



# Healthy Youth and Schools Commission

## *May Quarterly Meeting*

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



**Welcome**

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# 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

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# General Announcements

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Heidi Schumacher, Assistant Superintendent, Health and Wellness, OSSE



# Immunization Attendance Policy

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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



**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.

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**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	Presk	1	2	3	4	5	6	7	8	9	10	11	12	Adult
<input type="checkbox"/>																

**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		
	<input type="checkbox"/>	<input type="checkbox"/>		
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.	<input type="checkbox"/>	<input type="checkbox"/>		
Q3. Does the patient have at least one permanent molar tooth with a partially or fully retained sealant?	<input type="checkbox"/>	<input type="checkbox"/>		
Q4. Does the patient have untreated caries or other oral health problems requiring care before his/her routine checkup? (Early care need)	<input type="checkbox"/>	<input type="checkbox"/>		
Q5. Does the patient have pain, abscess, or swelling? (Urgent care need)	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input style="width: 30px;" type="text"/>		
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	<input style="width: 30px;" type="text"/>		
Q8. What type of dental insurance does the patient have?	Medicaid	Private insurance	Other	None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dental Provider Name \_\_\_\_\_ Dental Office Address \_\_\_\_\_

Dental Provider Signature \_\_\_\_\_

Dental Examination Date \_\_\_\_\_

This form replaces the previous version of the DC Oral Health Assessment form used for each state DC, Indiana, and Iowa that programs, and child care centers. This form is approved by the DC Health and is a confidential document. It will remain in alignment to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by the Health Insurance and the Health Information Privacy and Protection Act (HITPPA) by the DC, Indiana and other providers.

DC Health | 899 North Capitol Street, NE, Washington, DC | 202.542.2180 | dchealth.dc.gov | January 2019



# Universal Health Certificate

## Immunization Information

**DC HEALTH Universal Health Certificate**

Use this form to submit your child's personal health information to their school/child care facility. This is required by DC Official Code §26-451. A licensed medical professional complete with 7-8 copies for the appropriate program. <https://www.dhs.gov>. You may contact the Health Care Registrar through the main office at 202-541-2000.

**Part 1: Child Personal Information** | To be completed by parent/guardian

Child Last Name: \_\_\_\_\_ Child First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School or Child Care Facility Name: \_\_\_\_\_ Gender:  Boy  Girl  Non-binary

Name Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Insurance Type:  Medicaid  Private  None  Insurance Name/ID #: \_\_\_\_\_

Do the child work at a child day care provider within the last year?  Yes  No

I give permission to the agency health assessment facility to share the health information on this form with my child's school, child care, camp, or organization/DC Government agency. In addition, I hereby acknowledge and agree that the STATE, the SCHOOL, the PROVIDER, the facility staff, be immune from civil liability for acts or omissions under DC Law 27-127, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct. I understand that this form should be completed and returned to my child's school every year.

**Part 2: Child's Health History, Tests, and Recommendations** | To be completed by parent/guardian

Date of Health Exam: \_\_\_\_\_ Sex:  Male  Female  Other  Height: \_\_\_\_\_ in \_\_\_\_\_ mm  Weight: \_\_\_\_\_ lbs \_\_\_\_\_ kg  Vision Screening:  Left Eye: 20/\_\_\_\_  Right Eye: 20/\_\_\_\_  Normal  Abnormal  Hearing Screening:  Normal  Abnormal  New hearing loss  Use device  Referral

Does the child have any of the following health concerns? (Check all that apply and provide details below)

- Asthma  Failure to thrive  Seizure
- Autism  Heart failure  Long term COVID-19 symptoms
- Allergies  Kidney failure  Significant food/medication/environmental allergies that may require emergency interventions, device, or procedure
- Cancer  Long-term/chronic  Long term medications, over the counter drugs (OTC) or special circumstances, device, or procedure
- Dental issues  Chronic  Significant HAZARDOUS substances, communicable disease, or infections, device, or procedure
- Developmental delays  Diabetes  Other: \_\_\_\_\_
- Disasters  Deafness  \_\_\_\_\_

Provide details, if the child has a diagnosis, please attach a complete Medication/Medical Treatment Plan form and if the child was referred, please refer.

**GI Assessment** | (Formal GI) should be submitted to Primary Care Physician for evaluation. For questions call F.A. Control at 202-696-6480

What is the child's GI test for?  High  Low  None  Other

GI Test Date: \_\_\_\_\_ Quantiferon Test Date: \_\_\_\_\_

Min Test Result:  Negative  Positive  Indeterminate  None  Other

Quantiferon Test Result:  Negative  Positive  None  Other

**Lead Exposure Risk Screening** | All lead levels must be reported to DC Child/Child-Care Poisoning Prevention, Call 202-541-2000 or Fax 202-541-2401

Child's Last Exposure to Lead: \_\_\_\_\_

Child's Last Exposure to Lead Date: \_\_\_\_\_

Child's Last Exposure to Lead Result:  Normal  Abnormal  None  Other

Child's Last Exposure to Lead Date: \_\_\_\_\_

Child's Last Exposure to Lead Result:  Normal  Abnormal  None  Other

Child's Last Exposure to Lead Date: \_\_\_\_\_

Child's Last Exposure to Lead Result:  Normal  Abnormal  None  Other

Child's Last Exposure to Lead Date: \_\_\_\_\_

Child's Last Exposure to Lead Result:  Normal  Abnormal  None  Other

**Part 3: Immunization Information** | To be completed by licensed health care provider

Child Last Name	Child First Name	Date of Birth
Smith, John	Robert	01/15/2010
Johnson, Mary	Elizabeth	03/22/2012
Williams, David	Michael	05/10/2008
Miller, Sarah	Christina	07/05/2015
Moore, James	Alexander	09/18/2011
Taylor, Lisa	Madison	11/03/2009
Anderson, Kevin	Olivia	12/20/2013
Thomas, Emily	Lucas	02/14/2017
White, Daniel	Isabella	04/01/2014
Green, Christopher	Ethan	06/12/2010
King, Victoria	Noah	08/25/2016
Wright, Benjamin	Avery	10/08/2012
Scott, Hannah	Liam	12/15/2018
Walker, Matthew	Mia	01/28/2015
Young, Sophia	Oliver	03/10/2011
Allen, Jacob	Charlotte	05/22/2017
Chen, Alexander	Lucy	07/05/2013
Clark, Isabella	Benjamin	09/18/2009
Coleman, Daniel	Grace	11/03/2014
Cook, Victoria	Henry	12/20/2010
Carter, Benjamin	Ivy	02/14/2016
Chavez, Alexander	Jack	04/01/2012
Coffey, Victoria	Jane	06/12/2018
Conner, Benjamin	Jordan	08/25/2014
Cook, Victoria	Justin	10/08/2010
Coffey, Victoria	Karen	12/15/2016
Cook, Victoria	Kevin	01/28/2012
Cook, Victoria	Laura	03/10/2018
Cook, Victoria	Michael	05/22/2014
Cook, Victoria	Natalie	07/05/2010
Cook, Victoria	Oliver	09/18/2016
Cook, Victoria	Paula	11/03/2012
Cook, Victoria	Quinn	12/20/2018
Cook, Victoria	Rachel	02/14/2014
Cook, Victoria	Samuel	04/01/2010
Cook, Victoria	Tina	06/12/2016
Cook, Victoria	Uma	08/25/2012
Cook, Victoria	Victor	10/08/2018
Cook, Victoria	Walter	12/15/2014
Cook, Victoria	Xavier	01/28/2010
Cook, Victoria	Yvonne	03/10/2016
Cook, Victoria	Zoe	05/22/2012
Cook, Victoria	Zachary	07/05/2018
Cook, Victoria	Zoe	09/18/2014
Cook, Victoria	Zoe	11/03/2010
Cook, Victoria	Zoe	12/20/2016
Cook, Victoria	Zoe	02/14/2012
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# 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.

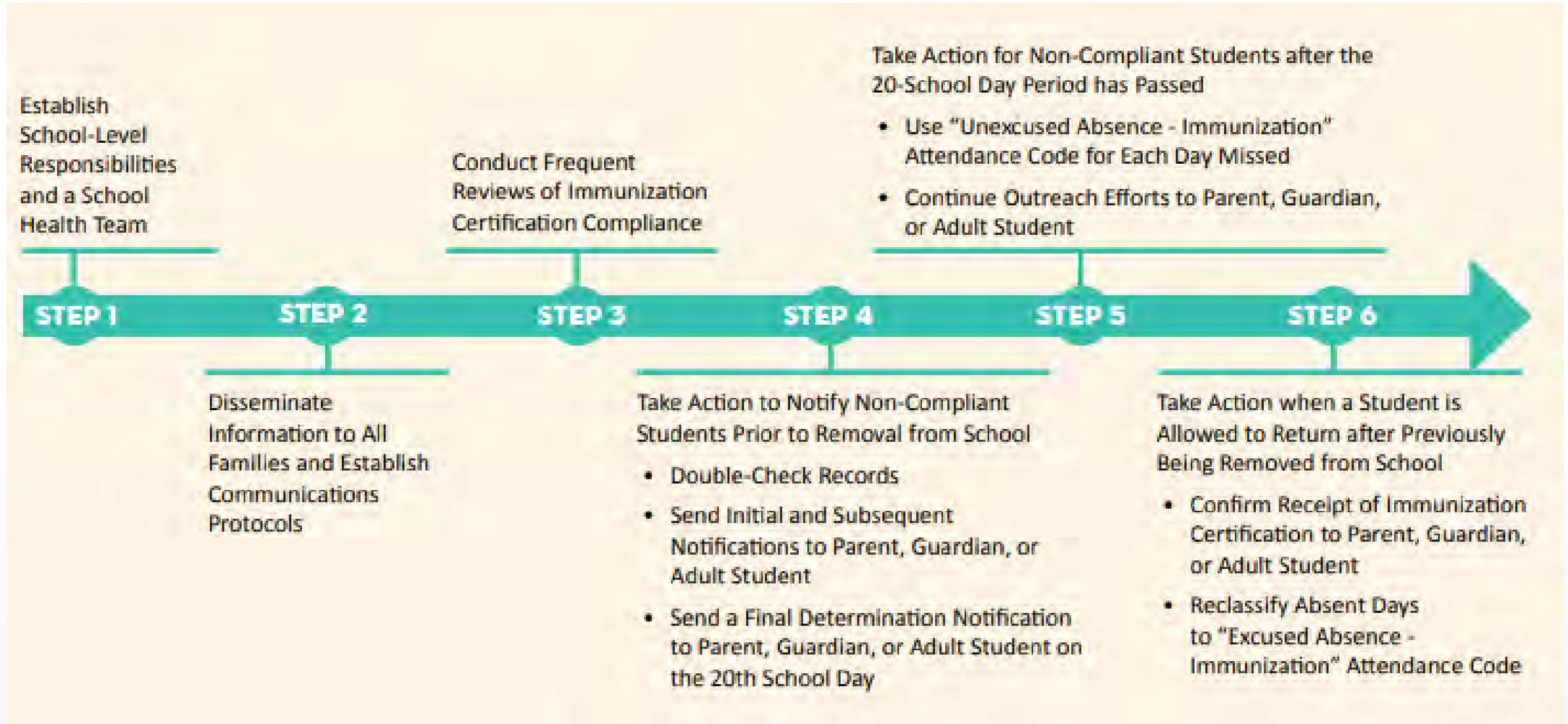
# ***NEW:* COVID-19 Vaccination in the 2022-23 School Year**

- 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 DOCIIS and the paper record is kept in the student's health file.

Medical Exemptions	Religious Exemptions
<ul style="list-style-type: none"><li>• Do not expire unless indicated by the healthcare provider</li><li>• 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</li></ul>	<ul style="list-style-type: none"><li>• Expire July 1 of each year</li><li>• Must be submitted to the school AND DC Health using the official DC Health Religious Immunization Exemption Certificate<ul style="list-style-type: none"><li>• Families must obtain directly from DC Health at <a href="mailto:doh.immunization@dc.gov">doh.immunization@dc.gov</a></li><li>• DC Health approves religious exemptions</li></ul></li></ul>

# 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

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# 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

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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.

