

### **Healthy Youth and Schools Commission**

November Quarterly Meeting

Nov. 17, 2021 | Jeff Travers, Chairperson of the Commission



### Agenda

- Welcome and Introductions
- Recap of the Previous Commission Meeting
  - Approval of Minutes
- Updates from OSSE
  - General Announcements
  - COVID-19 Response and Recovery Updates
- Healthy Schools Act Implementation Updates
  - Nutrition Program
  - Physical Education
- Comments from Commissioners on Current Work and Strategic Plan Updates
- Closeout and Priorities for Next Meeting
  - Proposed 2022 Meeting Dates





### **Recap Previous Commission Meeting**

Jeff Travers, Chairman, Healthy Youth and Schools Commission

### **Recap Previous Commission Meeting**

- September Quarterly Meeting
  - Date: Wednesday, Sept. 15, 2021
  - Main topics covered:
    - School Reopening Landscape
      - In-Person Instruction
      - COVID-19 Health and Safety Updates
      - COVID-19 Positive Case Response
      - COVID-19 Testing
      - Outdoor Learning Update
      - Federal COVID-19 Relief Spending
      - Data and Trends Update from DC Health
  - Approval of minutes





# Updates from OSSE



### **General Announcements**

Tia Brumsted, Interim Assistant Superintendent, Health and Wellness, OSSE

### **General Announcements**

 Tia Brumsted will be serving as Interim Assistant Superintendent of the Health and Wellness Division





### Youth Risk Behavior Survey Update

Rebecca Harnick, Management Analyst, OSSE

### Youth Risk Behavior Survey

- 2021 YRBS Administration
  - Web-based survey
  - New questions added in 2021
    - Mental Health
    - \* COVID-19: Parent/guardian job loss
    - Screen time during an average school day
    - \* HS only: Community violence



## Youth Risk Behavior Survey: Questionnaire Updates

- During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety and depression.)
- During the COVID-19 pandemic, did a parent or other adult in your home lose their job even for a short amount of time?



## Youth Risk Behavior Survey: Questionnaire Updates

- On an average school day, how many hours do you spend in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? (Do not count time spent doing schoolwork.)
- HS only: Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?



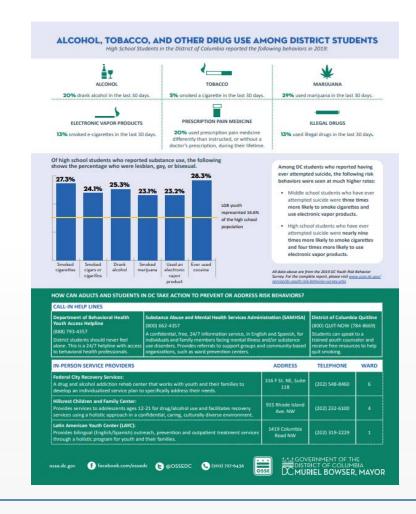
### Youth Risk Behavior Survey: 2021 Progress

- Progress:
  - Schools completed (by the end of this week): 77 out of 108 schools
  - Student response rates:
    - High School: **80.7**%
    - Middle School: 77.7%
- Challenges:
  - About 15% of schools have insufficient computer resources for web administration
- Strengths:
  - Average completion time is 19 minutes for high school students and 17 minutes for middle school students



## Youth Risk Behavior Survey: ATOD fact sheet

 New YRBS fact sheet published from 2019 data: Alcohol, Tobacco and Other Drug Use







### **COVID-19 Response and Recovery Update**

David Esquith, Director, Policy, Planning, and Strategic Initiatives, OSSE Kyle Flood, Manager, Policy and Compliance, OSSE

### **COVID-19 Testing**

- The Protecting Our Children Emergency Amendment Act of 2021 instituted new testing minimums:
  - Before Nov. 1, all schools were required to conduct weekly asymptomatic testing of at least 10 percent of the students attending in-person learning.
  - Beginning Nov. 1, schools shall conduct weekly asymptomatic testing of at least 15 percent of the students attending in-person learning.
  - From Nov. 15 through Jan. 15, schools shall conduct weekly asymptomatic testing of at least **20 percent** of the students attending in-person learning.



