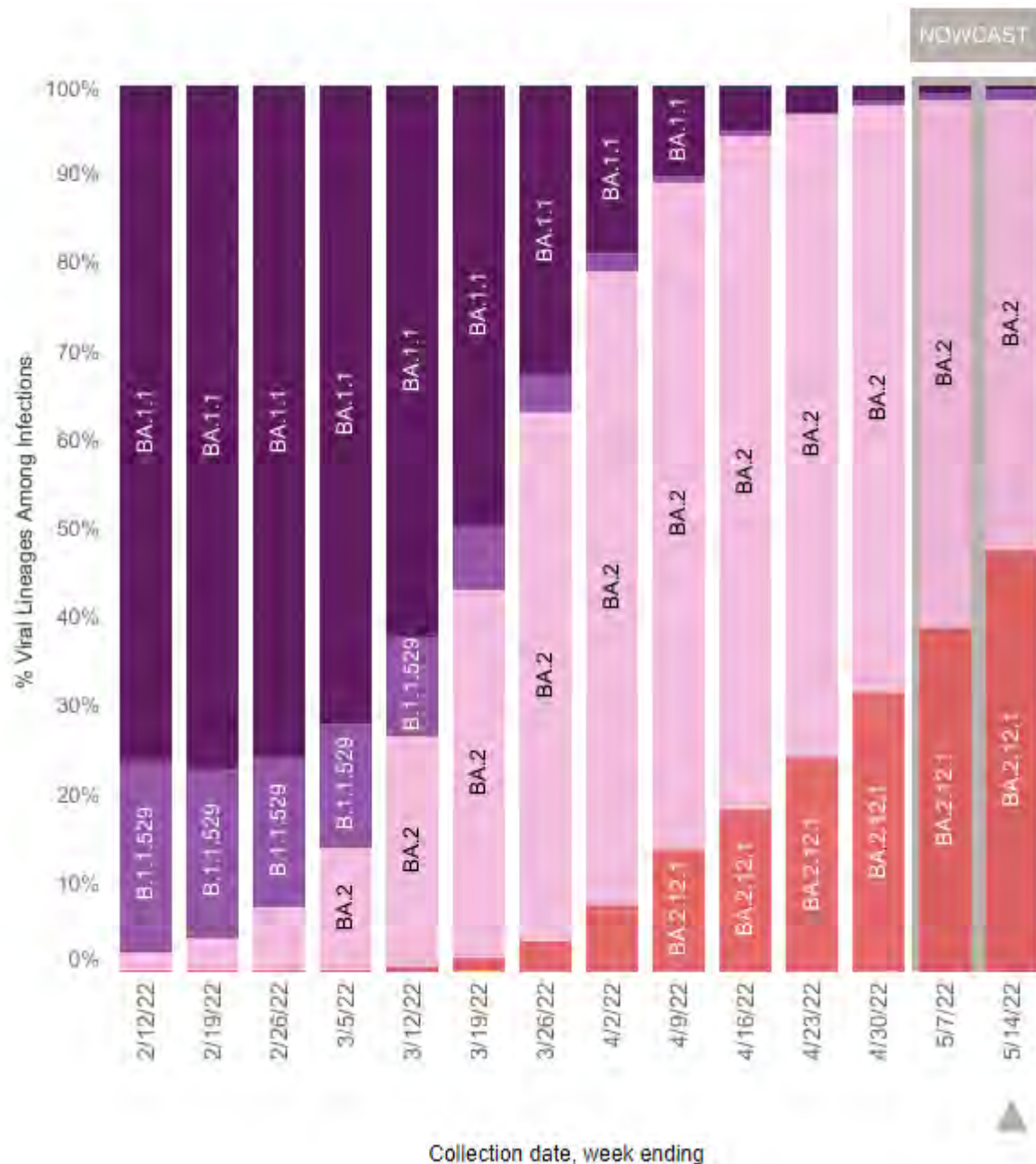
Current Hospitalizations

15,168

Total At Least 1 Dose

257,846,006

CDC | Data as of: May 15, 2022 1:10 PM ET, Posted: May 15, 2022 2:14 PM ET



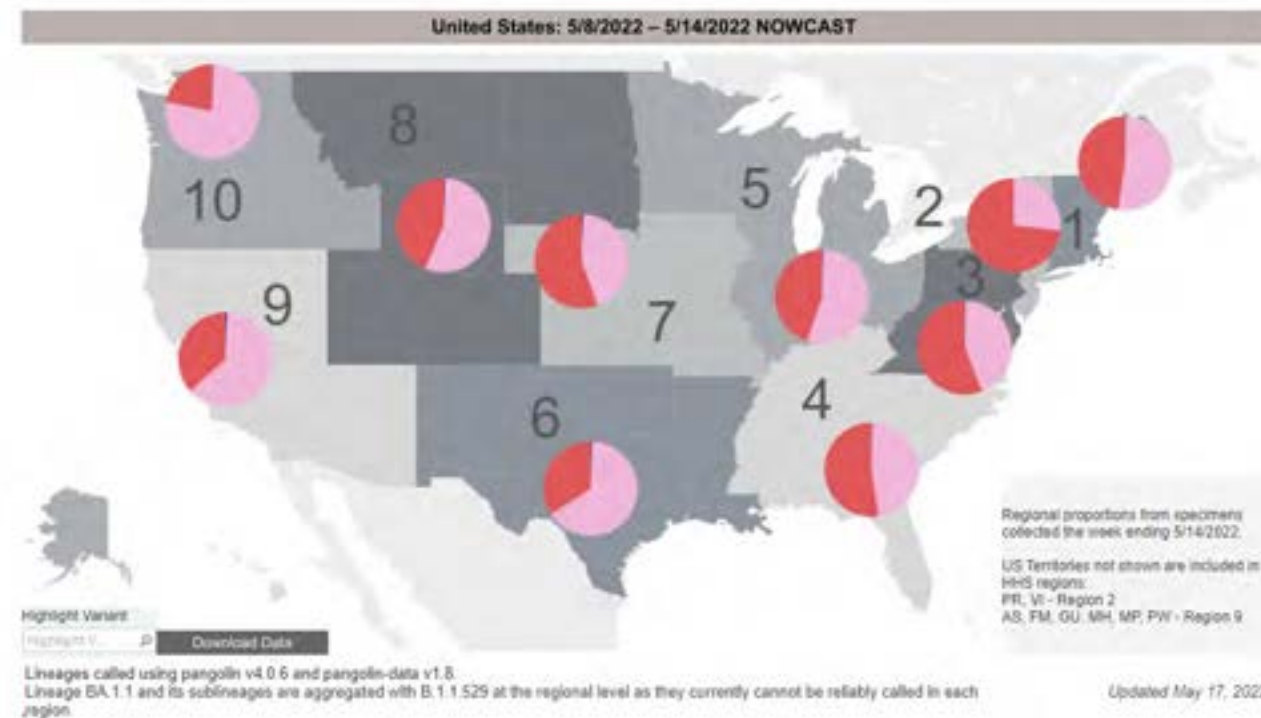
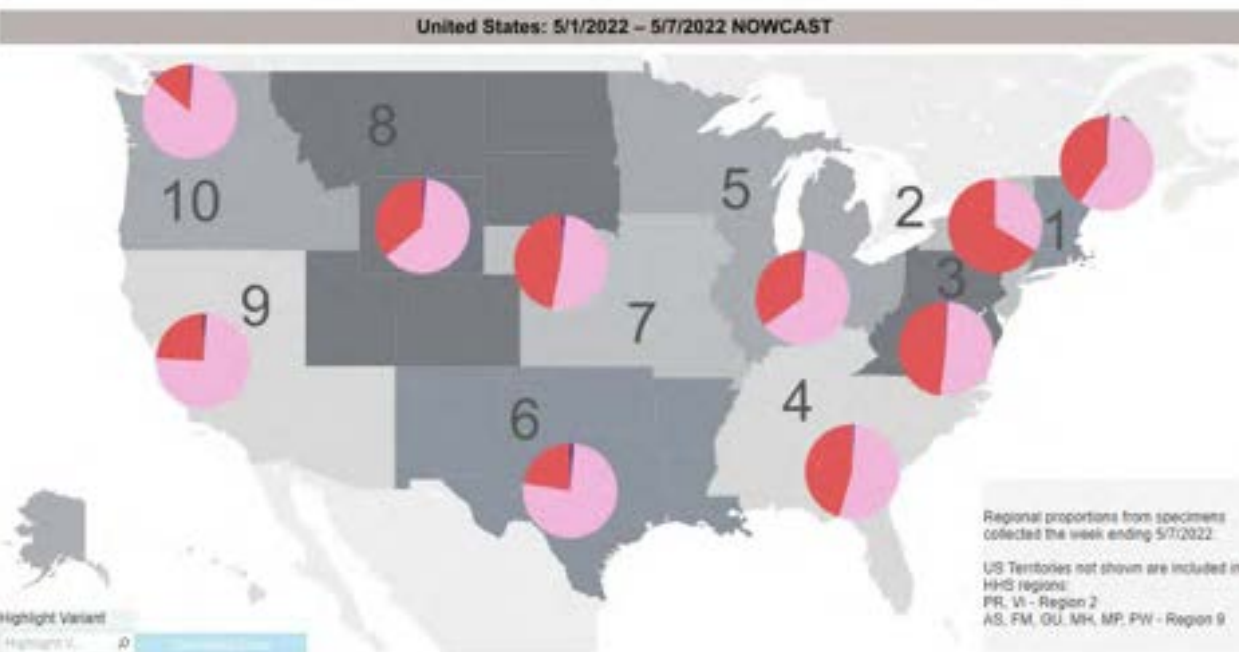
USA

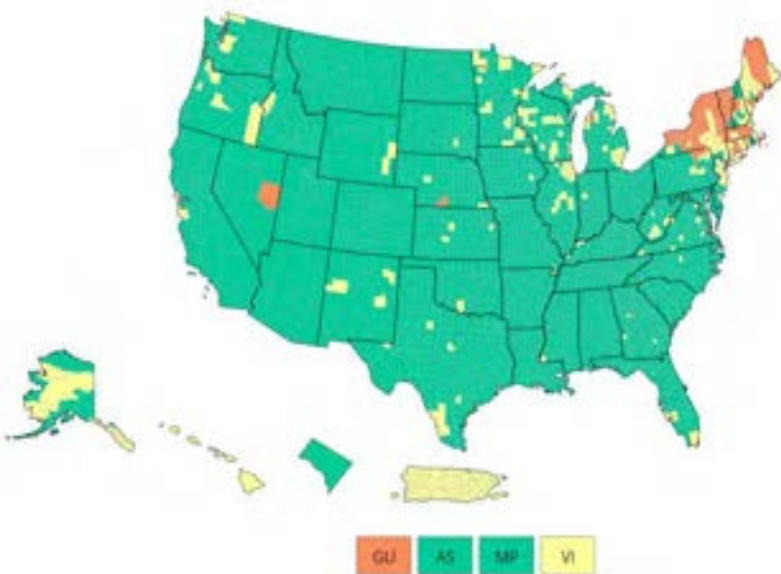
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2	VOC	50.9%	44.9-56.9%
	BA.2.12.1	VOC	47.5%	41.5-53.5%
	B.1.1.529	VOC	1.2%	0.6-2.2%
	BA.1.1	VOC	0.3%	0.2-0.4%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.2%	0.1-0.3%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3, BA.4, BA.5 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1 and its sublineages, BA.2 sublineages are aggregated with BA.2.