# 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:

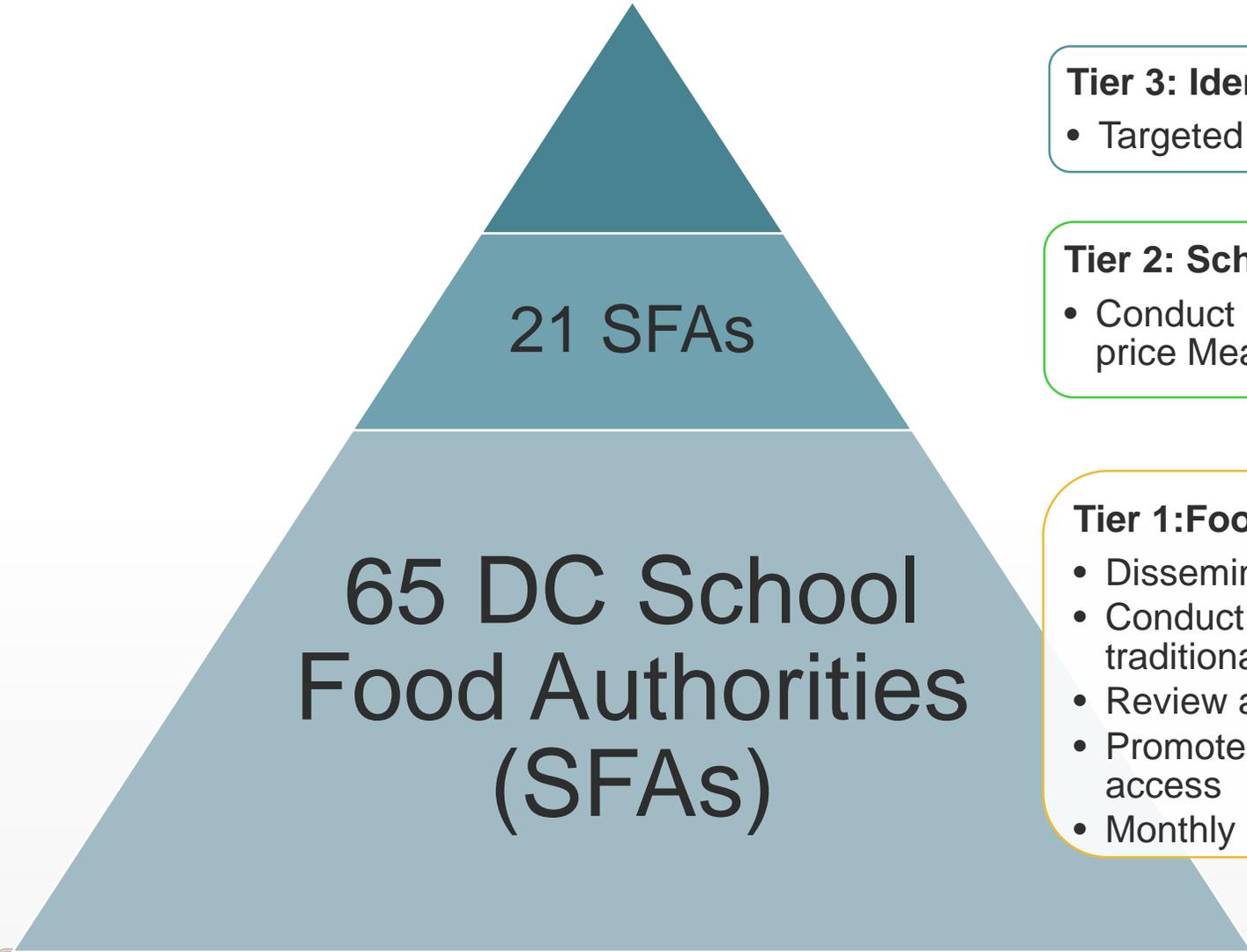
- Student absent for non-COVID-19 related reason
- School closure for non-COVID-19 related reason (water main break)



# 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

# 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

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Dr. Anil Mangla, DC Health

# Healthy Youth and Schools Commission Meeting

May 18<sup>th</sup> , 2022

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Anil T. Mangla, MPH, FRSPH  
State Epidemiologist

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## Daily Update for the United States

### Cases

New Cases (Daily Avg)

87,831

Case Trends



Apr 2022

May 2022

### Deaths

New Deaths (Daily Avg)

266

Death Trends



Apr 2022

May 2022

### Hospitalizations

New Admissions (Daily Avg)

2,798

Admission Trends



Apr 2022

May 2022

### Vaccinations

% At Least 1 Dose

82.5%

People Age 5+



Total Cases

82,301,126

Total Deaths

997,083

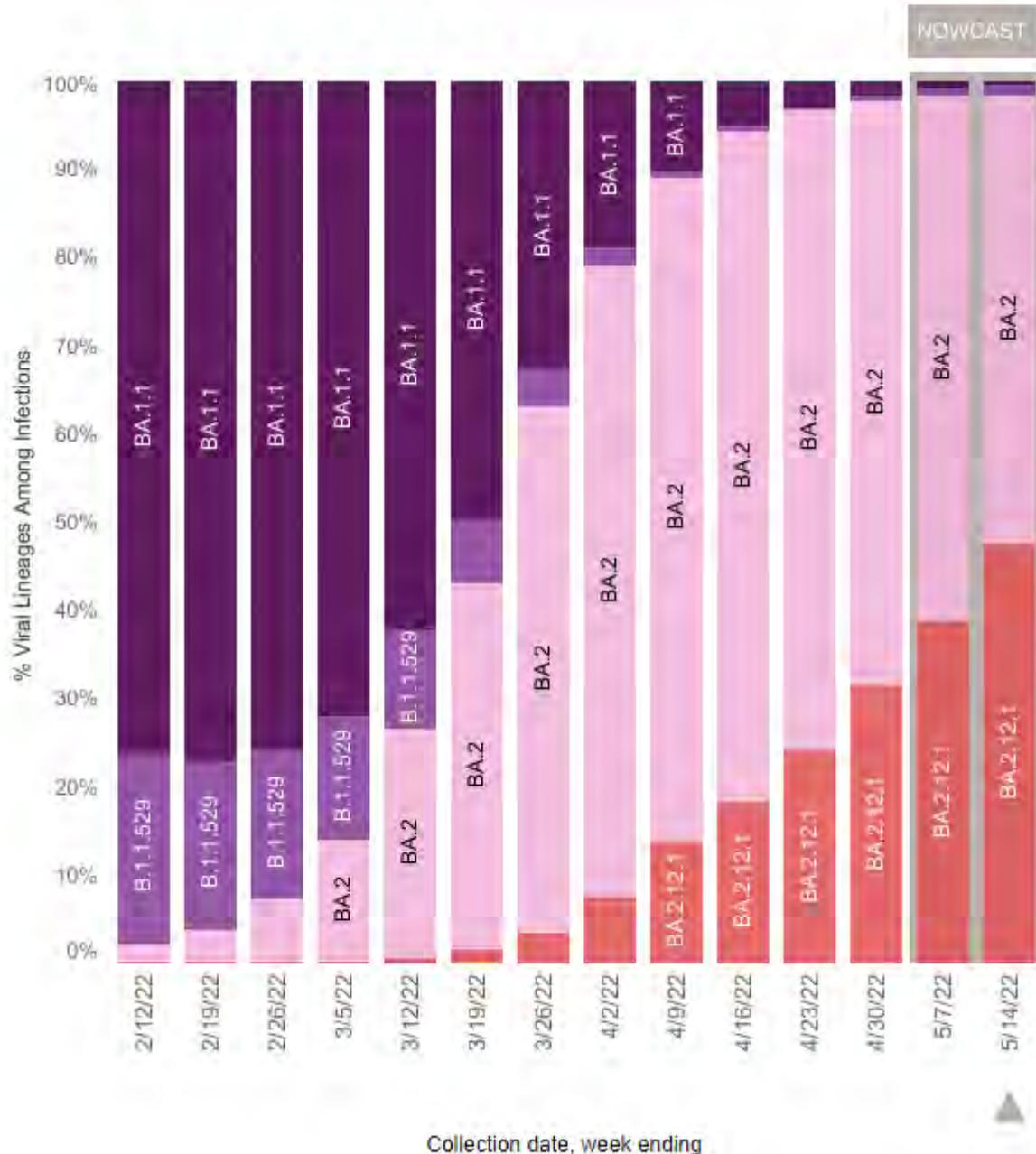
Current Hospitalizations

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 P



NOWCAST

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%

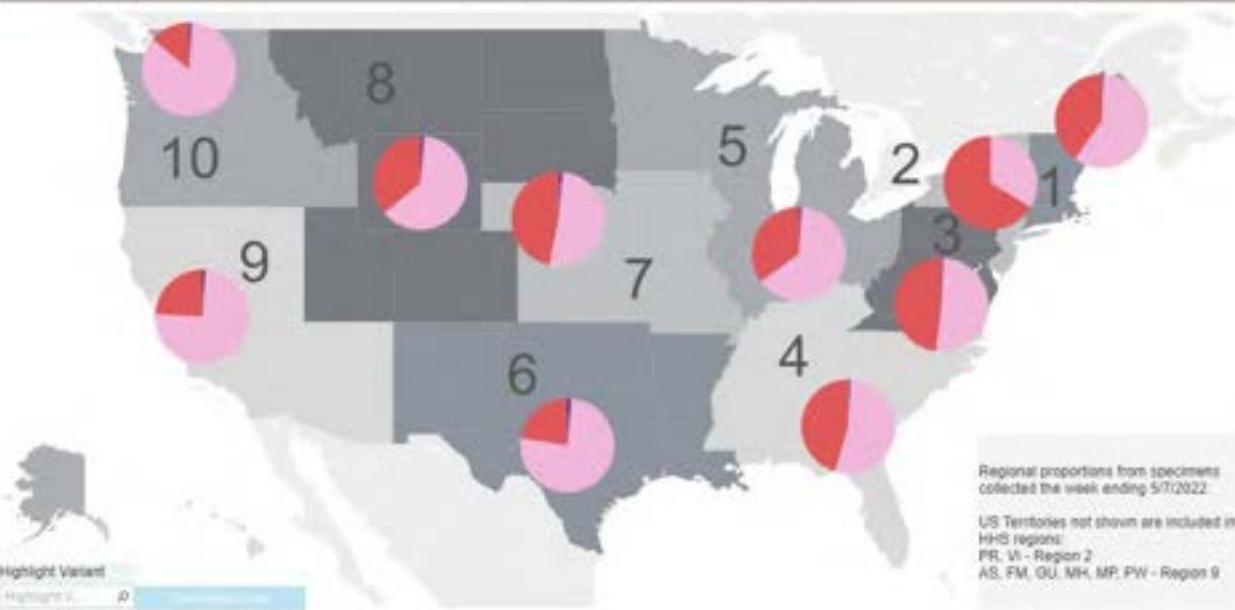
\* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