### **Expanded Eligibility for Distance Learning**

- The Protecting Our Children Emergency Amendment Act of 2021 also expanded eligibility for distance learning.
  - Creates new student eligibility for distance learning based on medical recommendation
    - Student has a documented medical condition that puts student at high risk of severe illness from COVID-19
    - A member of the student's household has a documented medical condition that puts the individual at high risk of severe illness from COVID-19
    - Pathway is only available for students who are ineligible for the COVID-19 vaccine
      - Only available for children under the age of 5 due to the Emergency Use Authorization of vaccine for children 5-11 years old.
  - Permits DCPS and Public Charter Schools to place limits on Distance Learning
    - DCPS can limit to 200 elementary and 150 secondary school students in addition to those who were already enrolled in distance learning prior to enactment of the bill.
    - Public charters can limit the number of students who receive distance learning to no less than 3 percent of the total population of students enrolled in that LEA.



### Resources

- OSSE has published four corresponding fillable forms, Frequently Asked Questions (FAQs) documents, and Standards for Approving Distance Learning for Students Possibly Subject to Educational Neglect.
- The four new forms and family-facing FAQs are available in English.
  - Translated versions will be published in the coming days on OSSE's website.
- FAQs for LEAs/schools and Standards for Approving Distance Learning for Students Possibly Subject to Educational Neglect, 2021-22 School Year are available.



### **Support for Responses to Positive Cases of COVID-**19

- OSSE is providing supports for public charter schools to help respond to positive cases of COVID-19 and to provide clinical care to symptomatic students.
- Centralized support for all charter LEAs through the Centralized Positive Case Response Team
- 2. \$10,000 stipend per school for all charter LEAs to support school-based staff leading or supporting responses to positive cases
- 3. Expanded staff supports for charter LEAs via one of two options:
  - Option A: Beginning, Monday, Nov. 8, use OSSE-hired contract staff, including one Patient Care Technician (PCT) per school and one Registered Nurse (RN) per four schools to respond to positive cases and provide clinical care to symptomatic students.
  - Option B: LEAs had the opportunity to apply for subgrant formula funds (88,000 dollars per school) from OSSE to hire their own staff.



### **COVID-19 Vaccination Mandate**

- Pursuant to <u>Mayor's Order 2021-109</u>, effective Nov. 1, 2021:
  - All adults who are regularly in schools and child care facilities in the District of Columbia must have received a full course of vaccination against COVID-19.
  - Students age 12 and older must have received a full course of vaccination against COVID-19 in order to participate in school-based extracurricular athletics.



### **COVID-19 Vaccination Mandate- Implementation Window for Student Athletes**

- The City Administrator's office established an **implementation window from Nov. 1-Dec. 1** before full exclusion of student athletes from school-based extracurricular athletics is required.
  - Will enable school personnel to establish and execute systems to collect, review, certify, and record proof of COVID-19 vaccination and medical and religious exemptions.
- Starting Dec. 1, student athletes who have not received a full course of vaccination against COVID-19 are to be excluded from all school-based extracurricular athletics until they provide proof of a full course of vaccination.
- Between Nov. 1 and Dec. 1 all student athletes who have not received the full course of vaccination will be required to wear a mask in athletic events and are strongly encouraged to participate in weekly testing for COVID-19.



### **COVID-19 Vaccination Mandate- Resources**

- OSSE has developed two guidance documents:
  - <u>COVID-19 Vaccination Mandate for District School Employees, Contractors, Interns and Volunteers; and</u>
  - COVID-19 Vaccination Mandate for Student Athletes.
- OSSE has released two vaccination religious exemption templates:
  - COVID-19 Vaccination Religious Exemption Template for Employees, Contractors, Interns, and Volunteers in Schools and Child Care Facilities; and
  - COVID-19 Vaccination Religious Exemption Template for Student Athletes



### **COVID-19 Vaccination: Update**

- On Tuesday, Nov. 2, the CDC advisory panel unanimously recommended the COVID-19 vaccination for children aged 5-11.
- Mayor Bowser announced plans for vaccinating children ages 5-11 against COVID-19.
- Families will be able to be vaccinated at more than 60 pharmacies, hospitals, and health centers in DC that will have the vaccine.
  - To provide additional opportunities for access, families will also be able to go to District-operated pop-up sites set up specifically for 5-11 year-olds.
  - Children's National will provide vaccinations at eight locations as well as via their mobile unit throughout the city.