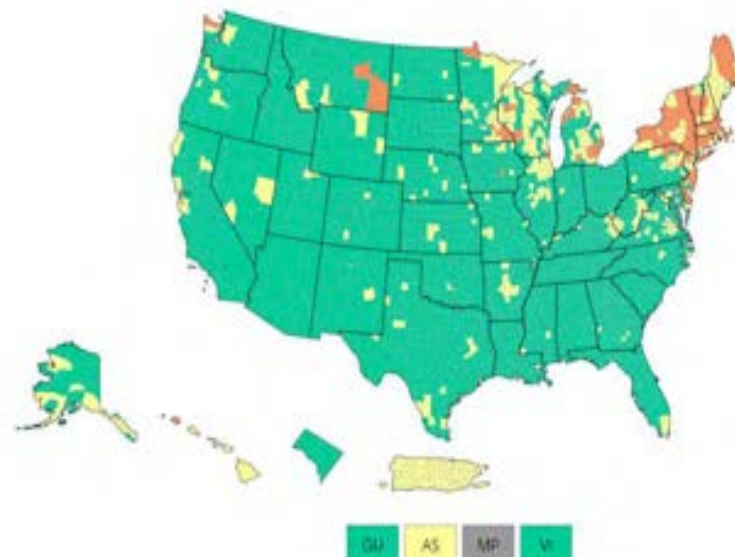




COVID-19 Community Levels in US by County

	Total	Percent
High	79	2.45%
Medium	318	9.86%
Low	2827	87.69%

How are COVID-19 Community Levels calculi

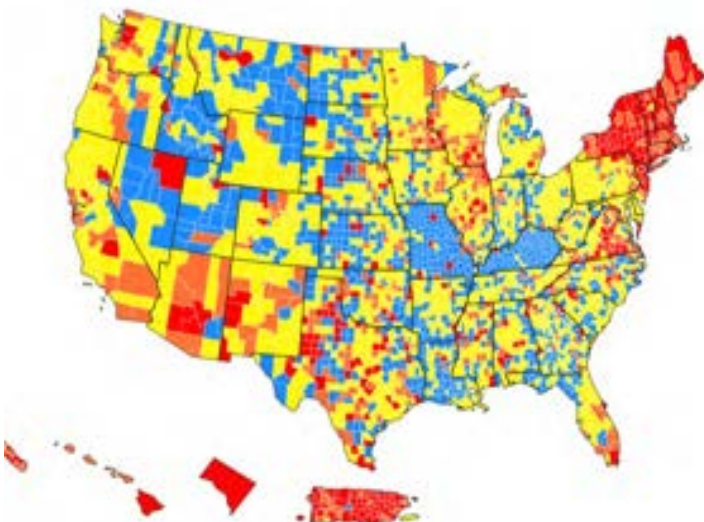


COVID-19 Community Levels in US by County

	Total	Percent
High	137	4.25%
Medium	456	14.15%
Low	2630	81.5%

How are COVID-19 Community Levels calculated?

Community Transmission of All Counties in US



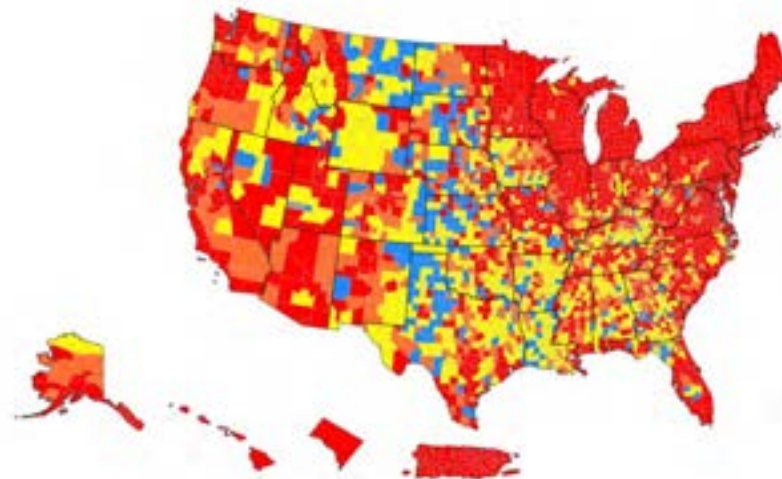
Community Transmission in US by County

	Total	Percent	% Change
High	403	11.38%	- 0.59%
Substantial	425	12.01%	- 2.43%
Moderate	1436	40.56%	- 3.28%
Low	955	26.98%	6.27%

How is community transmission calculated?

● High ● Substantial ● Moderate ● Low ● No Data

Mon Apr 11 2022 11:07:24 GMT-0400

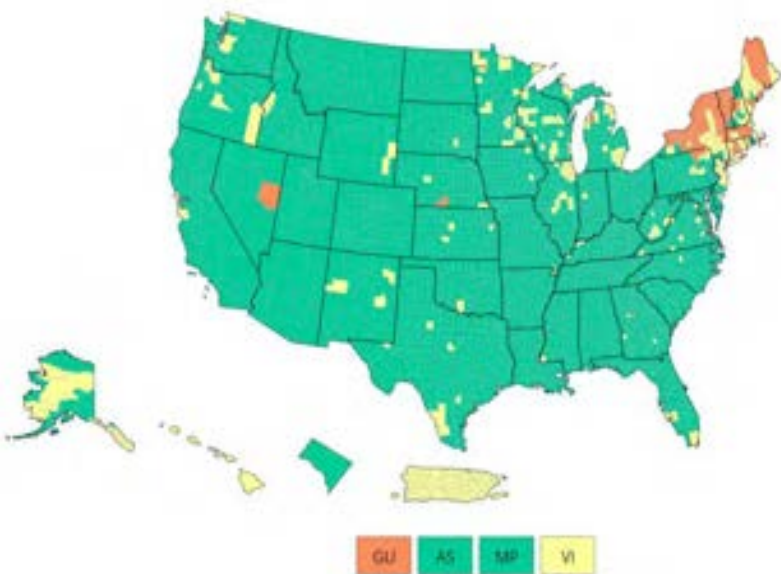


Community Transmission in US by County

	Total	Percent	% Change
High	1597	49.57%	12.41%
Substantial	557	17.29%	- 1.83%
Moderate	758	23.53%	- 7.05%
Low	308	9.56%	- 3.51%

How is community transmission calculated?

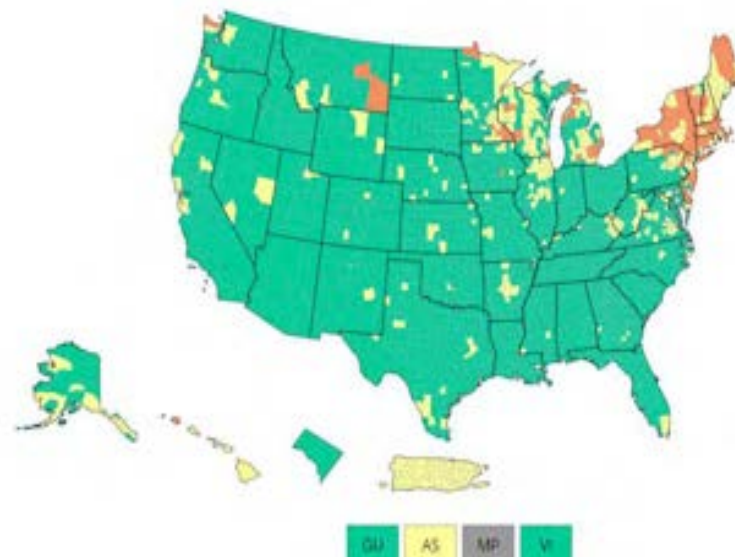
● High ● Substantial ● Moderate ● Low ● No Data



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How are COVID-19 Community Levels calculated?



COVID-19 Community Levels in US by County

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How are COVID-19 Community Levels calculated?

District Data

Anil T. Mangla, MPH, FRSPH
State Epidemiologist

New Key Metrics

Current COVID-19 Community Level

District of Columbia



Limited impact on the healthcare system
Low levels of disease severity

Legend



COVID-19 Community Levels | Use the Highest Level that Applies to Your Community

New COVID-19 Cases per 100,000 people in the last 7 days	Indicators	Level		
		LOW	MEDIUM	HIGH
100-199	New COVID-19 admissions per 10,000 population (7-day total)	<15.0	15.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<15.0%	15.0-19.9%	≥20.0%
200-299	New COVID-19 admissions per 10,000 population (7-day total)	NA	<15.0	≥15.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<15.0%	≥15.0%

The COVID-19 Community Level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases.