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

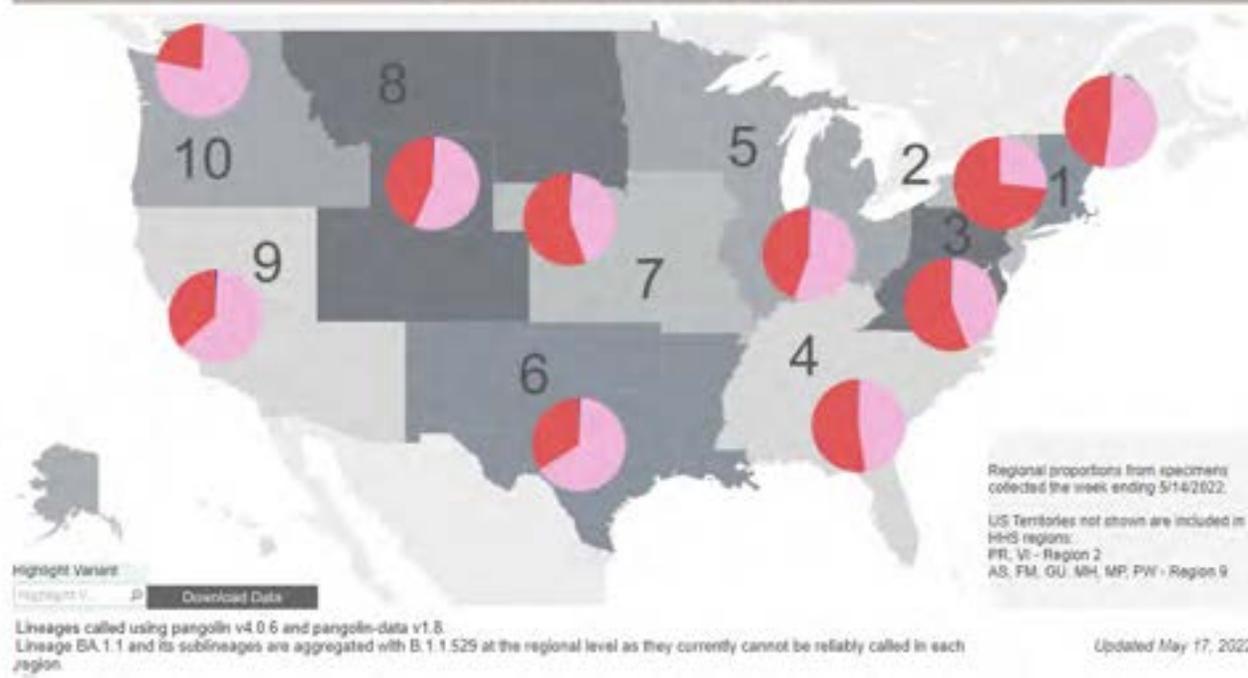
# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3, BA.4, BA.5 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called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

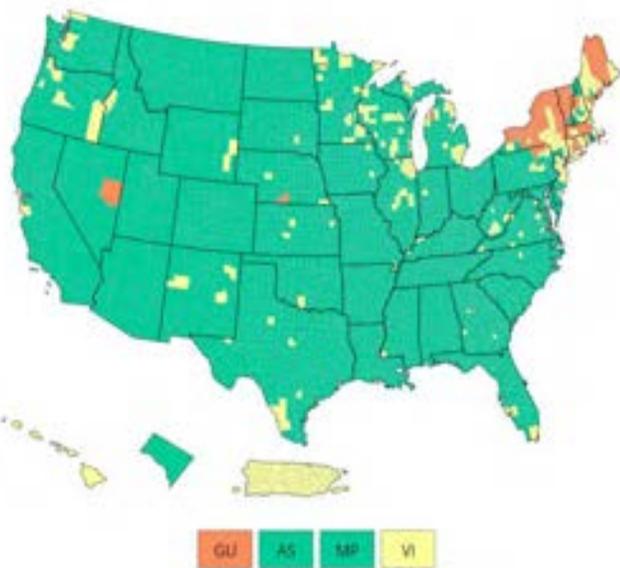
Collection date, week ending

United States: 5/1/2022 – 5/7/2022 NOWCAST



United States: 5/8/2022 – 5/14/2022 NOWCAST

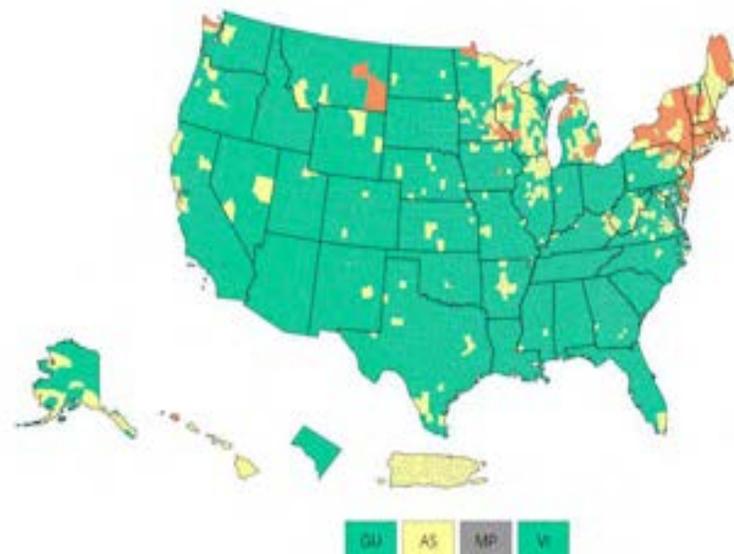




COVID-19 Community Levels in US by County

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

How are COVID-19 Community Levels calculated?

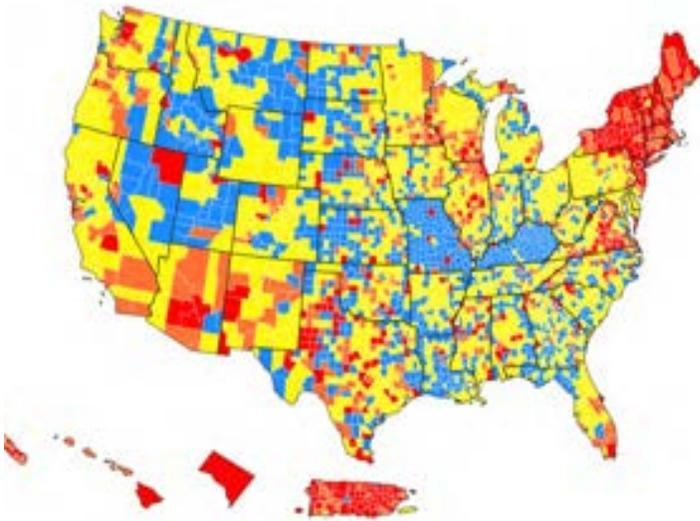


COVID-19 Community Levels in US by County

	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



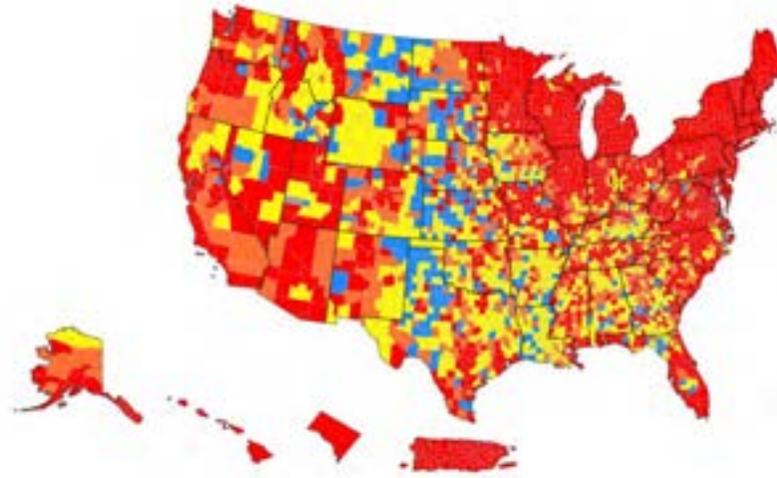
Community Transmission in US by County

	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

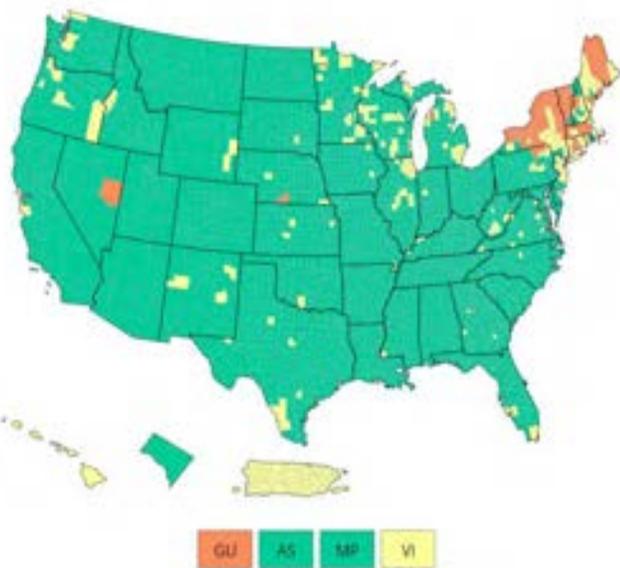


Community Transmission in US by County

	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?

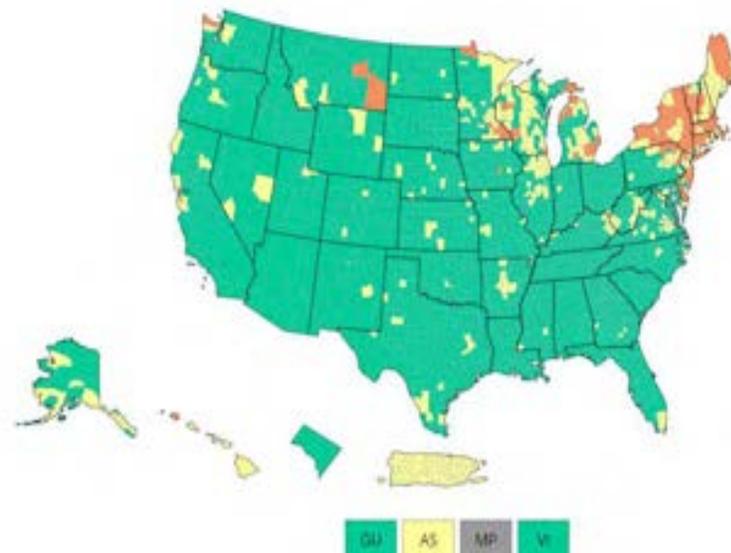
● High ● Substantial ● Moderate ● Low ● No Data



COVID-19 Community Levels in US by County

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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

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Anil T. Mangla, MPH, FRSPH  
State Epidemiologist

# New Key Metrics

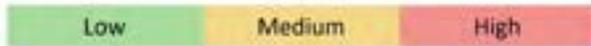
## Current COVID-19 Community Level

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

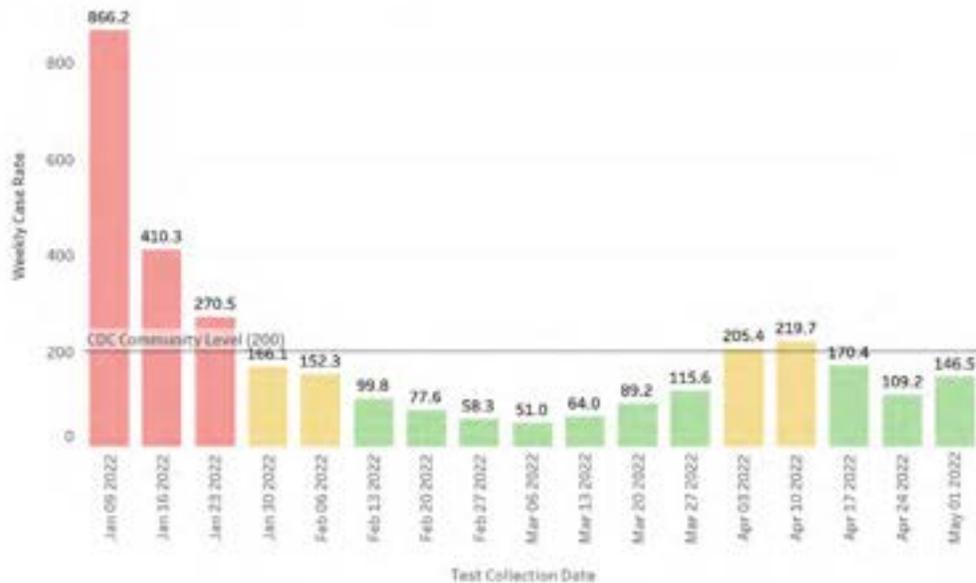
New COVID-19 Cases per 100,000 population (7-day total)	Indicators	Level		
		LOW	MEDIUM	HIGH
100-199	New COVID-19 admissions per 10,000 population (7-day total)	<15.0	15.0-19.9	20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	15.0%
200-299	New COVID-19 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	<10.0%	10.0%