## COVID-19 Vaccination Opportunities for Children Age 5-11 for Nov. 8-20

Location	Address	Wa	rd1st Dose
			Date
Bancroft Elementary School	1755 Newton St NW	1	11/9
Marie Reed Elementary School	2201 18th St NW	1	11/12
Edlavitch DCJCC	1529 16th St, NW	2	11/7
Garrison Elementary School	1200 S St NW	2	11/17
Thomson Elementary School	1200 L St NW	2	11/12
Ben Murch Elementary School	4810 36th St NW	3	11/13
Janney Elementary School	4130 Albemarle St NW	3	11/19
Palisades Recreation Center	5200 Sherier Pl NW	3	11/16
Center City Public Charter School -	6008 Georgia Ave NW	4	11/9
Brightwood Campus			
Dorothy I. Height Elementary School	1300 Allison St NW	4	11/8
E.L. Haynes PCS	4501 Kansas Ave NW	4	11/18
Lafayette Elementary School	5701 Broad Branch Rd	4	11/19
	NW		
Whittier Elementary School	6201 5th St NW	4	11/20
Bunker Hill Elementary School	1401 Michigan Ave NE	5	11/18
Center City Public Charter School - Trinidad	1217 West Virginia Ave	5	11/17
Campus	NE		

DC Bilingual PCS	33 Riggs Road NE	5	11/20
Noyes Elementary School	2725 10th St NE	5	11/8
Kennedy Recreation Center	1401 7th St NW	6	11/10
KIPP DC - Lead Academy PCS	421 P St NW	6	11/16
Payne Elementary School	1445 C St SE	6	11/13
Friendship Blow Pierce Elementary & Middle	725 19th St. NE	7	11/12
Kimball Elementary School	3375 Minnesota Ave SE	7	11/9
Plummer Elementary School	4601 Texas Ave SE	7	11/17
Smothers Elementary School	1300 44th St NE	7	11/13
Thomas Elementary School	650 Anacostia Ave NE	7	11/19
Center City PCS: Congress Heights	220 Highview PI SE	8	11/18
Excel Academy Public School	2501 Martin Luther King Jr Ave SE	88	11/16
Ingenuity Prep Public	4600 Livingston Rd SE	8	11/8
Charter School/Statesmen Academy			
KIPP DC Heights Academy	2600 Douglass Rd SE	8	11/10
Patterson Elementary School	4399 South Capitol Terrace SW	8	11/10
Turner Elementary School	3264 Stanton Rd SE	8	11/20





### **Data and Trends Update**

Dr. Marsha Samson, DC Health



## November: Healthy Youth and Schools Commission Meeting

Emerging COVID-19 Trends in DC

Marsha Samson | Nov. 17<sup>th</sup> 2021 Lead Epidemiologist



#### **OBJECTIVES**

Understand the Current COVID -19 Trends in DC



### **DC Reopening Metrics Summary**

Criteria

Metrics to be met for 14 consecutive days at each level before gradually entering the corresponding phase. Potential dial-backs are evaluated in conjunction with other data to inform decisions to re-establish restrictions.

Daily case rate (7-day avg. per 100,000 population)

Rate of transmission (Effective reproduction number R(t))

Test positivity rate (Percent positive from RT-PCR tests)

New cases from quarantined contacts (7 day average)

Percent hospital utilization (of available beds, without surge)

Percent COVID-19 patients (of daily hospital census, 7-day average)

Mean test turnaround time (7-day average)

Positive cases with contact attempt (within 1 day, 7 day avg.)

Close contacts with contact attempt (within 2 days, 7 day avg.)

Positive cases interviewed (within 3 days, 7-day average)

Phase 3	Phase 2	Phase 0/1
Minimal community spread, sufficient health and public health capacity, and excellent community engagement.	Moderate community spread, moderate health and public health capacity, and fair community engagement.	Substantial community spread, insufficient health and public health capacity, and poor community engagement.
<b>&lt;</b> 5	5 - 15	>15
N/A*	0.8 - 1.2	>1.2
<3%	3% - 10%	>10%
>60%	5% - 60%	<5%
<80%	80% - 90%	>90%
<5%	5% - 10%	>10%
<2 days	2 - 3 days	>3 days
>90%	80% - 90%	<80%
>90%	80% - 90%	<b>&lt;80%</b>
>80%	70% - 80%	<70%

<sup>\*</sup>Transmission rate becomes unreliable when daily case numbers are small

**CURRENT STATUS** Green

Phase 3

Minimal community spread, sufficient health and public health capacity, and excellent community engagement.