DC **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

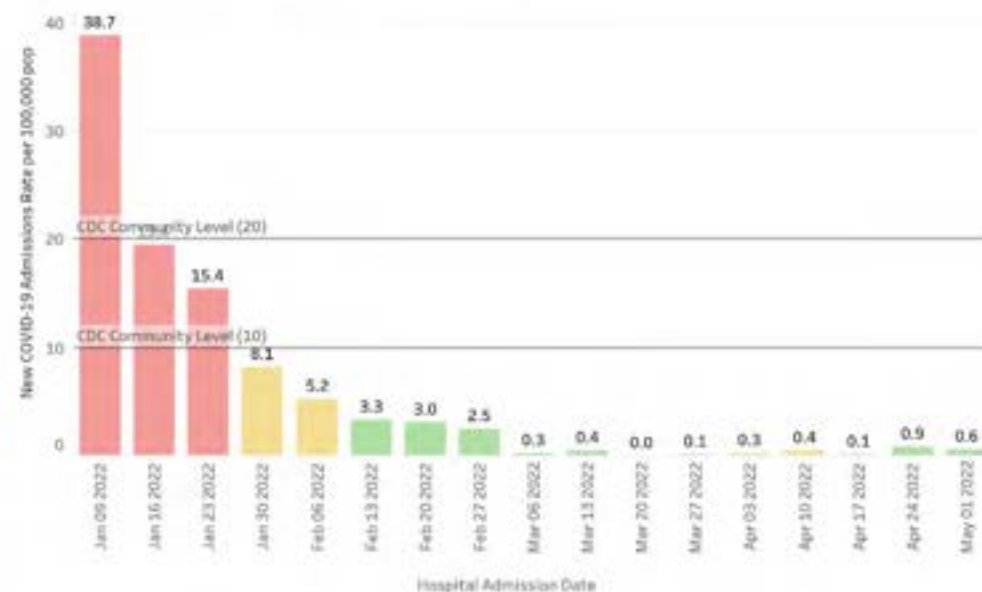
District of Columbia COVID-19 Weekly Case Rate

DC residents, per 100,000 population



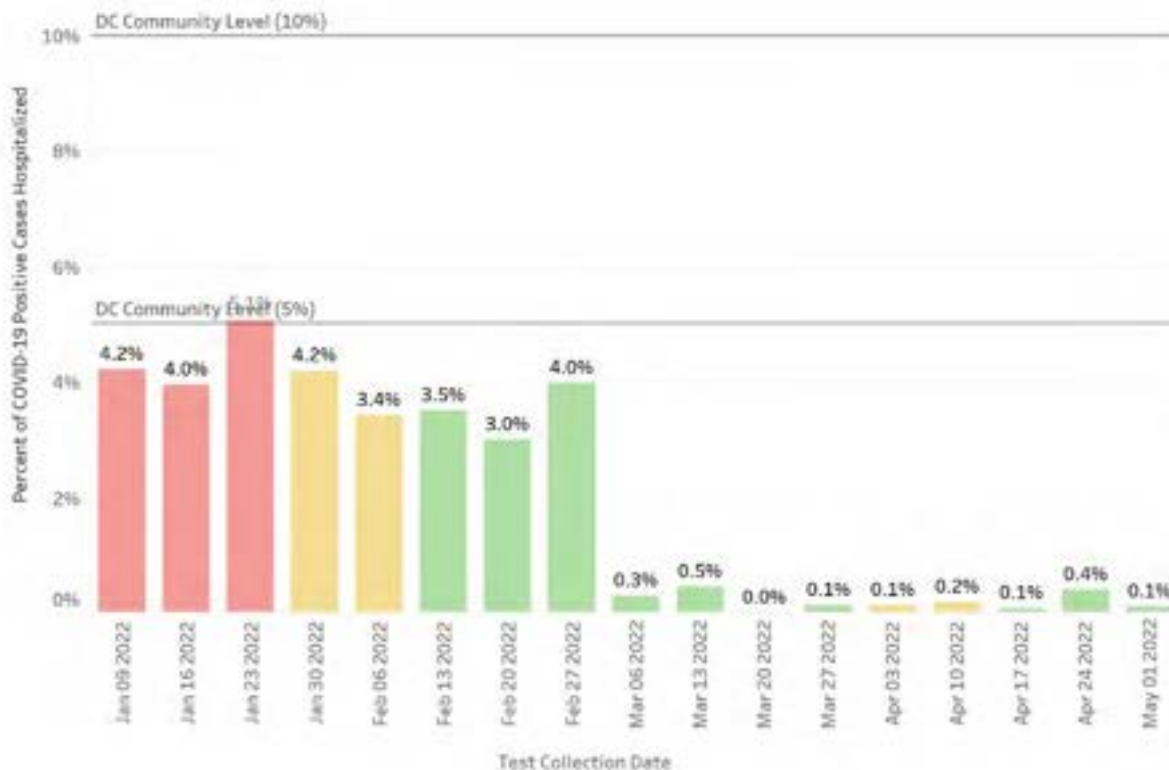
New Weekly Hospital Admissions due to COVID-19

DC Residents, per 100,000 population



New Key Metrics

Percent of COVID-19 Confirmed Positive Cases who were Hospitalized due to COVID-19
DC Residents, by week



Weekly Case Rate

Data Source: DC Health via the Notifiable Disease Surveillance System; US Census.

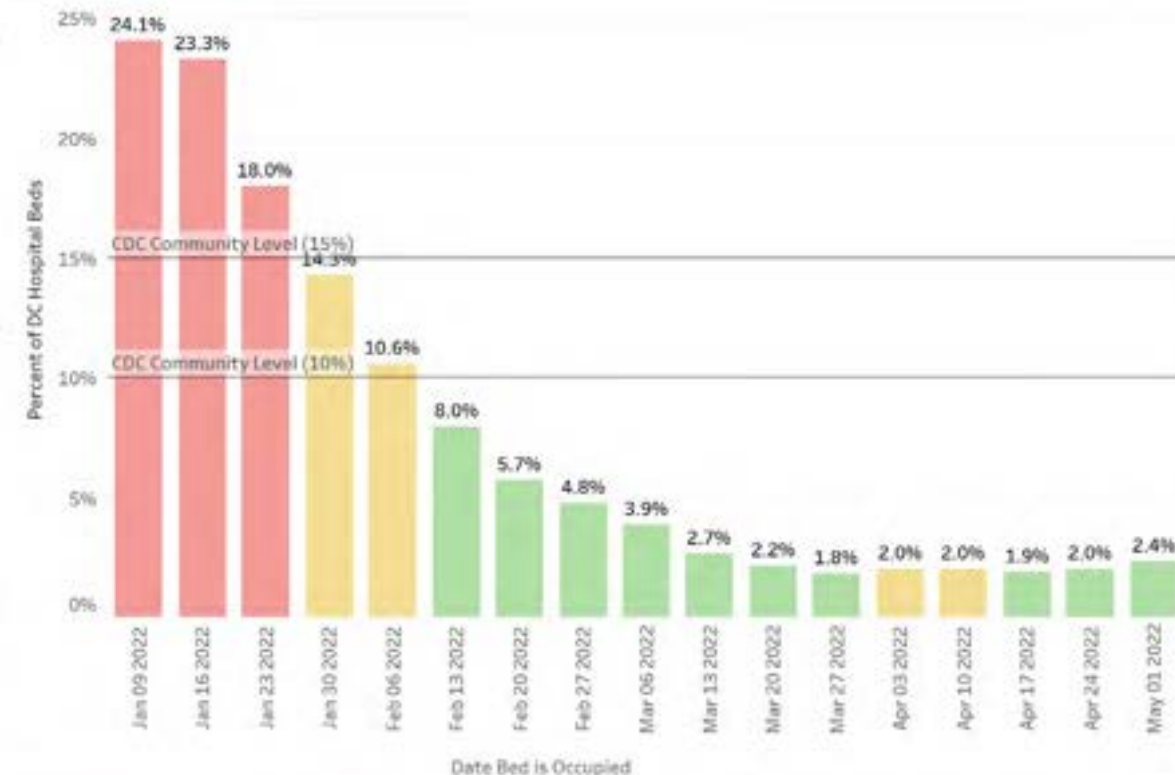
Data Notes: Data may change on a daily basis. Date used is Test Collection Date. Total of new confirmed positive cases over 7 days, calculated per 100,000 DC resident population.

Percent of Positive Cases who were Hospitalized

Data Source: DC Health via the Notifiable Disease Surveillance System; Chesapeake Regional Information System for Our Patients (CRISP).

Data Notes: Data may change on a daily basis. Date used is Admission Date. Percent of new DC resident COVID-19 confirmed positive cases who were hospitalized in DC hospitals. Dependent upon accurate reporting by hospitals into CRISP.

Percent Staffed Beds Occupied by Patients with COVID-19 in the District of Columbia
All jurisdictions, by week



New COVID-19 Admission Rate of DC Residents

Data Source: DC Health via the Notifiable Disease Surveillance System; Chesapeake Regional Information System for Our Patients (CRISP); US Census.

Data Notes: Data may change on a daily basis. Date used is Admission Date. Total of new DC resident COVID-19-related hospital admissions over 7 days, calculated per 100,000 DC resident population. Dependent upon accurate reporting by hospitals into CRISP. Only confirmed positive COVID-19 cases are included. CDC values may differ as they do not distinguish differences in residency in admissions data. Historically, about half of DC hospital inpatients are non-DC residents.

Percent Hospital Beds Occupied by those with COVID-19

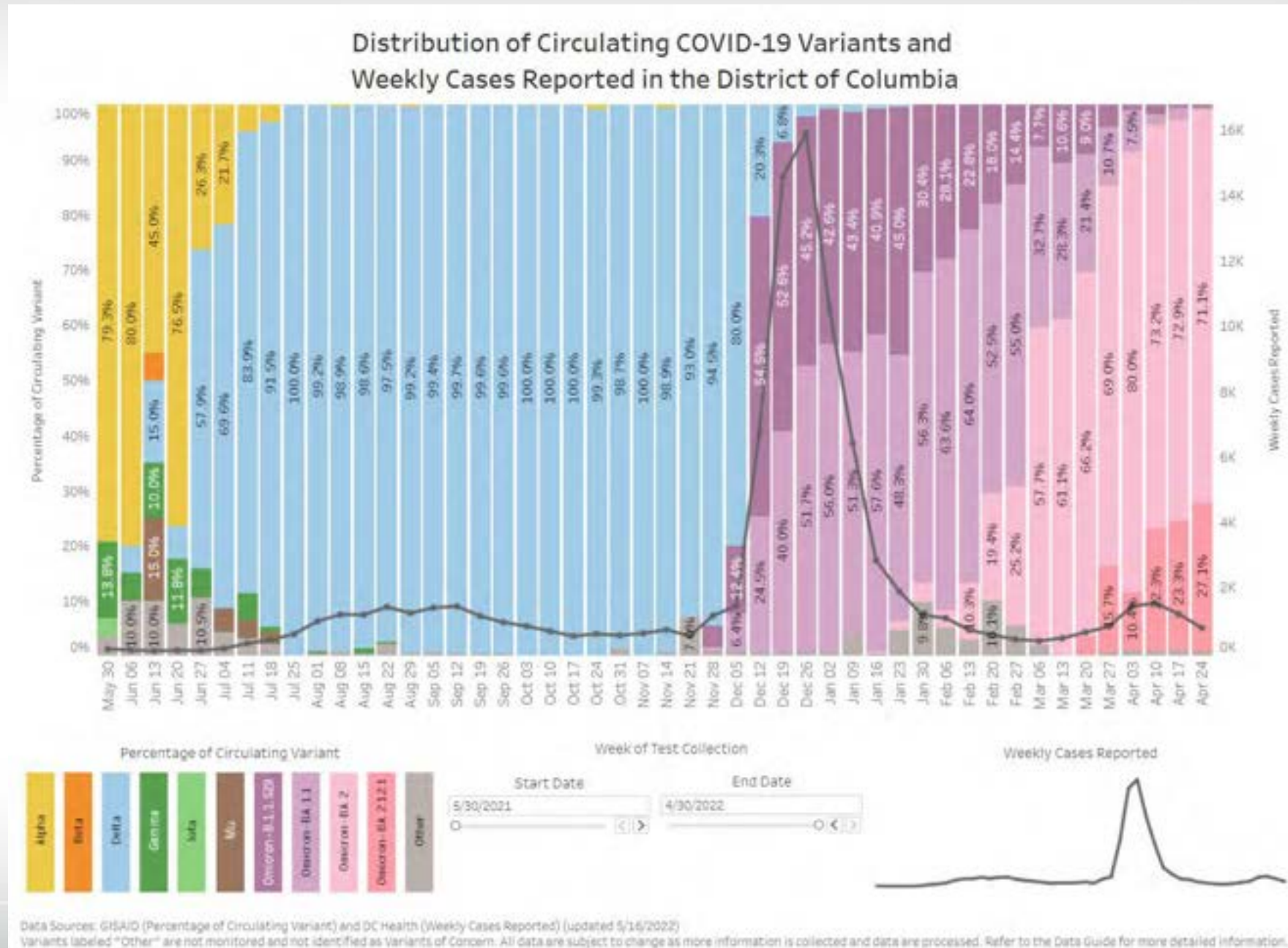
Data Source: DC Health via EMResource Hospital Reporting System and SHPDA.