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



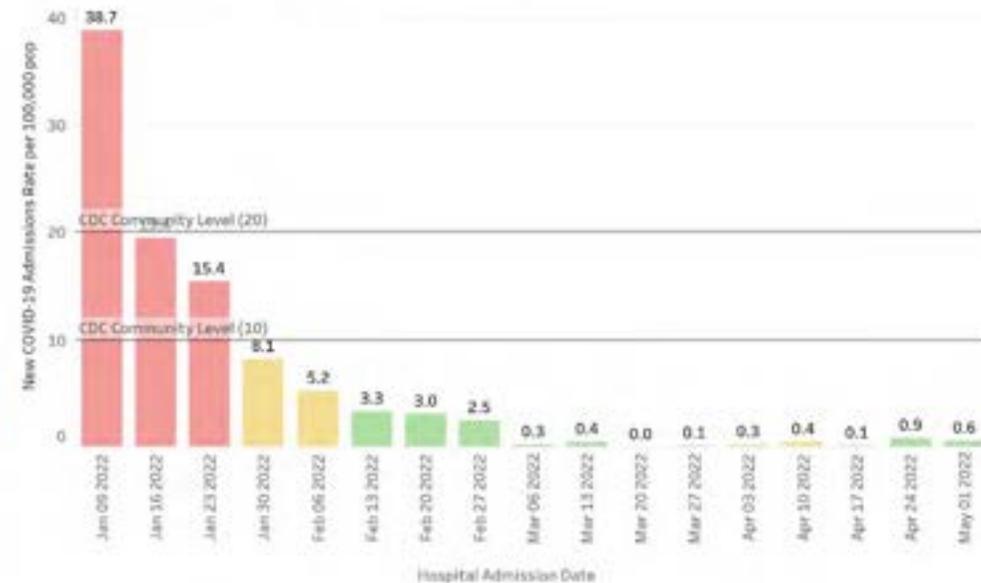
## District of Columbia COVID-19 Weekly Case Rate

DC residents, per 100,000 population



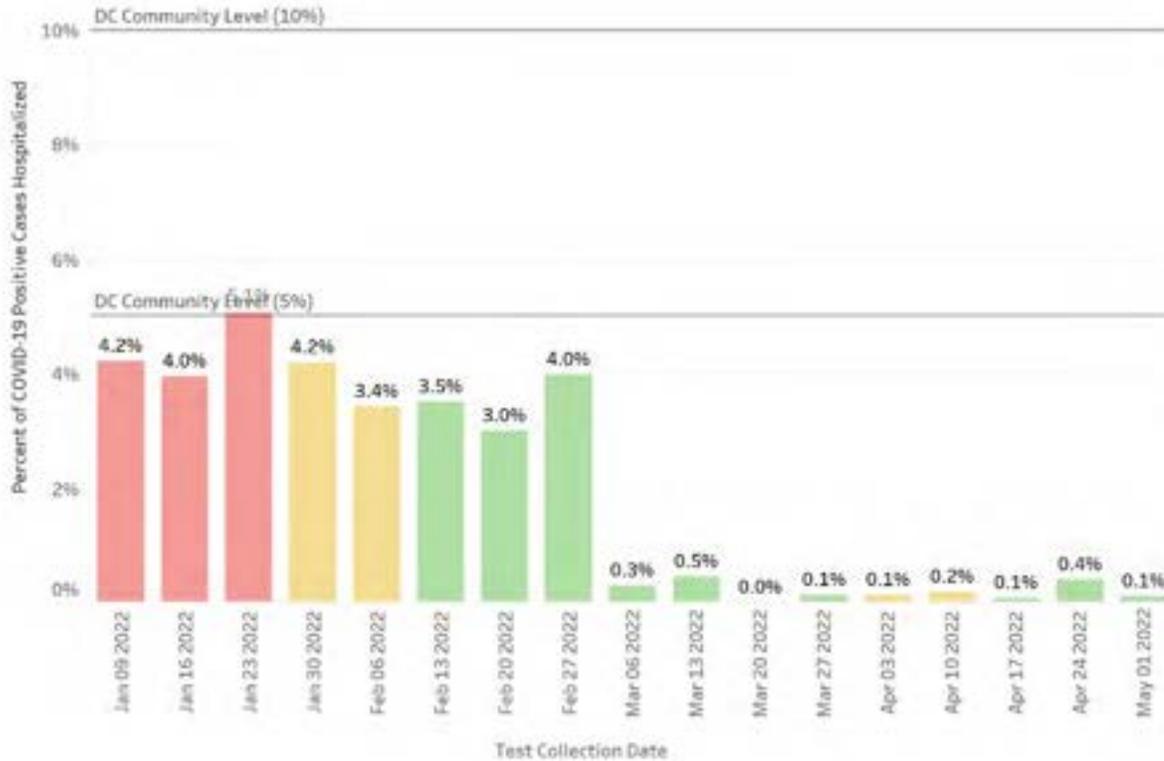
## New Weekly Hospital Admissions due to COVID-19

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.

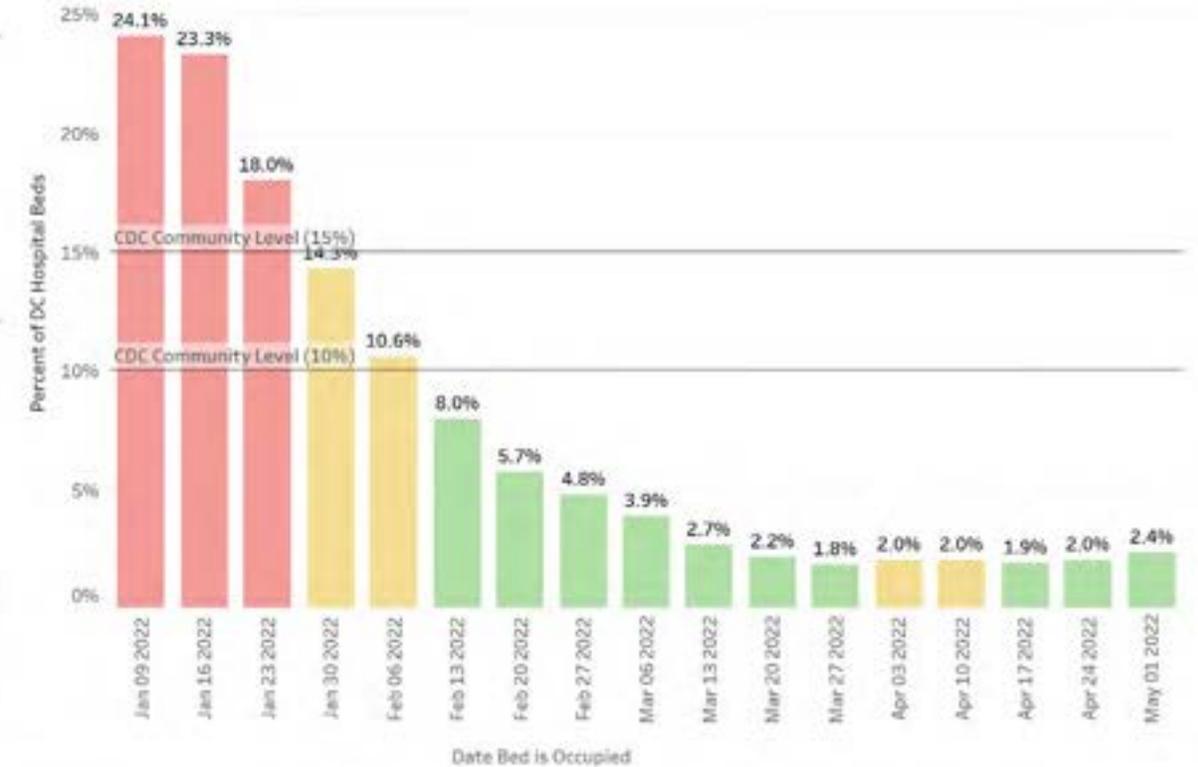
Data Notes: Data may change on a daily basis. Date used is Test Collection Date. Total of new confirmed positive cases over 7 days, calculated per 100,000 DC resident population.

**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.

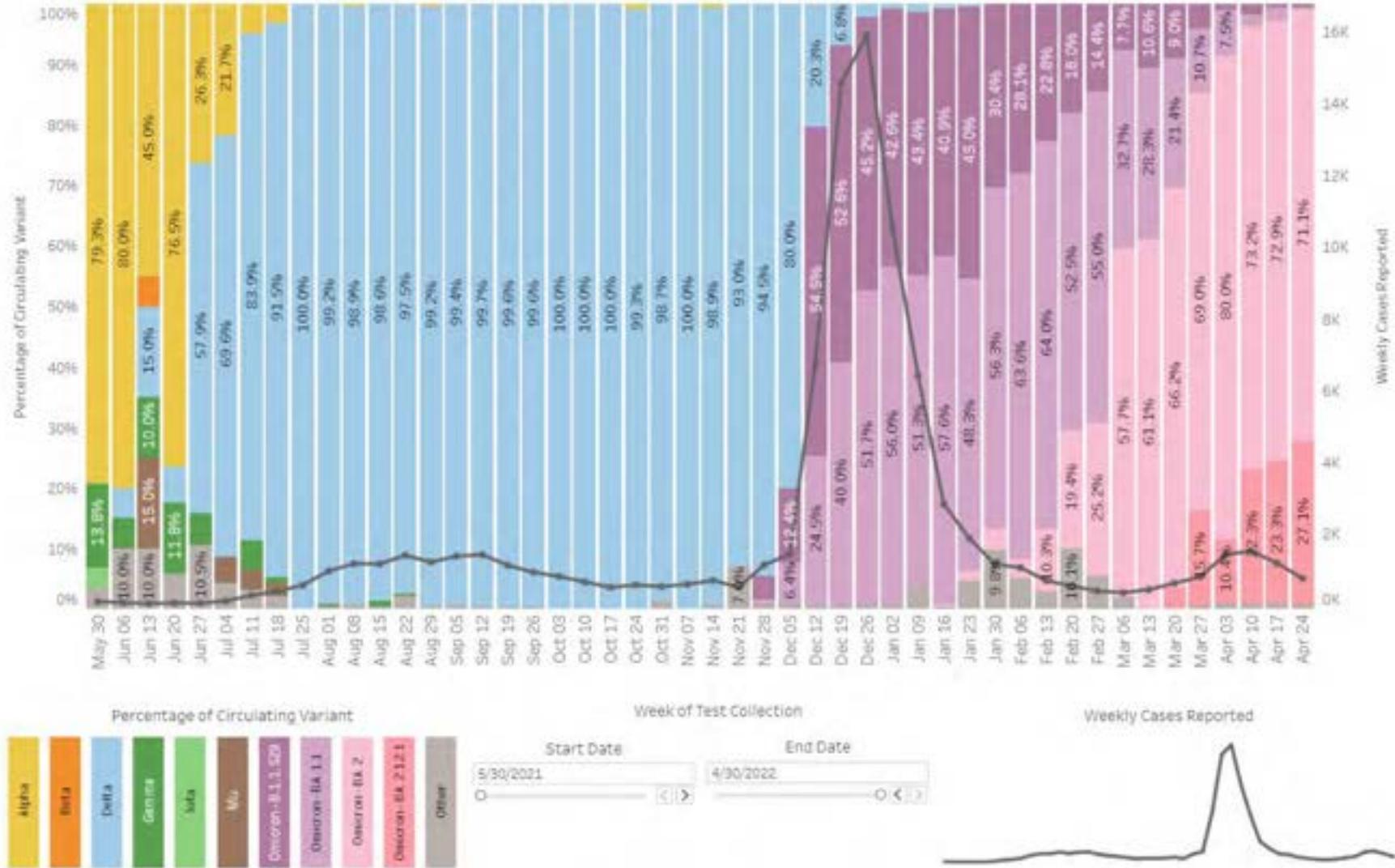
Data Notes: Data may change on a daily basis. Date used is Date Bed is Occupied. Current hospital census of all patients who have COVID-19 and are hospitalized in a DC acute-care facility on a given day, calculated as a percent of available staffed hospital beds. Dependent upon accurate reporting by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

## Distribution of Circulating COVID-19 Variants and Weekly Cases Reported in the District of Columbia



Data Sources: GHSA/ID (Percentage of Circulating Variant) and DC Health (Weekly Cases Reported) (Updated 5/16/2022)  
 Variants labeled "Other" are not monitored and not identified as Variants of Concern. All data are subject to change as more information is collected and data are processed. Refer to the Data Guide for more detailed information.