Test positivity rate

Current Values (data through 11/10/21)

Daily case rate

Level of		
Community		
Spread		

0.9	7-day avg
lov 10)	рор.

0.92 (Oct 31)	Effective reproduction number (R(t))

Percent COVID-19

patients

Rate of transmission

<b>2.1%</b> (Nov 7)	Percent positive fro RT-PCR tes



**Health System** Capacity

Percent hospital utilization		
ଥବ	2%	of availab

(Nov 10)

	Mean test turnaroun time		
1.5	(days) 7-day		
(Nov 10)	gverage		

conducted			
8,999 (Nov 7)	7-day avg. per million pop.		

Diagnostic tests

**Public Health** System Capacity

Positive o contact	
100%	7-day avg

100%	7-day avg. attempt
(Nov 9)	within 1 day

Positive cases

interviewed

7-day avg.

completed

within 3 days

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99.9% (Nov 8)	7-day avg. attempt within 2 days

Positive c provide clos	
44.6%	7-day avg.

(Nov 7)

s who	Mean number close
contacts	contacts provided

contacts	provided
2.8	7-day avg.
(Nov 7)	positive case

Exposure Notification	
Opt-in	

1,337,726	cumulative # of smart phones opted-in to
(Nov 2)	official exposure notification

Community **Engagement** 

Correct mask-wearing

65.3%

(Nov 7)

22.7%

Percent full COVID-19 vaccine coverage

Updated (Nov 8) weekly.

### CDC Indicators and Thresholds for Community Transmission of COVID-19

Table 1. CDC Indicators and Thresholds for Community Transmission of CC	VID-19
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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 <sup>2</sup>	0-9	10-49	50-99	≥100
Percentage of NAATs that are positive during the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%



#### District of Columbia COVID-19 Daily Case Rate

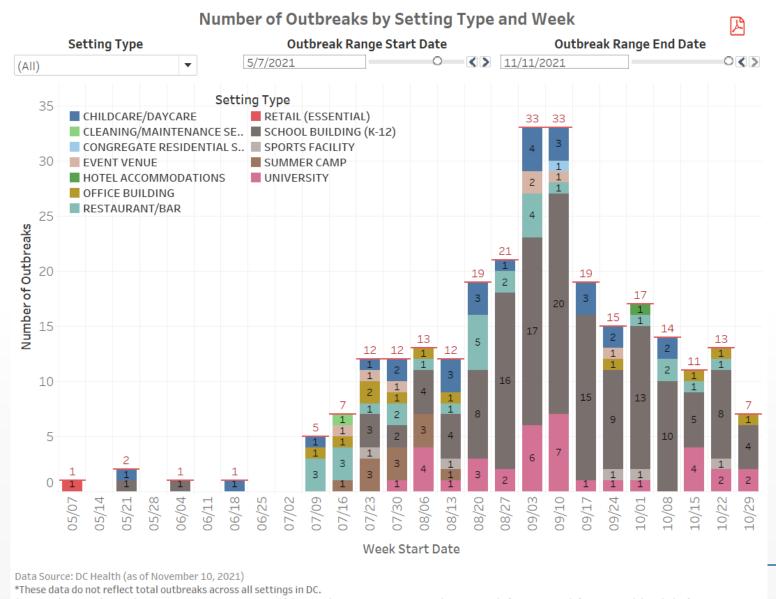
per 100,000 population (7-day average)



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

Data Notes: The line represents a seven day average of the daily case rate per 100,000 population. 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. Data reflect ongoing data quality improvements.

#### 14 NEW OUTBREAKS REPORTED SINCE LAST WEEK: 7 SCHOOL BUILDINGS (K-12), 4 UNIVERSITIES, 2 OFFICE BUILDINGS, AND 1 SPORTS FACILITY



<sup>\*\*</sup>Data subject to change due to ongoing investigations and data quality improvements. See the Data Guide for category definitions and detailed information.