Data Notes: Data may change on a daily basis. Date used is Date Bed is Occupied. Current hospital census of all patients who have COVID-19 and are hospitalized in a DC acute-care facility on a given day, calculated as a percent of available staffed hospital beds. Dependent upon accurate reporting by hospitals into the EMResource system. Data include both DC and non-DC resident inpatients in DC hospitals.



Note: Through continuous cross-checking and routine data processing as well as supplementary case investigations including chart reviews, 5 additional hospitalization cases were identified between March 16-April 19, 2022. Data have been updated to reflect these cases.

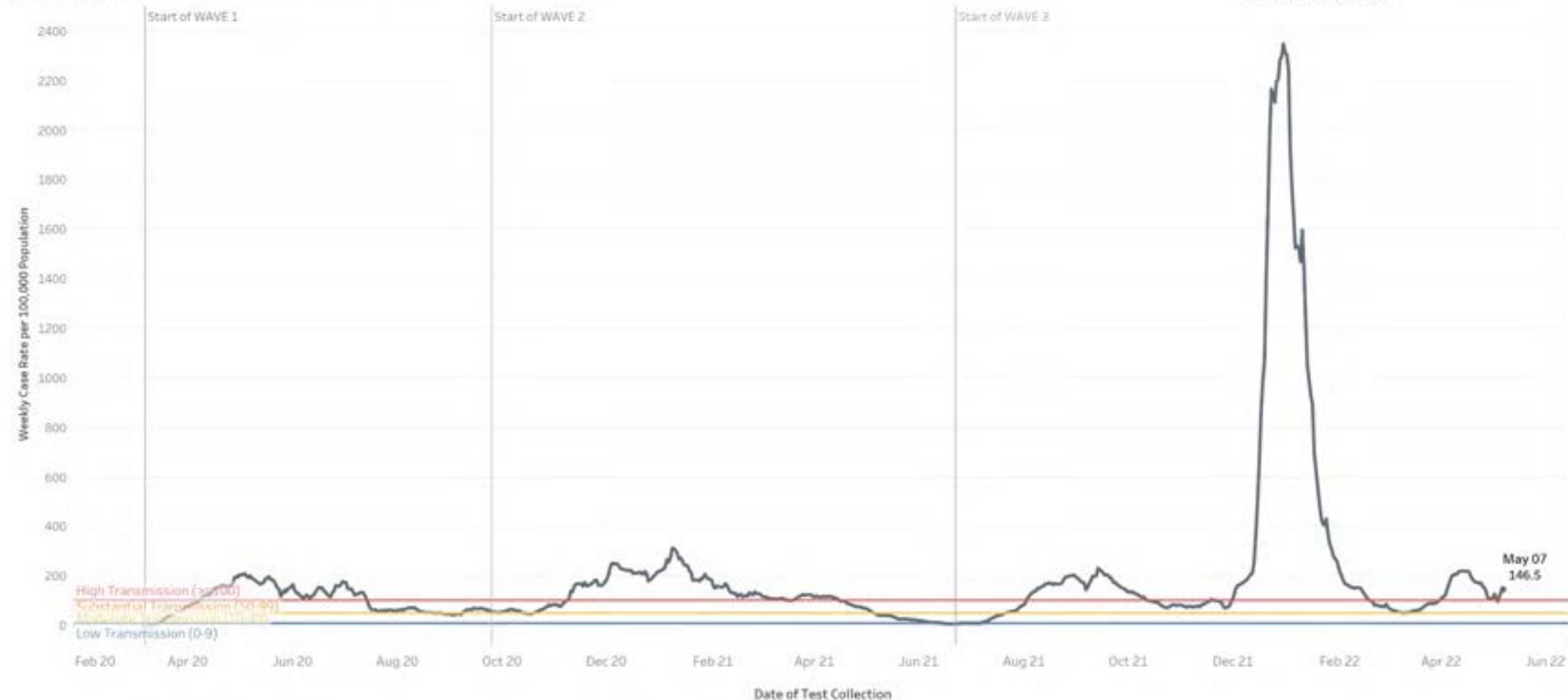
Variant Surveillance



INTERNAL ALERTS [WEEKLY Case Rate]

District of Columbia COVID-19 WEEKLY Case Rate

per 100,000 population



Data Source: DC Health. Data subject to change on a daily basis

Data Notes: The line represents the total number of new cases per 100,000 persons in the past 7 days. It is calculated by adding the number of new cases in the District in the last 7 days divided by the population in the county (or other community type) and multiplying by 100,000. The number of daily cases is subject to the timeliness of test results reported from laboratories and may not always reflect the number of new positive tests on a given day.

<https://www.doh.dc.gov/document/2019-ncov-transmission-schools-childcare-indicators.html>

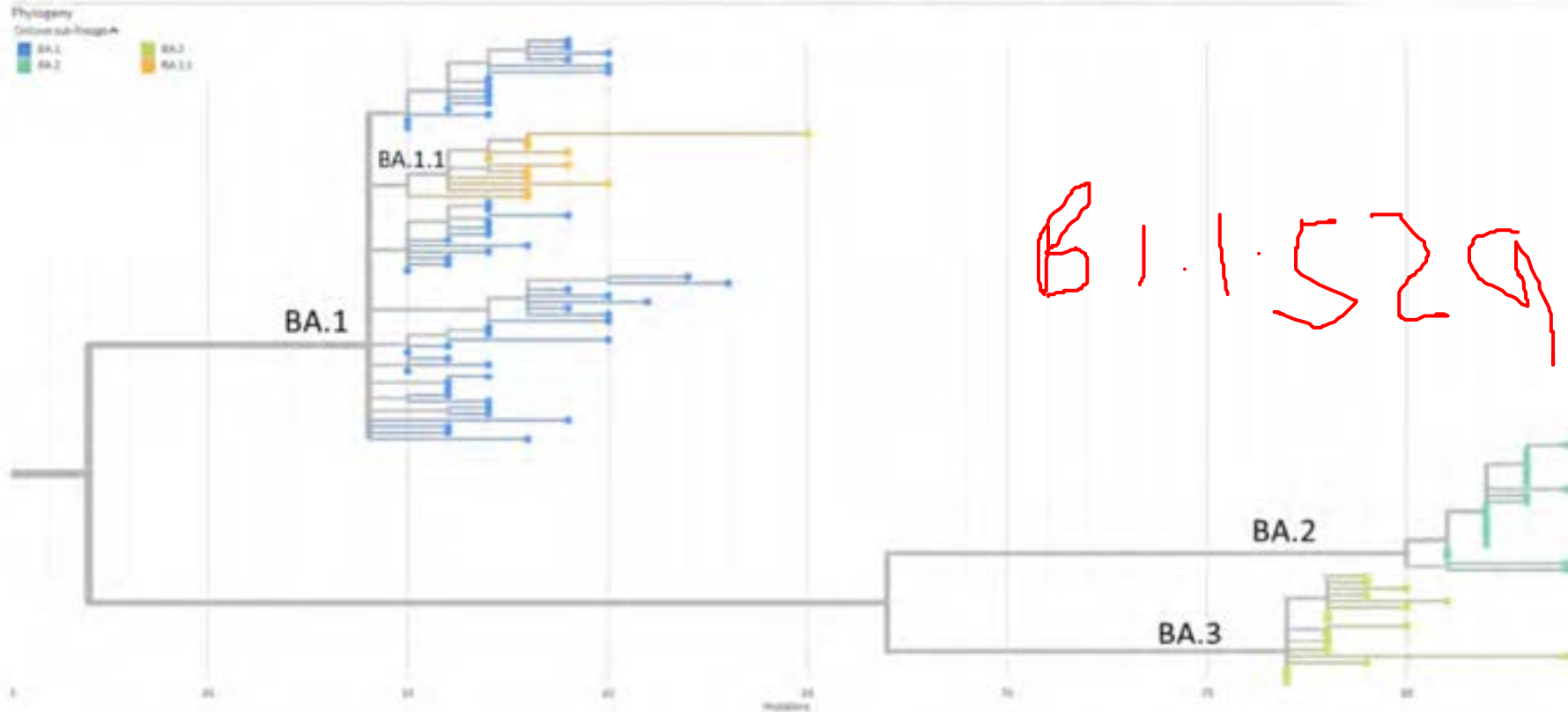
WHAT'S IN A NAME?