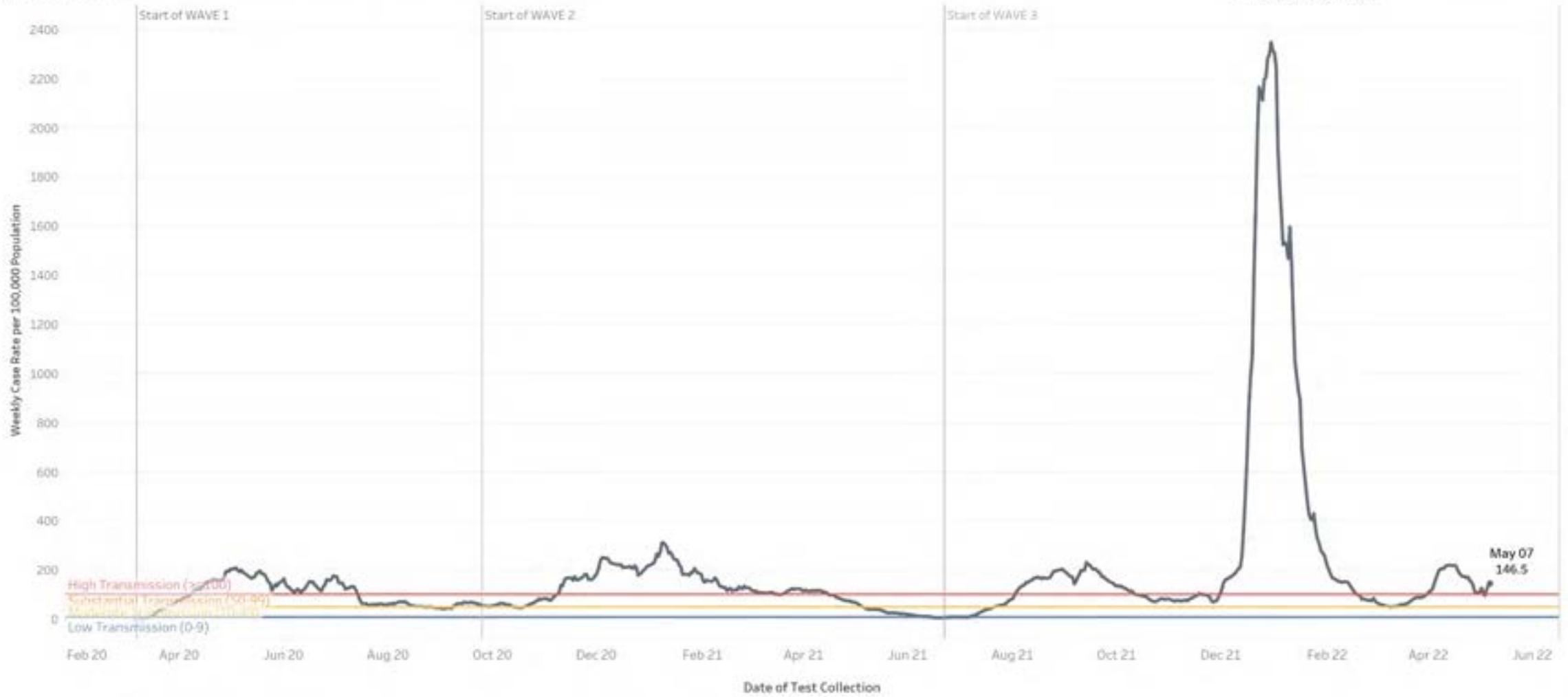
# INTERNAL ALERTS [WEEKLY Case Rate]

## District of Columbia COVID-19 WEEKLY Case Rate

per 100,000 population

Weekly Case Rate:  
per 100,000 population

**146.5**



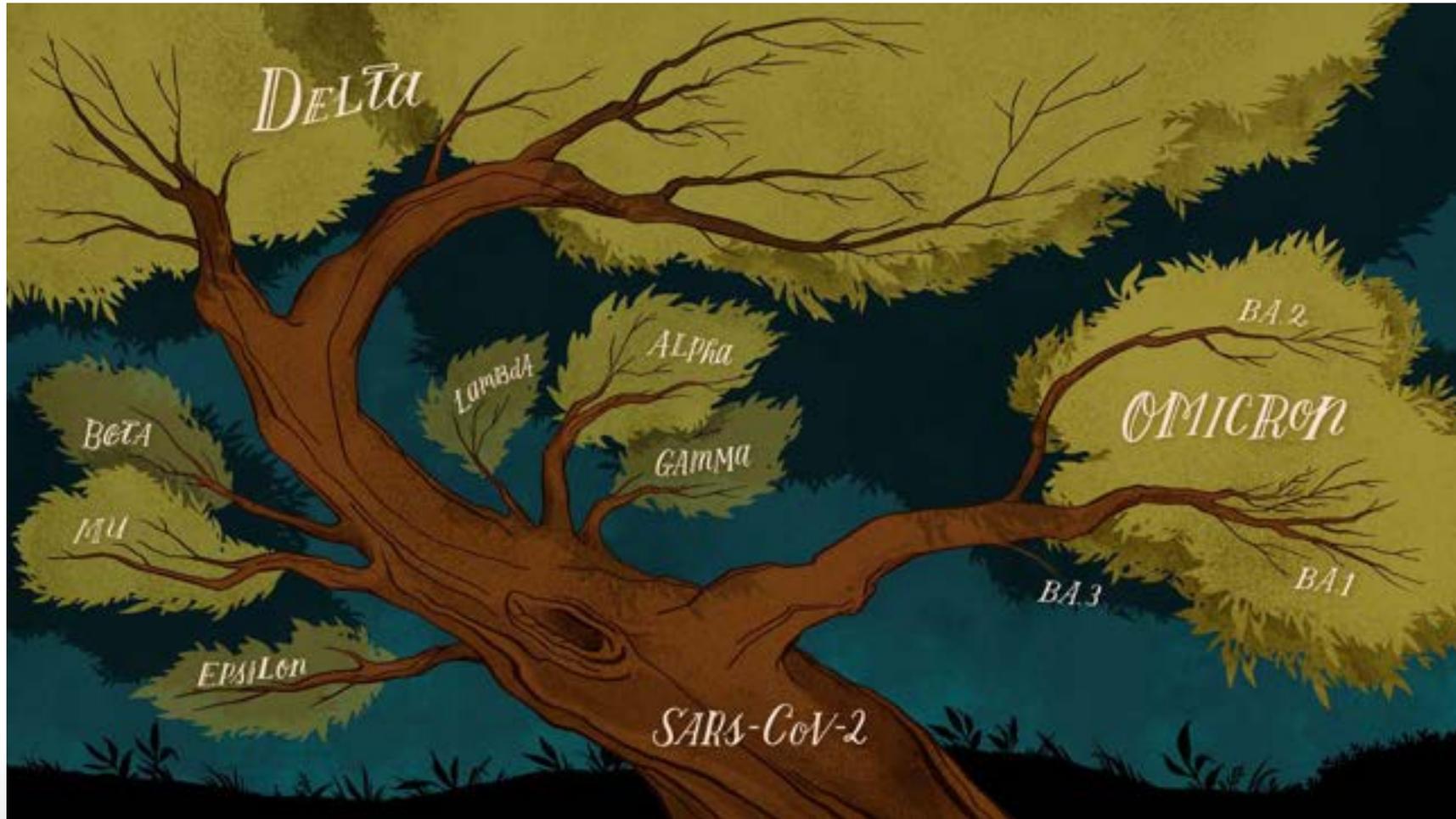
Data Source: DC Health. Data subject to change on a daily basis

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.cdc.gov/soronast/2019-ncov/comments/schools-childcare/instructors.html>