PANGO SYSTEM OF NOMENCLATURE



A NEW VERSION OF OMICRON IS GAINING A FOOTHOLD IN THE U.S., CDC FINDS

Figure 6. Phylogenetic tree describing the Pango lineage B.1.1.529 and its sub-lineages

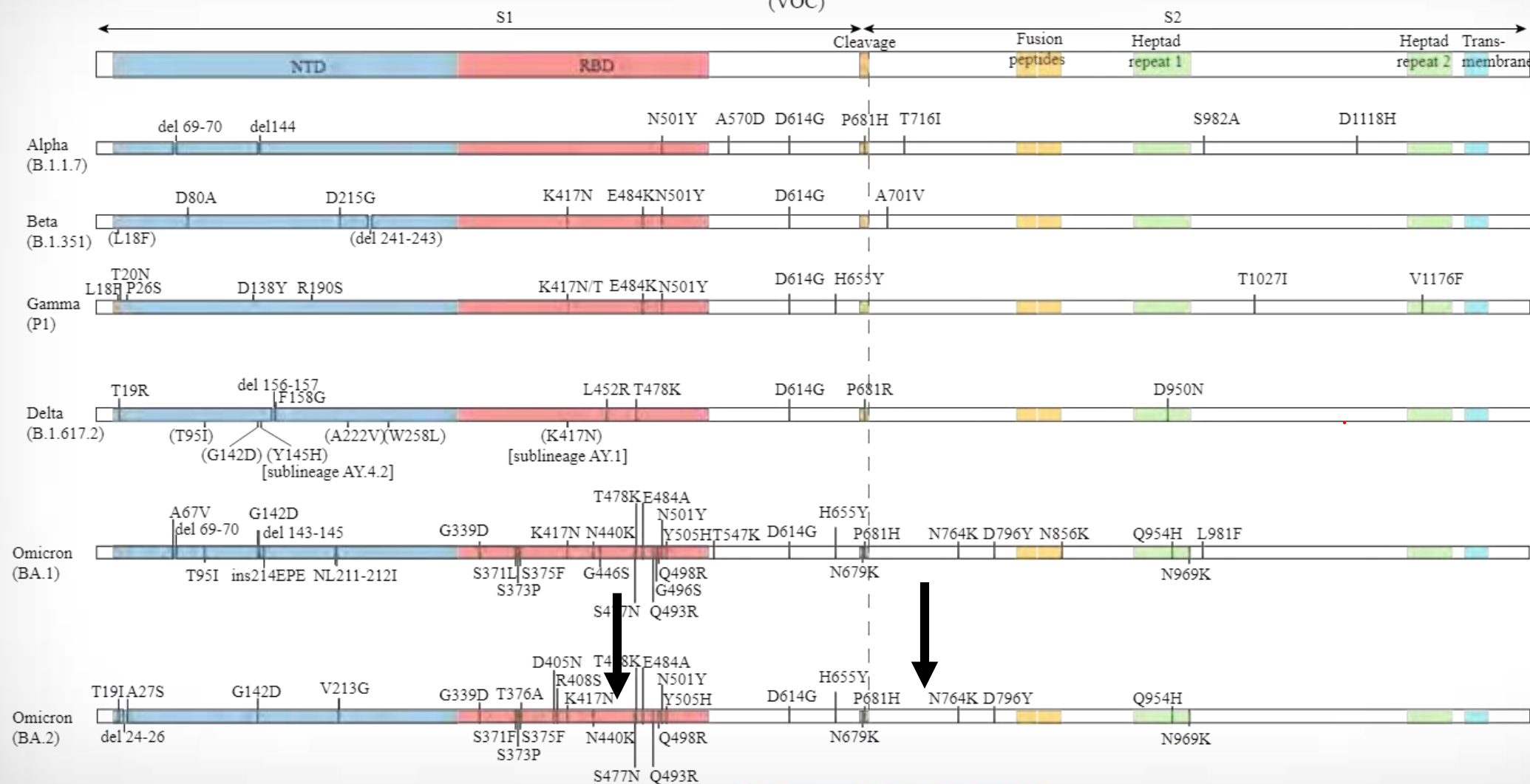


B.1.1.529.2

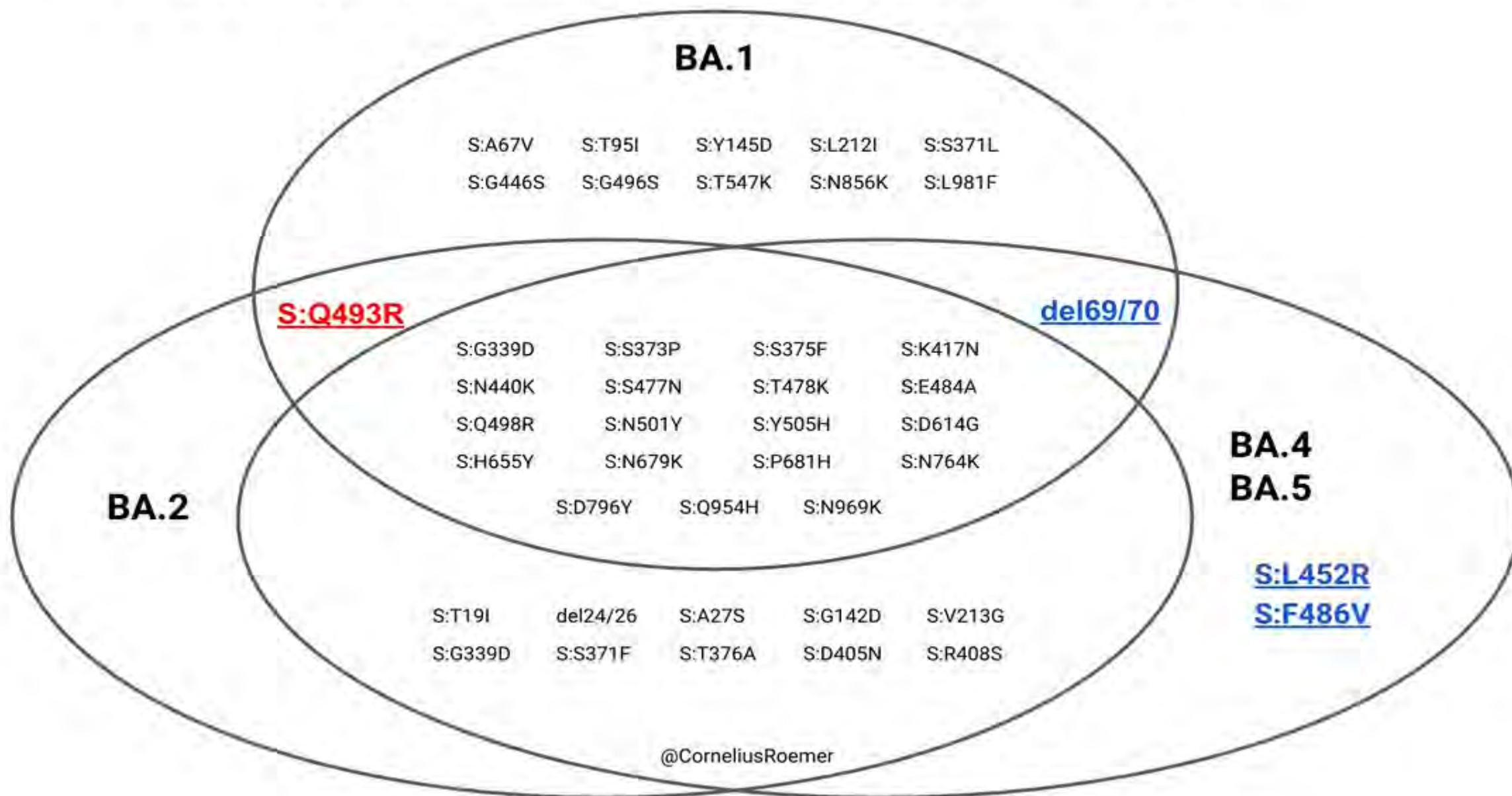
The tree was generated using the UShER web interface [23]. Twenty randomly selected sequences belonging to each of the Omicron sub-lineages from GISAID were used as query sequences.

A NEW VERSION OF OMICRON IS GAINING A FOOTHOLD IN THE U.S., CDC FINDS

Variants of Concern
(VOC)



Shared and unique Spike mutations in BA.1, BA.2, and BA.4/BA.5

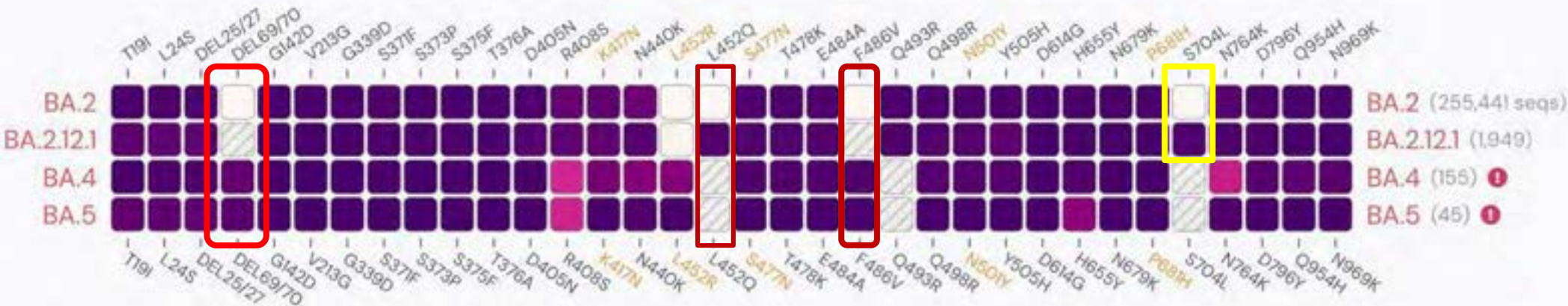


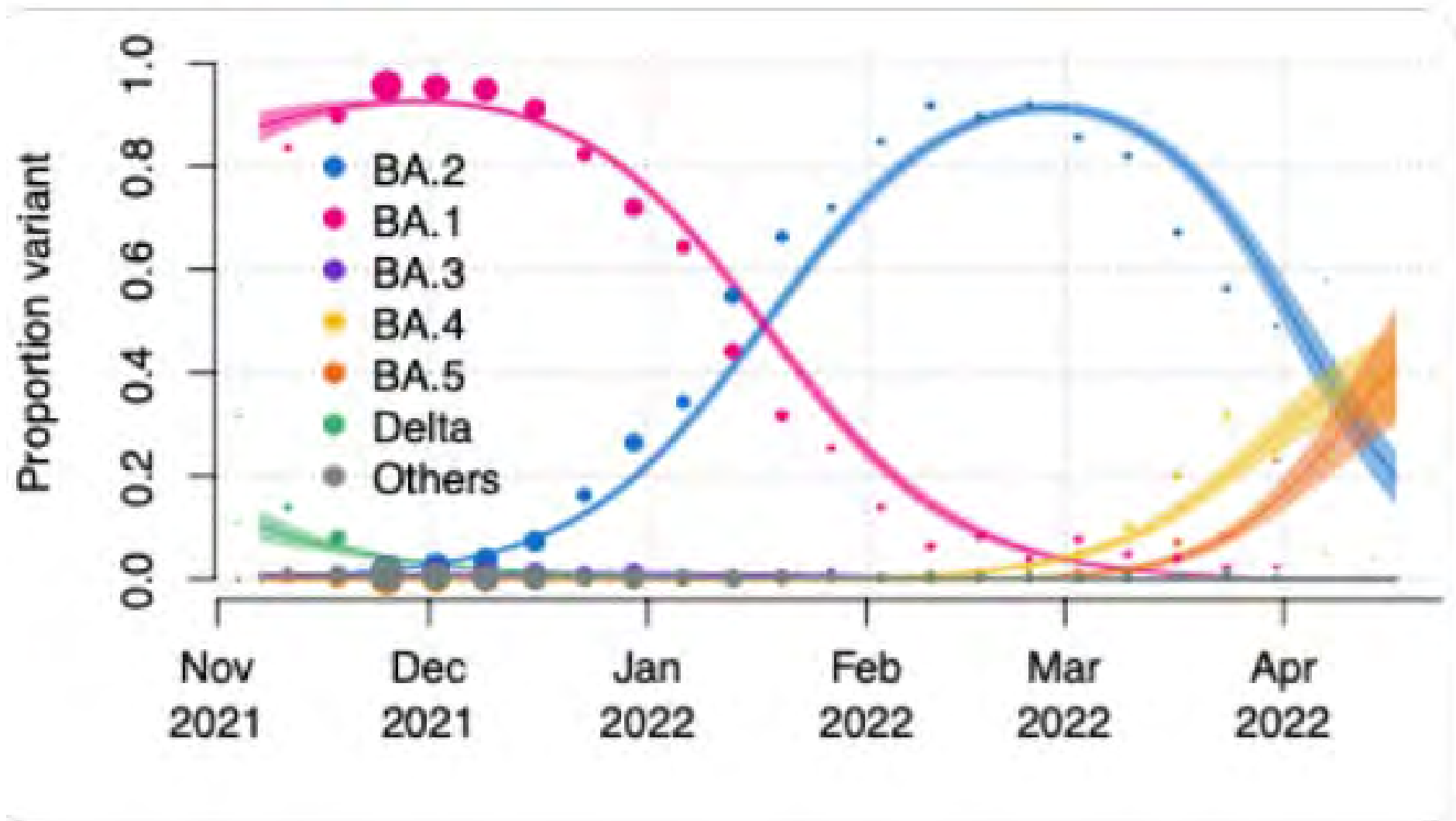
Mutation prevalence across lineages

Mutations with > 75% prevalence in at least one lineage.

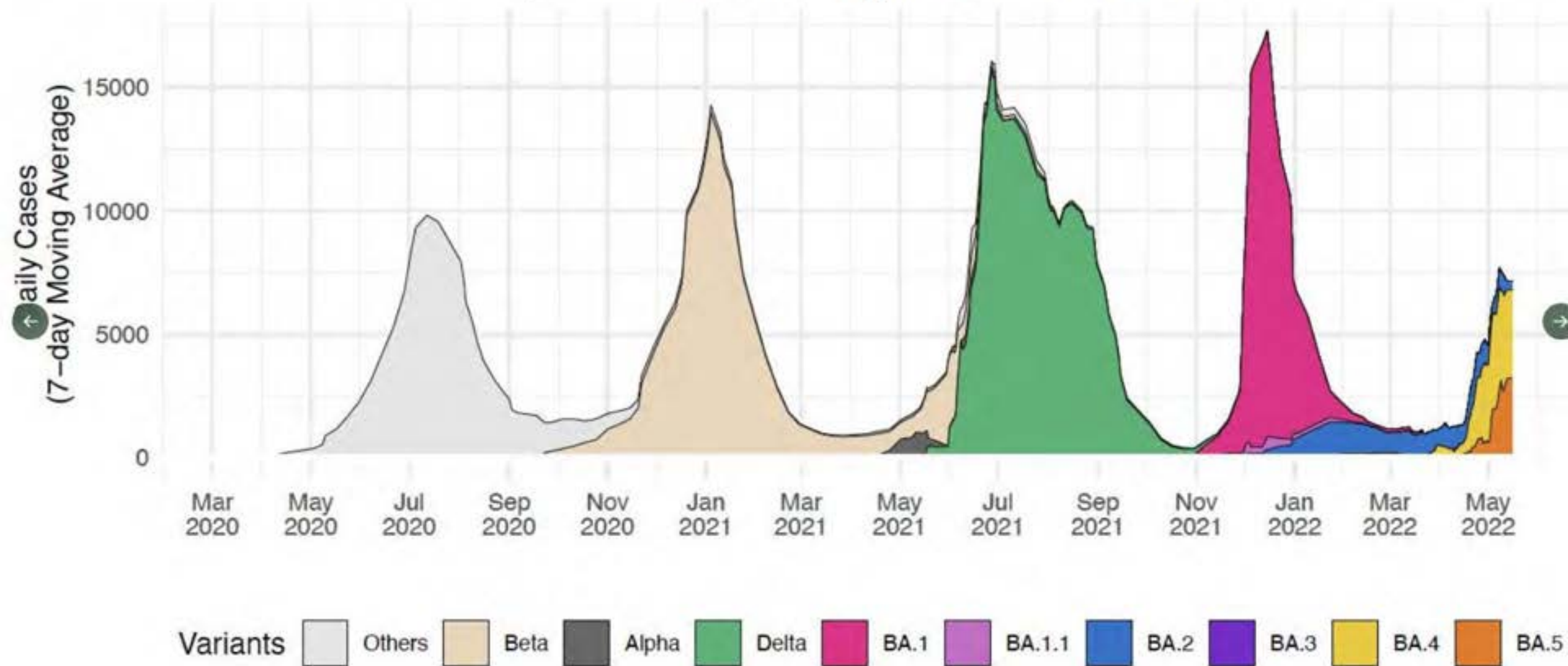


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Epidemic and Variant Dynamics in South Africa

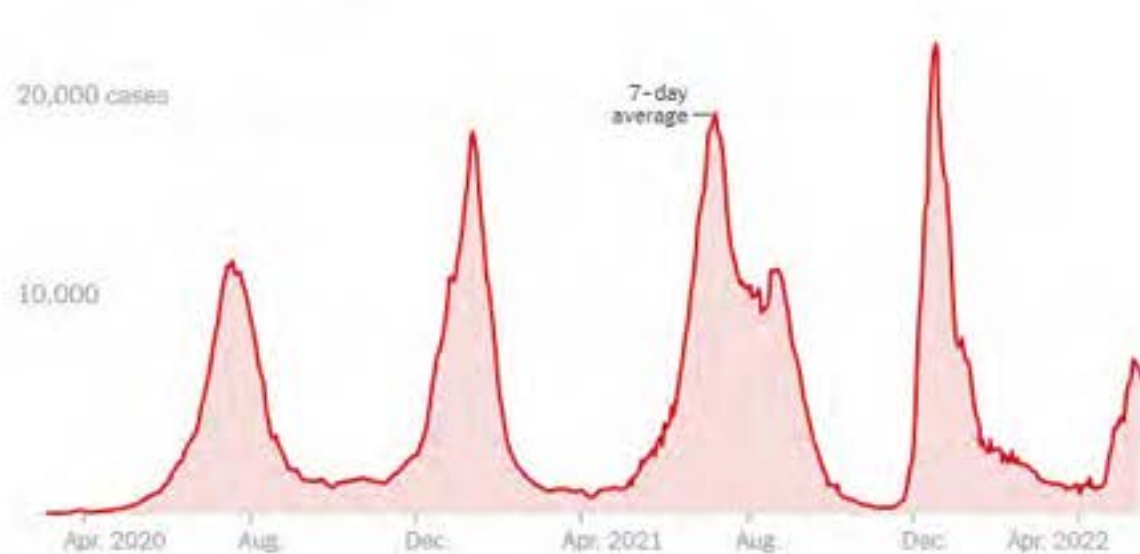


the month with the highest average deaths in South Africa.

How trends have changed in South Africa

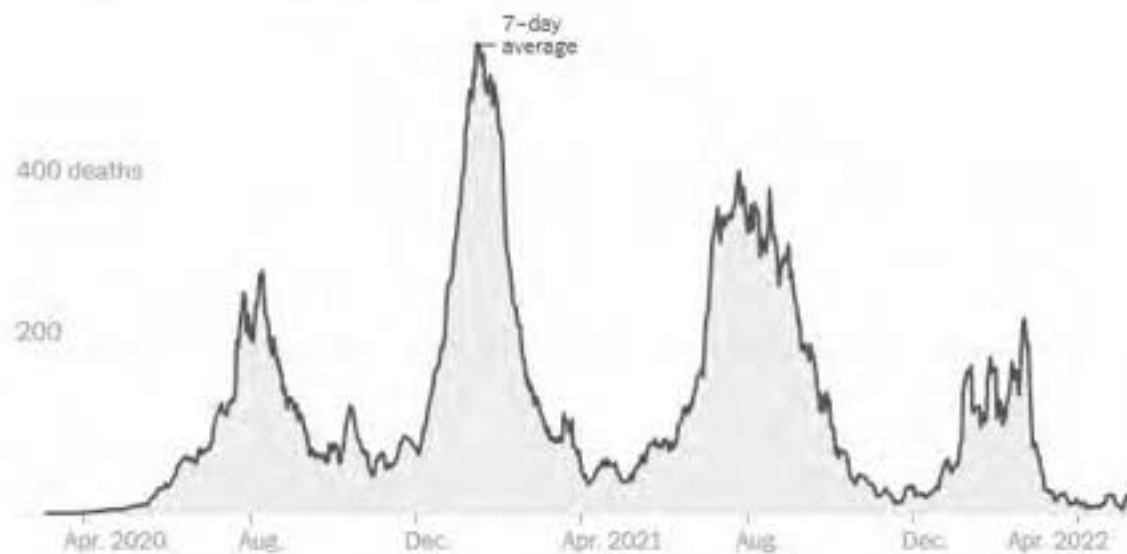
[All time](#)[Last 90 days](#)