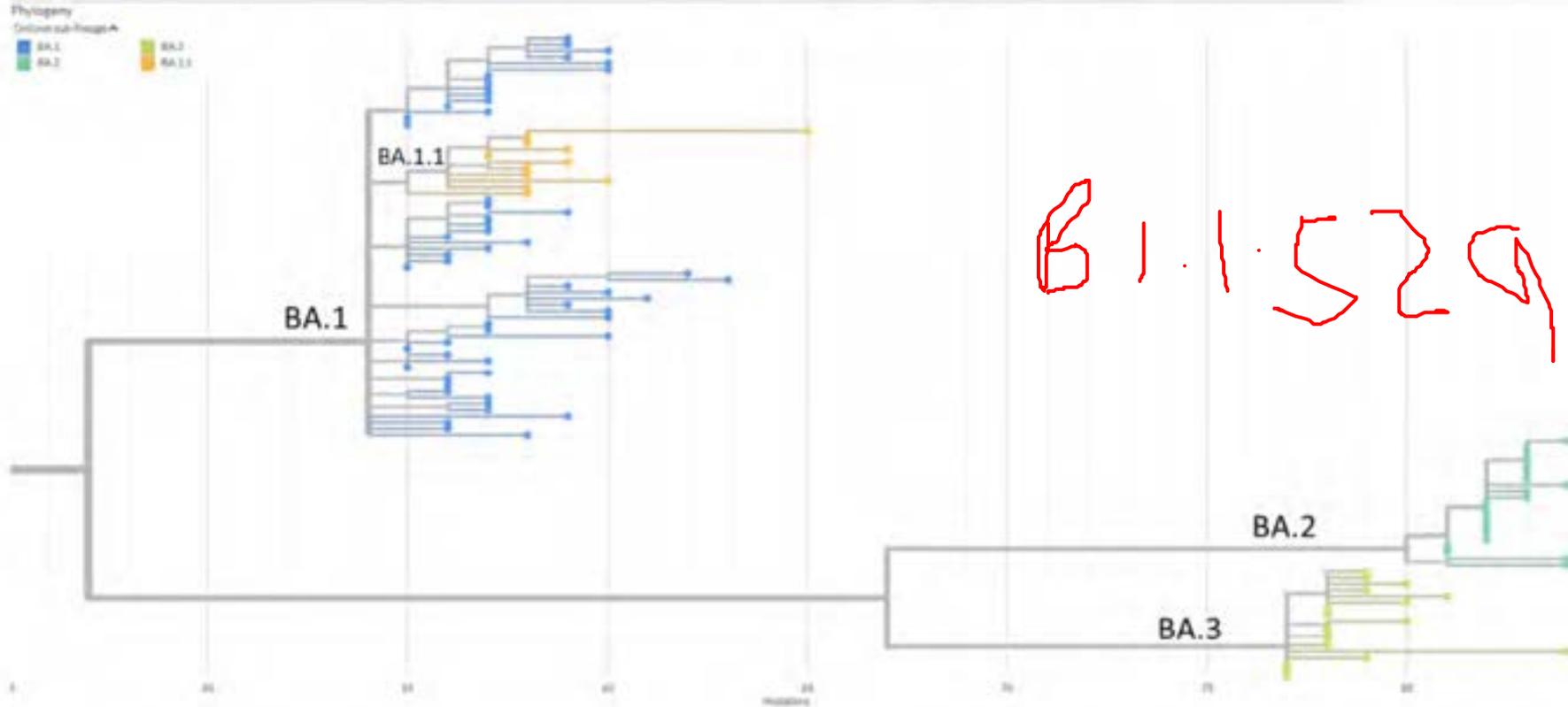
DR

# WHAT'S IN A NAME? PANGO SYSTEM OF NOMENCLATURE



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

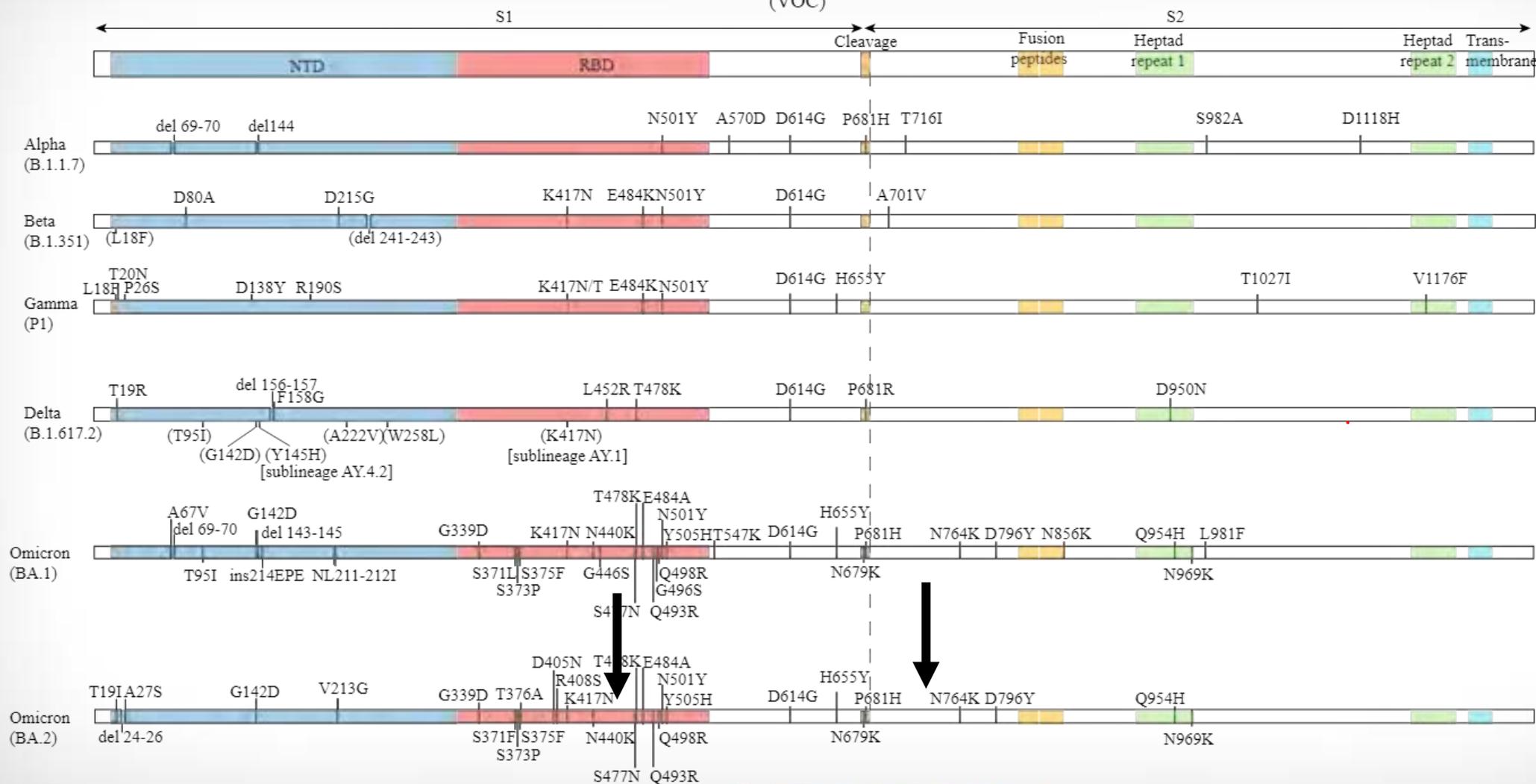
Figure 6. Phylogenetic tree describing the Pango lineage B.1.1.529 and its sub-lineages



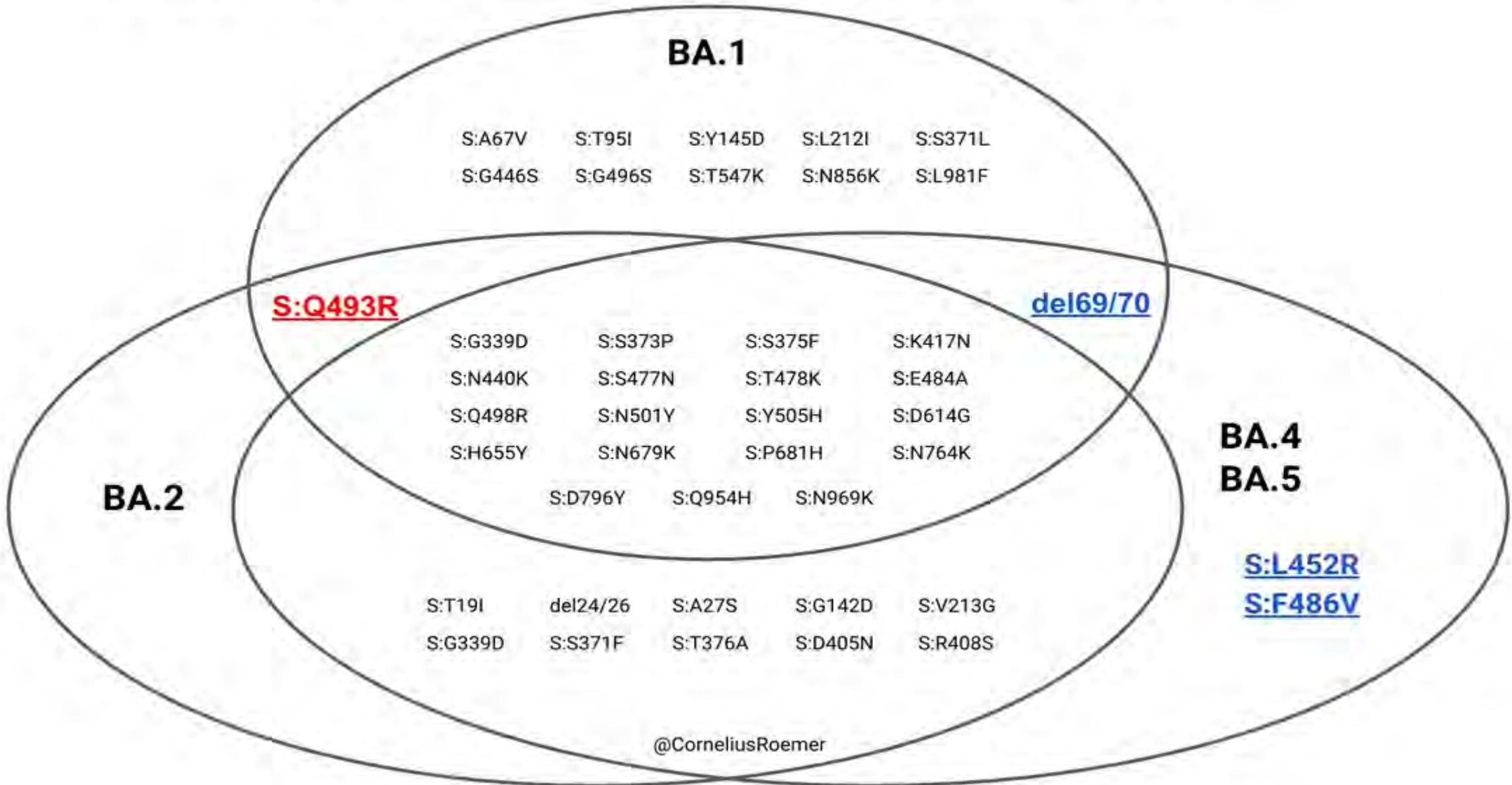
The tree was generated using the UShER web interface [23]. Twenty randomly selected sequences belonging to each of the Omicron sub-lineages from GISAID were used as query sequences.

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

Variants of Concern (VOC)