New reported cases by day



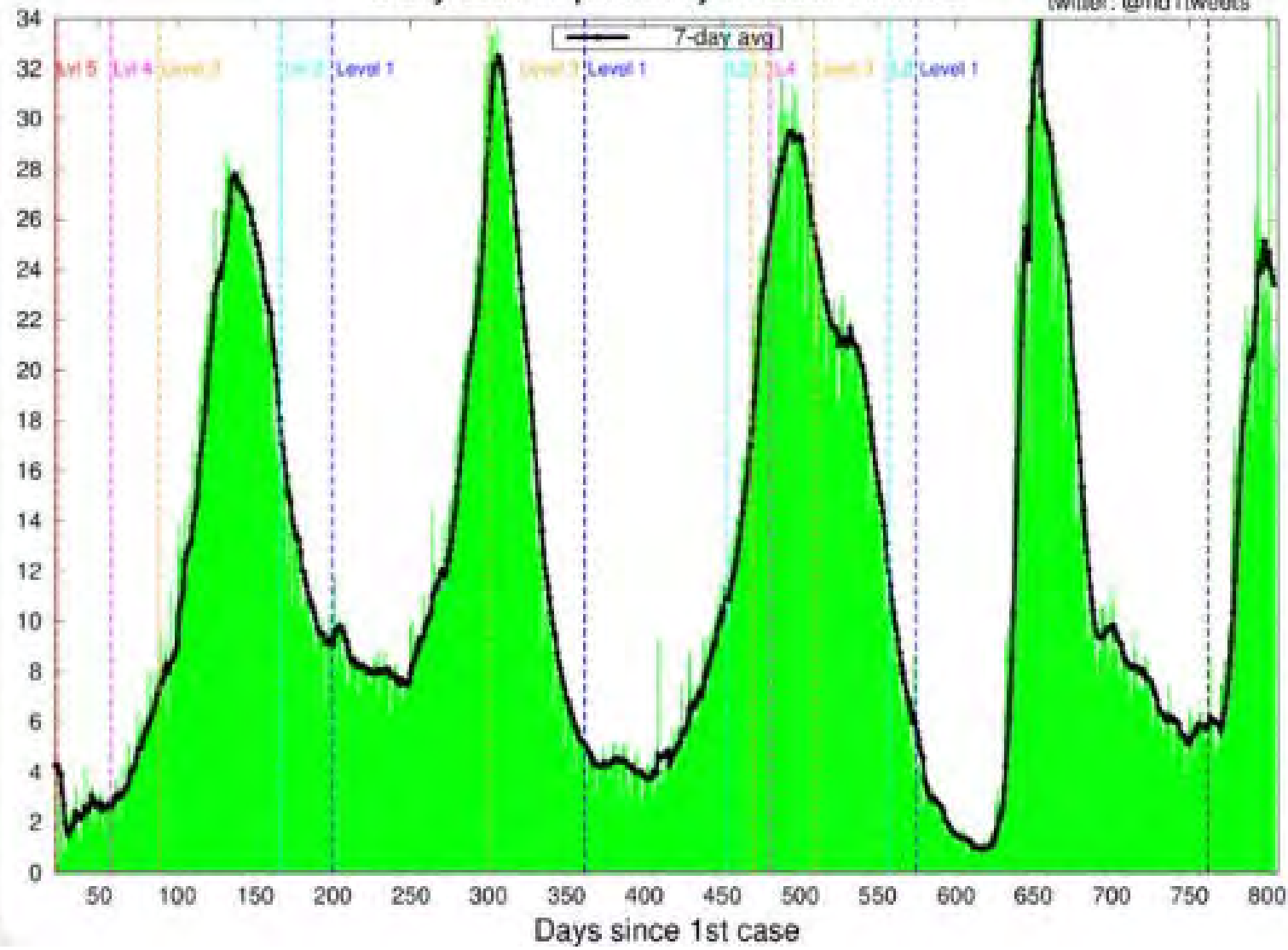
[About this data](#)

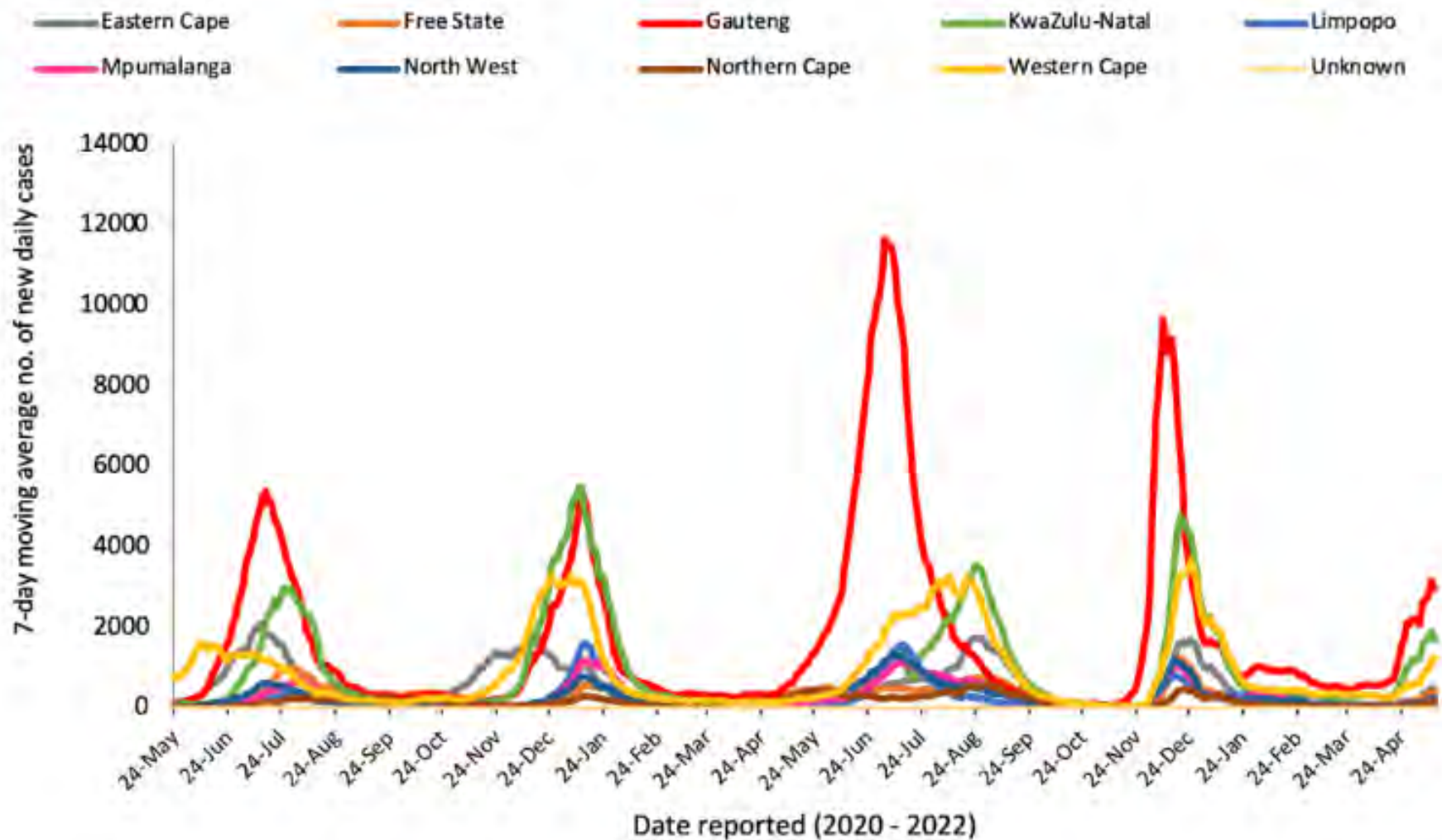
New reported deaths by day



Daily test % positivity in South Africa

Dr Ridhwaan Suliman
twitter: @rid1tweets

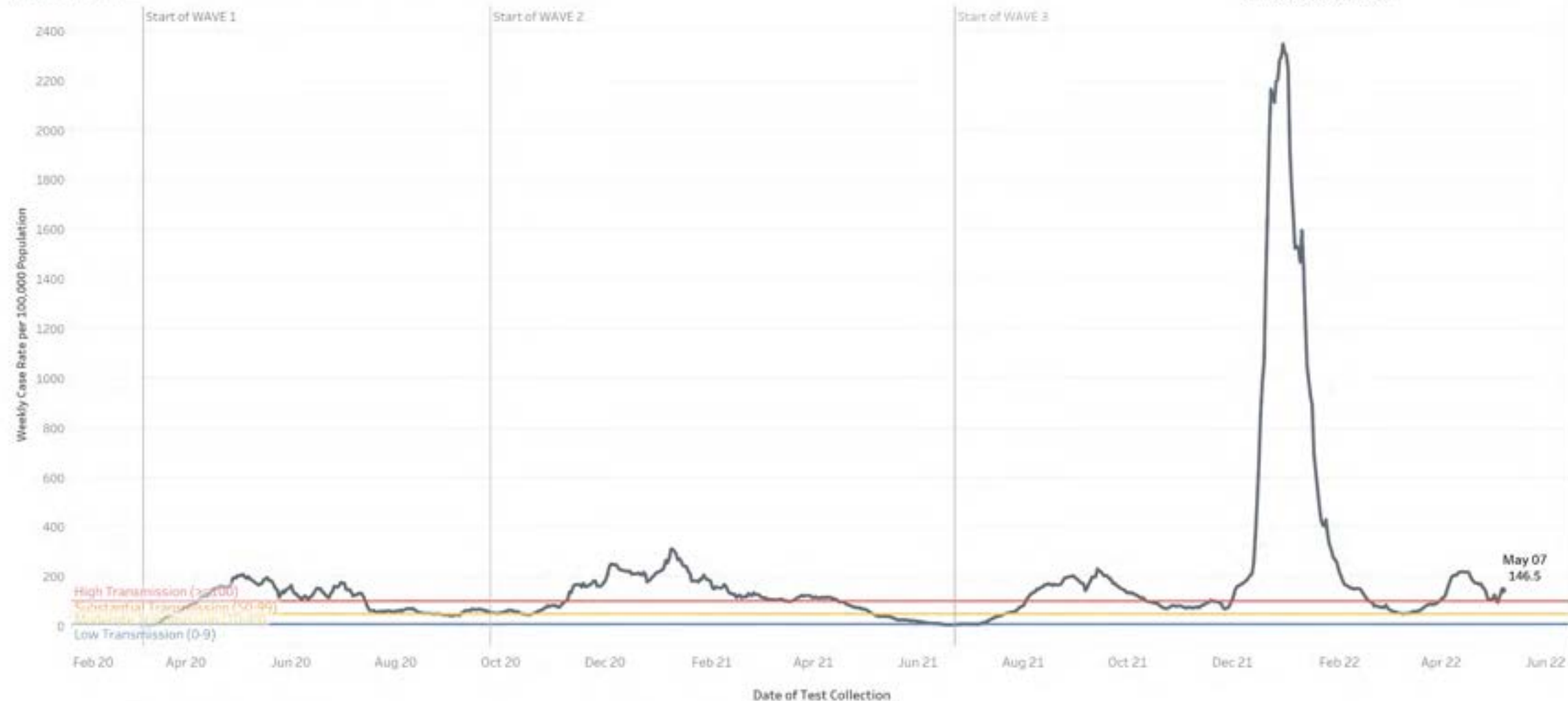




INTERNAL ALERTS [WEEKLY Case Rate]

District of Columbia COVID-19 WEEKLY Case Rate

per 100,000 population



Data Source: DC Health. Data subject to change on a daily basis

Data Notes: The line represents the total number of new cases per 100,000 persons in the past 7 days. It is calculated by adding the number of new cases in the District in the last 7 days divided by the population in the county (or other community type) and multiplying by 100,000. The number of daily cases is subject to the timeliness of test results reported from laboratories and may not always reflect the number of new positive tests on a given day.