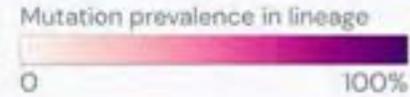


# Shared and unique Spike mutations in BA.1, BA.2, and BA.4/BA.5



# Mutation prevalence across lineages

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

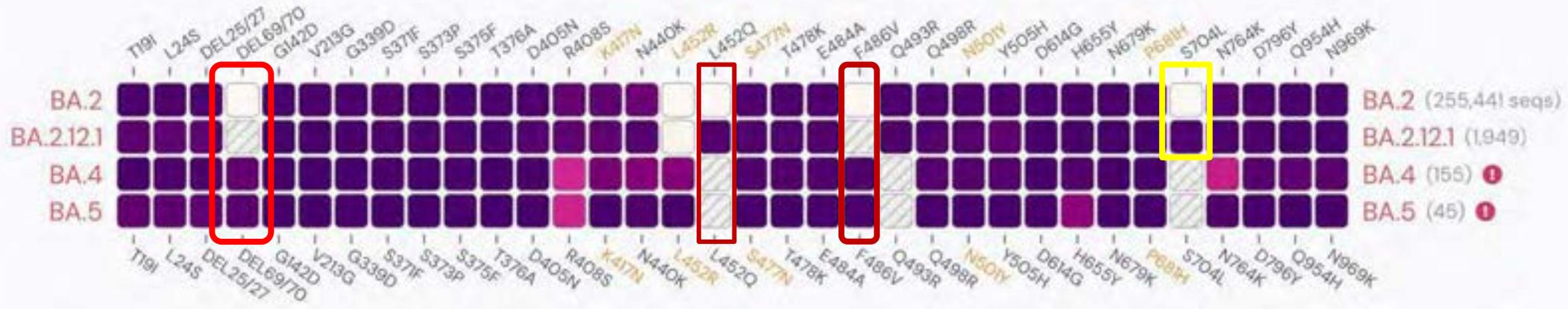


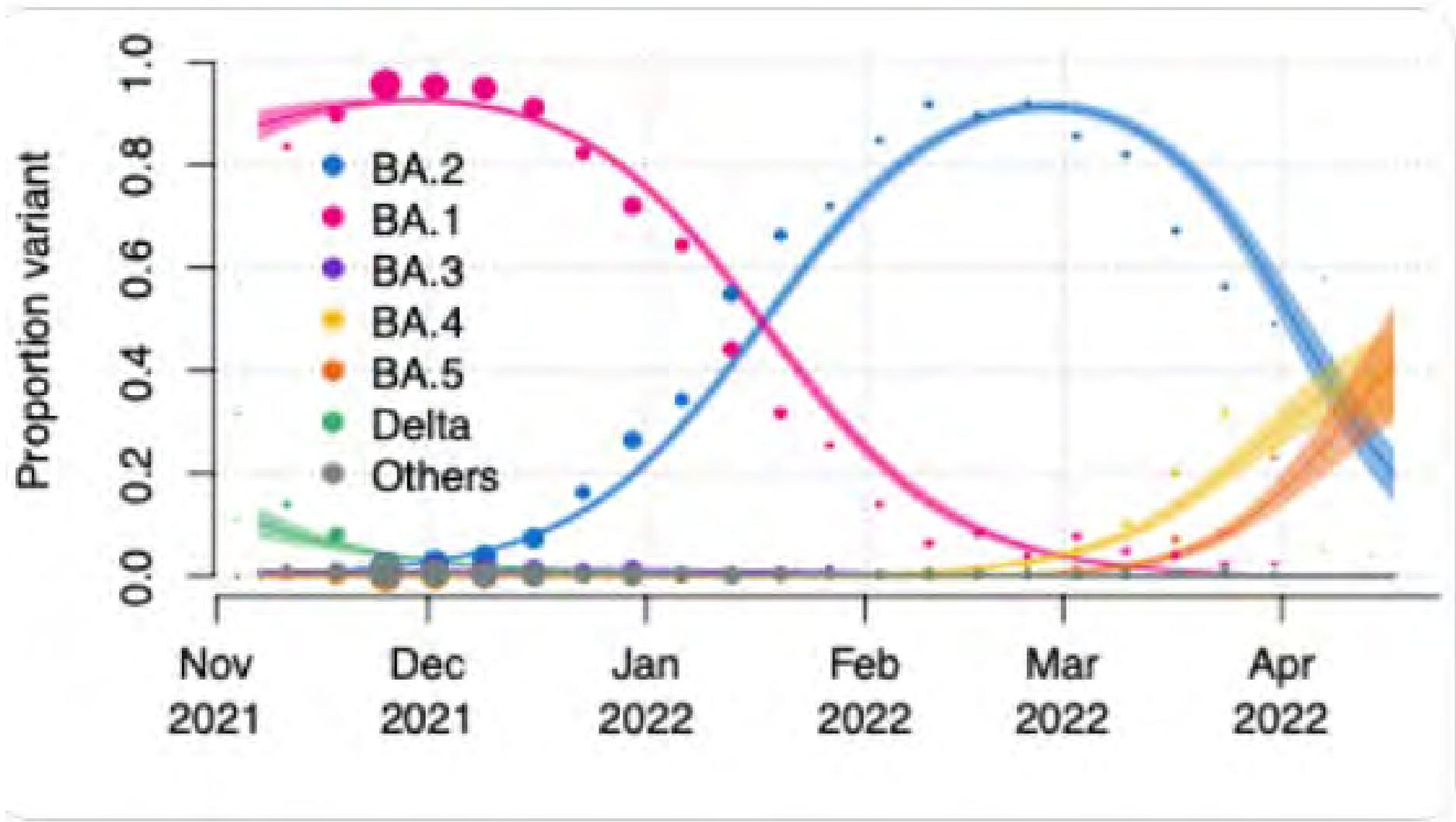
not detected

Variant / Mutation of Concern

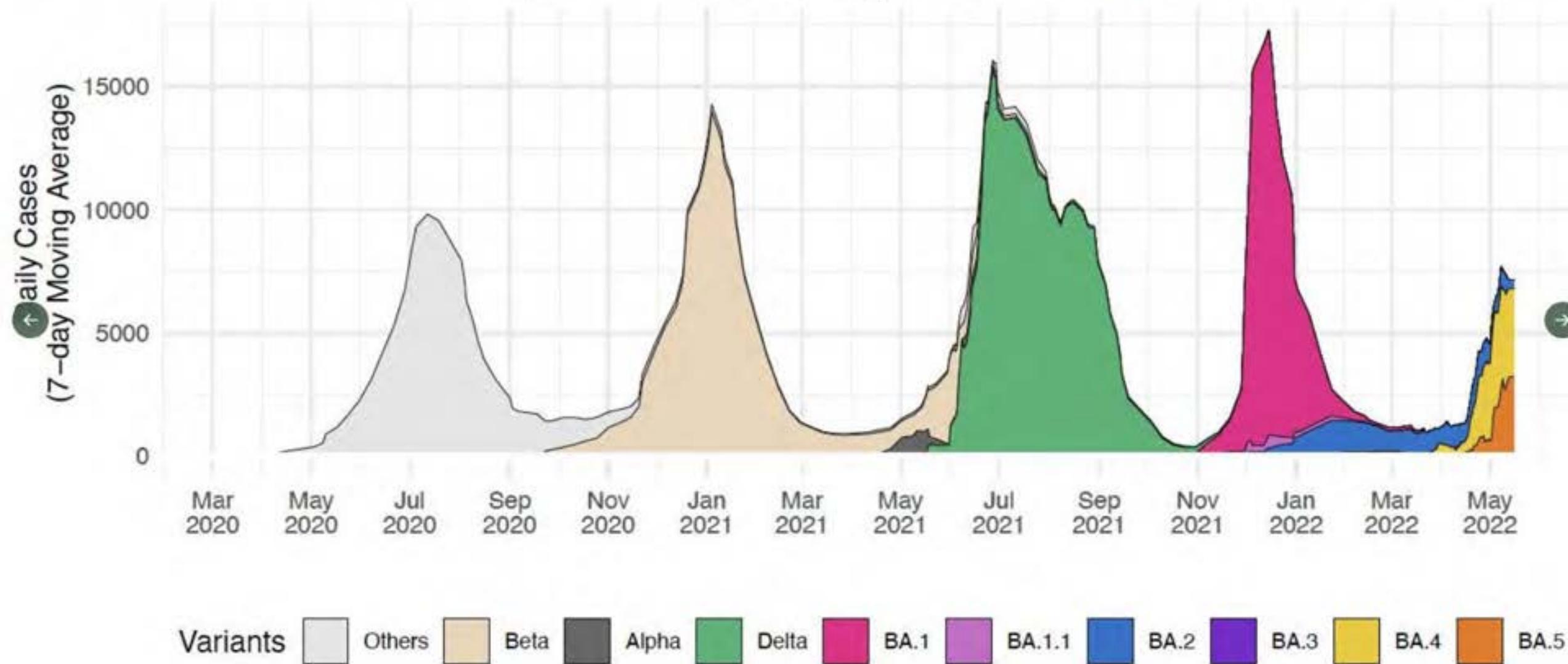
Variant / Mutation of Interest

S





# Epidemic and Variant Dynamics in South Africa



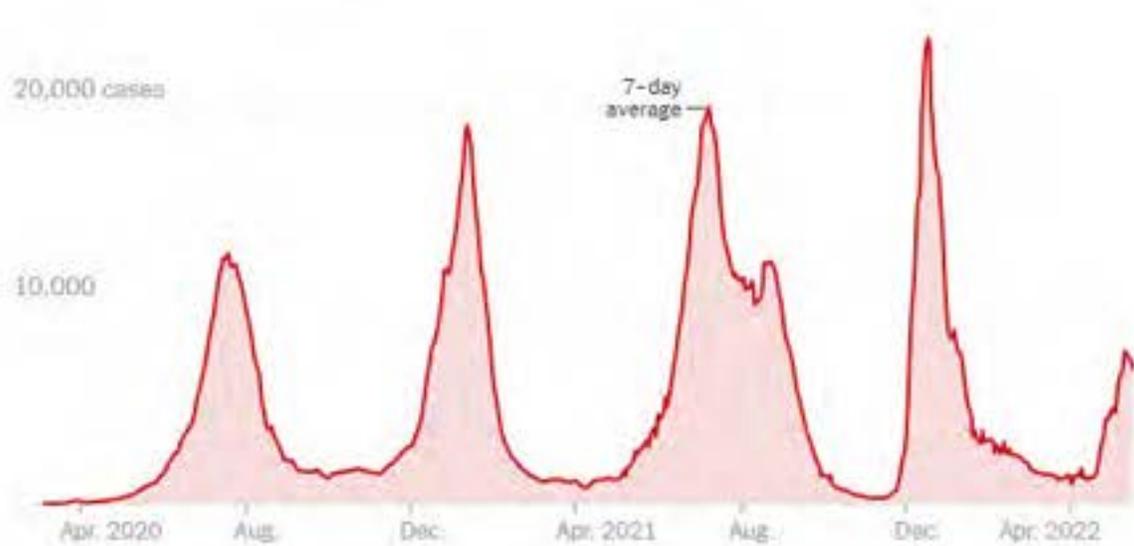
the month with the highest average deaths in South Africa.