<https://www.doh.dc.gov/document/2019-ncov-transmission-schools-childcare-indicators.html>

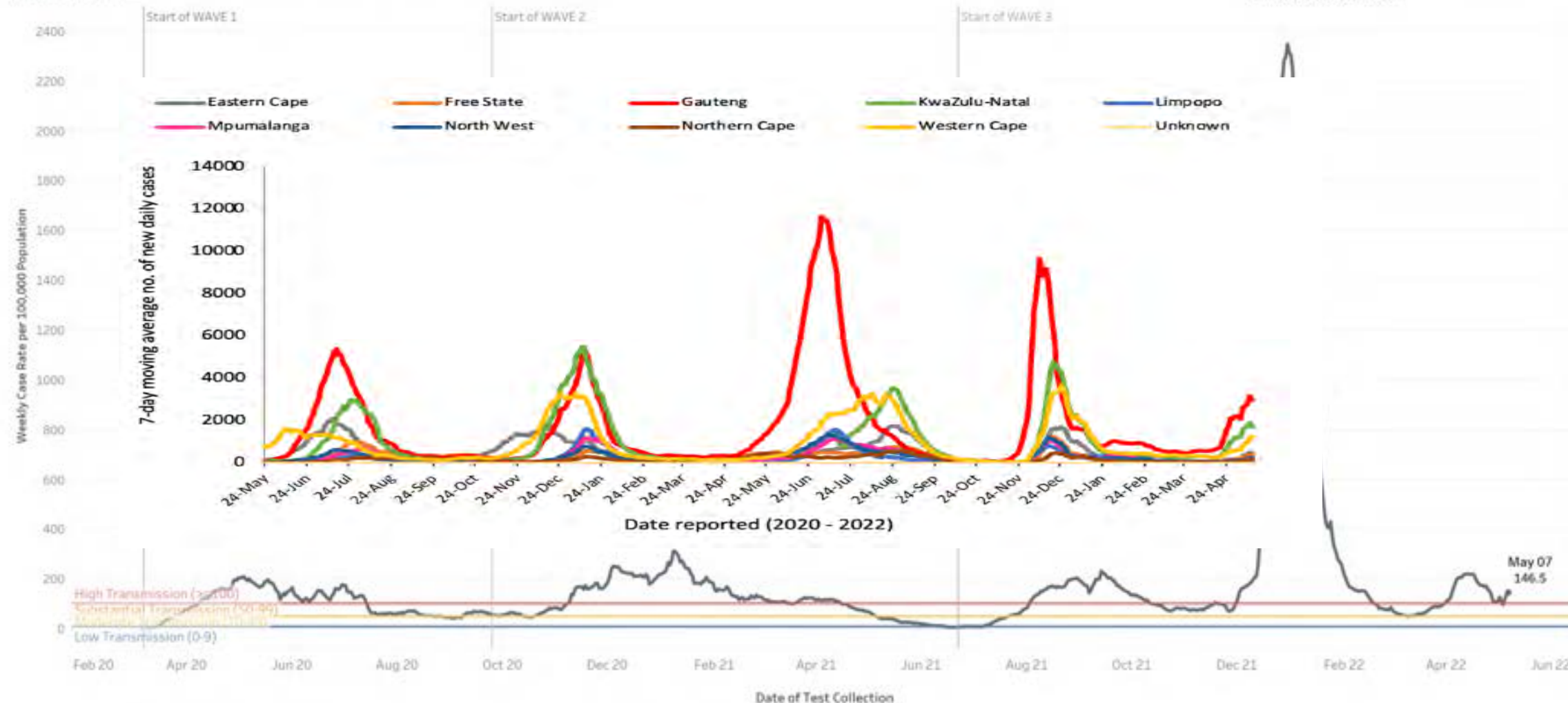
INTERNAL ALERTS [WEEKLY Case Rate]

District of Columbia COVID-19 WEEKLY Case Rate

per 100,000 population

Weekly Case Rate:
per 100,000 population

146.5



Data Source: DC Health. Data subject to change on a daily basis

Data Notes: The line represents the total number of new cases per 100,000 persons in the past 7 days. It is calculated by adding the number of new cases in the District in the last 7 days divided by the population in the county (or other community type) and multiplying by 100,000. The number of daily cases is subject to the timeliness of test results reported from laboratories and may not always reflect the number of new positive tests on a given day.

<https://www.fdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>



Indoor Air Quality Program Report

Marie Williams, Policy Analyst, OSSE

Agenda

- Background
- Program Details
- Lessons Learned
- Vendor's Program Insights
- LEA Case Report



Background

Indoor Air Quality Assessment Program Background

- **Elementary and Secondary School Emergency Relief Fund (ESSER Fund)**
 - Funds were made available via the Coronavirus Aid, Relief, and Economic Security (CARES) Act
 - Goal: Support for at least 15 schools



The Details

- Budget of \$120,000 for fiscal year 2022 (FY22)
- All funds were exhausted by March 2022
- 29 LEAs expressed interest from August through February
- 30 schools were assessed
- Additional funding secured

How did it go?

Let's take a look!

IAQ Assessment Interest Form



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Indoor Air Quality Assessment Interest Form

The District of Columbia received the Elementary and Secondary School Emergency Relief Fund (ESSER Fund) as part of the Education Stabilization Fund in the CARES Act to provide local education agencies (LEAs), including public charter schools that are LEAs, with relief funds to address the impact COVID-19 has had on elementary and secondary schools in the District.

The Office of the State Superintendent of Education (OSSE) and the Department of General Services (DGS) have partnered with Soil and Land Use Technology, Incorporated (SaLUT) to conduct indoor air quality assessments for LEAs on an as needed basis.

All District public schools and public charter schools are eligible to request an indoor air quality assessment. The assessment will be provided at no cost to the school, on a first come, first served-basis, until available funding is exhausted. Services will include up to 5 hours of technical assistance with the contractor to review any findings. The contractor will be responsible for arranging this meeting with each school.

In order to participate, LEAs should complete and submit this preliminary interest form to OSSE as soon as possible. Interest forms will be accepted on a rolling basis.



Reports



1818 New York Ave. NE, Ste 231, Washington, DC 20002

Soil and Land Use Technology, Inc.

Telephone: (301) 595-3783

www.salutinc.com

November 3, 2021

D.C. Office of the State Superintendent of Education
1050 First Street NE, 3rd Floor
Washington, DC 20009
Attn: Marie Williams (HannahMarie.Williams@dc.gov)

Subject: Indoor Air Quality Survey
Early Childhood Academy Public Charter School
885 Barnaby Street SE
Washington, DC 20032

Soil and Land Use Technology, Inc. (SaLUT) was engaged by the D.C. Office of the State Superintendent of Education (OSSE) to provide indoor air quality (IAQ) evaluations of certain public charter schools (PCS) in the District. An IAQ survey of the Early Childhood Academy PCS was performed by SaLUT, with assistance from Atmos Solutions, Inc., on October 25, 2021. The findings are presented below.

Methodology

The IAQ survey of the subject school was performed by representatives of SaLUT and Atmos. The evaluation included a visual assessment of interior conditions and the building HVAC system, IAQ instrumentation screening, and a collection of interior air samples for mold in representative locations within the facility. Additionally, one building exterior environmental air sample was taken for comparison.

Air-borne fungal spore samples were collected on *Air-O-Cell* cassettes using a Buck BioAire calibrated pump. In tandem with collecting mold samples, real-time readings for carbon dioxide, carbon monoxide, temperature and relative humidity were collected

- Challenges:
 - Communication and scheduling barriers
 - Clarity around cost
 - Remediation
- Lessons learned:
 - LEAs want healthy buildings environments
 - Promotion campaign is key

Key Takeaways

- LEAs want to have healthy building environments



SaLUT

IAQ Assessments in Public Charter Schools

- EPA (and OSHA) Focus on Indoor Air Quality
- Dose – what someone is exposed to and at what concentration
- Duration – how long is the exposure
- Toxicity – how “bad” is the pollutant or contaminant
- Population of Interest – children, elderly, pregnant women
- Personal Susceptibility

IAQ Assessments - Scope of Work

- **Project Management/Coordination/Scheduling**
- **Site Inspections and Field Observations**
- **Field Measurements of Comfort Parameters:**
 - **Temperature**
 - **Relative Humidity**
 - **Carbon Monoxide**
 - **Carbon Dioxide**
- **Ambient Air Sampling for Microbial Parameters:**
 - **Spore Trap Samples (Indoor vs Outdoor)**
 - **Lab Analysis (Direct Read) for Airborne Spores and Particles**
- **Data Review and Reporting**

Common Findings

- No Indications of Major Moisture Intrusion or Visible Mold Observed. Some Signs of Localized Water Leak/Stains.
- No Major Janitorial Issues Observed.
- No Major HVAC Operational Issues Identified.
- Ambient Air Comfort Measurements Generally Within Acceptable Ranges (e.g., ASHRAE, NIOSH, NAAQS). Few Exceptions Where Temp/RH/CO/CO2 Slightly Outside Target Range.
- Low Levels of Airborne Microbial Spores/Particles, Generally Less Than Outdoor Levels.





General Recommendations

- **Conduct Periodic Building Walkthroughs to Identify and Correct Moisture Intrusion, Water Leaks, Damaged Materials, Other Factors Contributing to Degraded IAQ**
- **For Leased Spaces, Review Lease Agreement and Discuss With Landlord Responsibility around Building Maintenance, HVAC, IAQ**
- **Engage Third Party Consultant/Contractor to Conduct Periodic IAQ Assessment and Monitoring**



Questions?



Commissioners' Current Work

Commissioners



Closeout and Priorities for Next Meeting

Jeff Travers, Chairperson, Healthy Youth and Schools
Commission