## How trends have changed in South Africa

All time

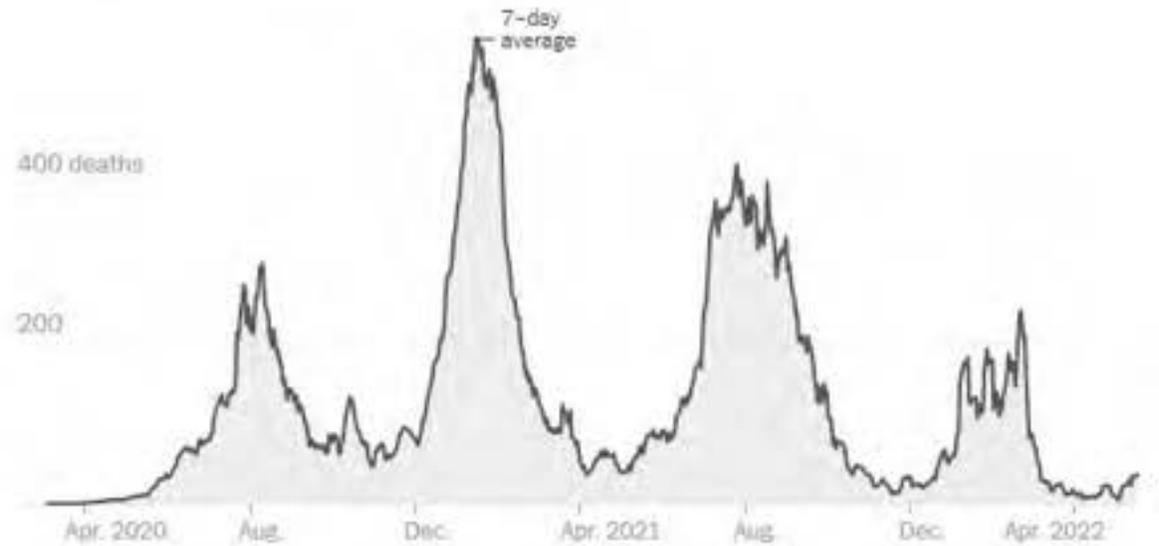
Last 90 days

New reported cases by day



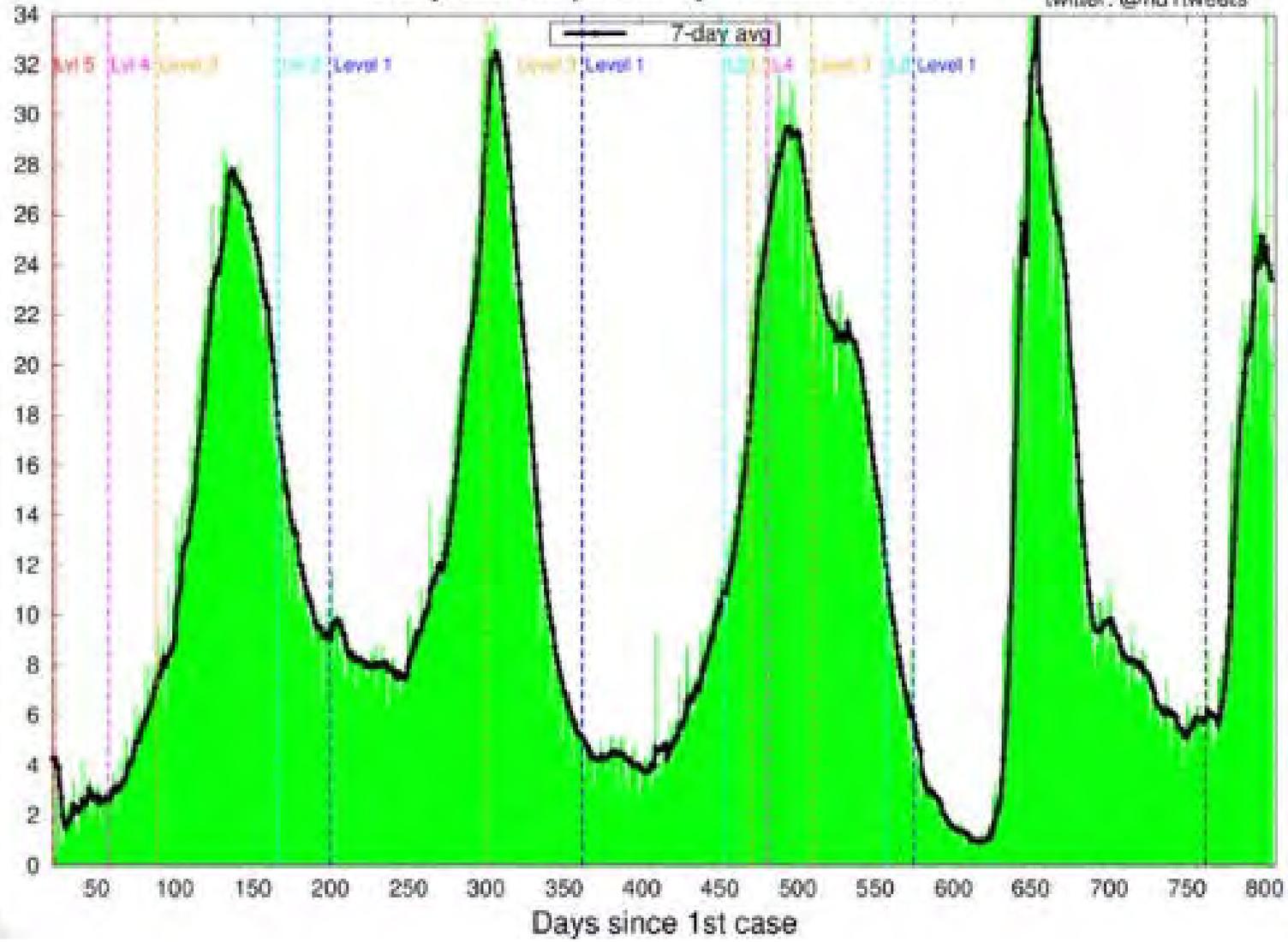
About this data

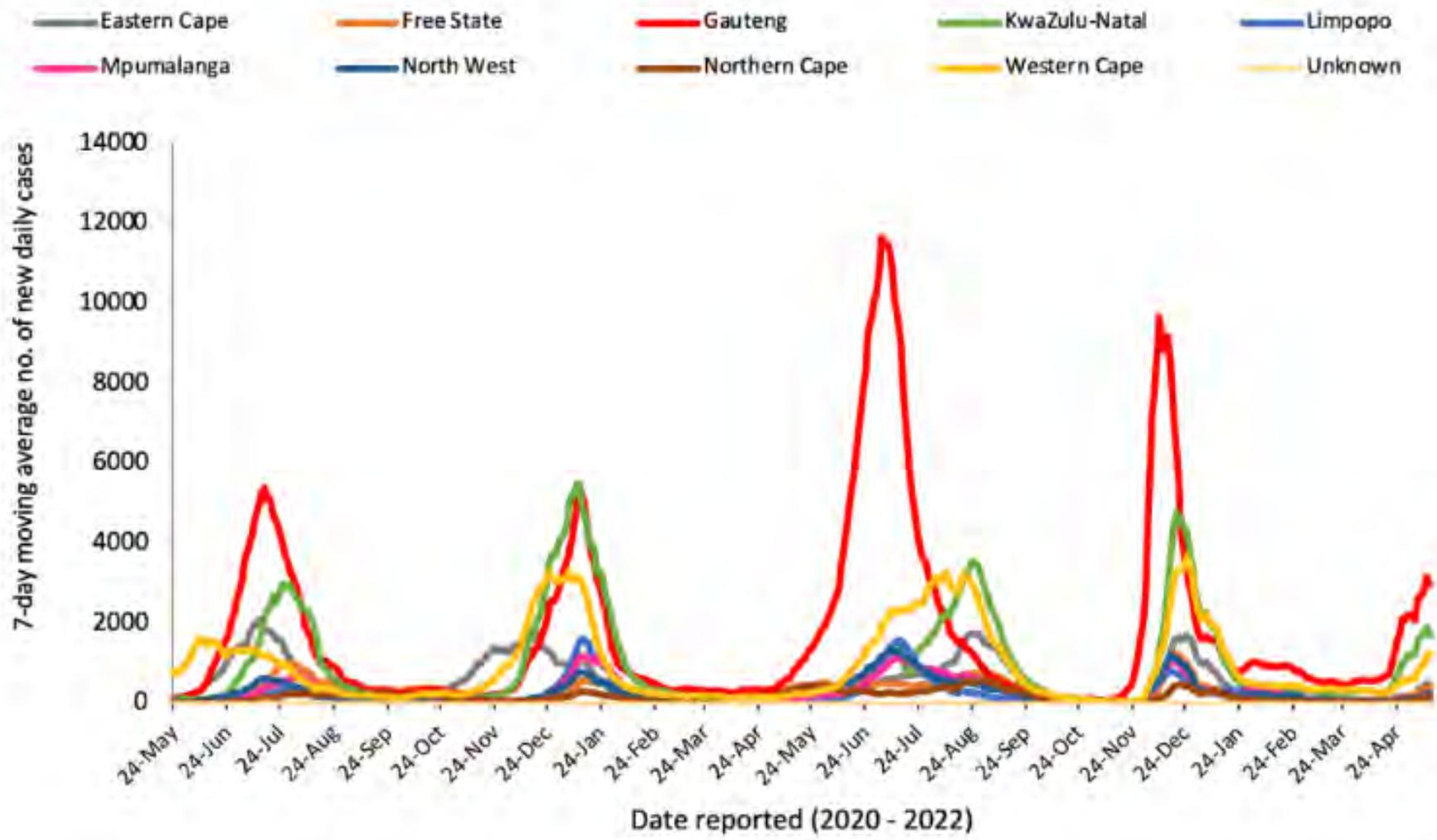
New reported deaths by day



# Daily test % positivity in South Africa

Dr Ridhwaan Suliman  
twitter: @rid1tweets





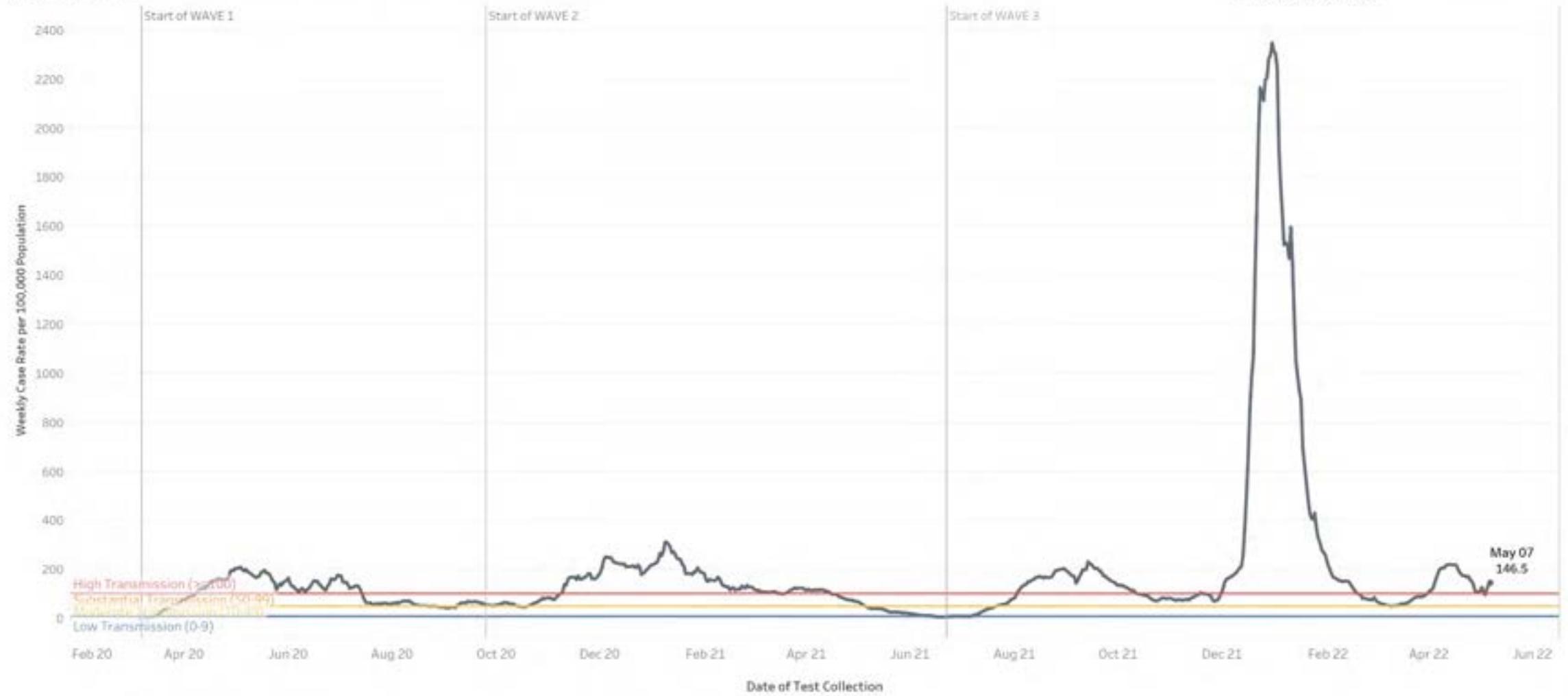
# INTERNAL ALERTS [WEEKLY Case Rate]

## District of Columbia COVID-19 WEEKLY Case Rate

per 100,000 population

Weekly Case Rate:  
per 100,000 population

**146.5**



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

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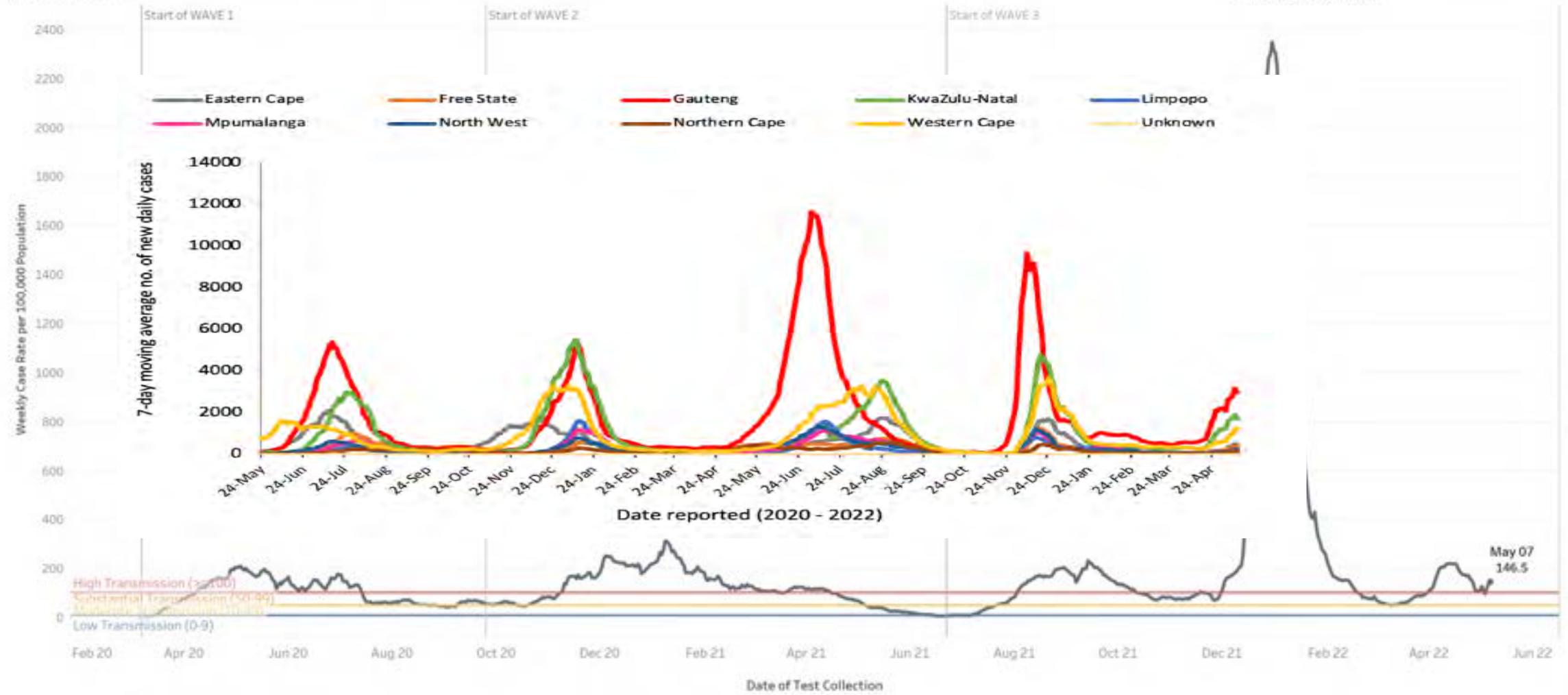
<https://www.cdc.gov/soronast/2019-ncov/comments/schools-childcare/instructors.html>

# INTERNAL ALERTS [WEEKLY Case Rate]

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per 100,000 population

Weekly Case Rate: **146.5**  
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<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/instructors.html>





# Indoor Air Quality Program Report

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Marie Williams, Policy Analyst, OSSE

# Agenda

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



# Background

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# 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

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- 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?

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Let's take a look!

# IAQ Assessment Interest Form



## 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](http://www.salutinc.com)

November 3, 2021

D.C. Office of the State Superintendent of Education  
1050 First Street NE, 3<sup>rd</sup> Floor  
Washington, DC 20009  
Attn: Marie Williams ([HannahMarie.Williams@dc.gov](mailto: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

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- LEAs want to have healthy building environments





SaLUT

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# 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?

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## Commissioners' Current Work

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Commissioners



## Closeout and Priorities for Next Meeting

Jeff Travers, Chairperson, Healthy Youth and Schools Commission