Outbreaks from Selected Settings in the District of Columbia between May 7, 2021 - Nov 10, 2021
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Setting Type	Number of Outbreaks
CHILDCARE/DAYCARE	27
CLEANING/MAINTENANCE SERVICE	1
CONGREGATE RESIDENTIAL SETTING	1
EVENT VENUE	7
HOTEL ACCOMMODATIONS	1
OFFICE BUILDING	11
RESTAURANT/BAR	28
RETAIL (ESSENTIAL)	1
SCHOOL BUILDING (K-12)	140
SPORTS FACILITY	5
SUMMER CAMP	11
UNIVERSITY	35
Data Source: DC Health (as of November 10, 2021)	

#### Please note:

There are new investigations which lead to more information that may allow us to combine clusters, along with ongoing data quality improvements processes that an enable us to connect smaller clusters together. As stated on the website, this may be reflected as changes to the number of outbreaks.

\*Will be updated on the website Sunday, November 14th, 2021

<sup>\*</sup>These data do not reflect total outbreaks across all settings in DC.

<sup>\*\*</sup>Data subiect to change due to ongoing investigations and data quality improvements. See the Data Guide for category definitions and detailed information

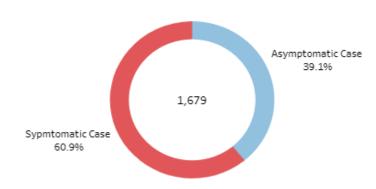


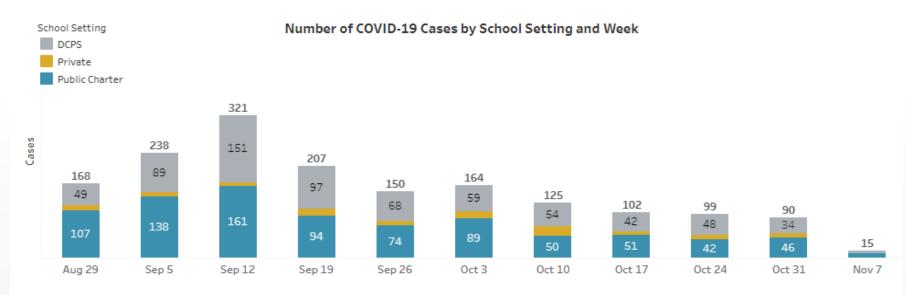


#### Symptomatic vs Asymptomatic at School

Number of Cases

1,679







You may select a school setting (DCPS, Private, or Public Charter) and individual school from the dropdown lists to view the distribution of cases for that school setting or school. Schools that do not appear in the drop-down list have no cases reported to DC Health.

A symptomatic COVID-19 case is defined as someone who tests positive and reports experiencing fever, dry cough, loss of appetite/smell, body ache, or other symptom. An asymptomatic case is defined as someone who tests positive but does not report exhibiting any symptoms during the course of their infection.

The Fall 2021 - Spring 2022 academic school year began on August 29, 2021

Data may not reflect total number of cases in all school settings in DC, and is subject to change periodically as more information is collected and processed. Refer to the Data Guide for more detailed information.

Week Start Date

### DISTRICT OF COLUMBIA VACCINATION DATA

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









TOTAL DOSES
ADMINISTERED WITHIN DC

ESTIMATED % RESIDENTS PARTIALLY OR FULLY VACCINATED\*\* ESTIMATED % RESIDENTS FULLY VACCINATED\*\* ESTIMATED % OF BREAKTHROUGH CASES\*\*\*

1,091,411

76.2%

63.1%

1.28%

#### Individuals Partially or Fully Vaccinated within DC by Administration Date



	At Least One Dose	Fully Vaccinated	<b>Booster Dose</b>	Total Administrations	Dose 7-day Average
DC Resident (within DC)	401,610	341,684	34,225	752,203	1,730
DC Resident (outside DC)	104,090	72,132	4,705	171,457	
DC Resident (Federal Entity)	32,416	31,172	4,693	66,444	
Total DC Resident	538,116	444,988	43,623	990,104	
Non DC Resident (within DC)	135,214	97,843	7,219	234,509	499
Non DC Resident (Federal	15,879	15,840	4,693	38,255	
Total Non DC Resident	151,093	113,683	11,912	272,764	

Source: DC Health and DC Residents (outside DC and Federal Entity) is an estimate value from Tiberius (Product of Health and Human Services) Data are subject to change.

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

Last Updated: 11/8/2021

TOTAL DOSES
ADMINISTERED WITHIN DC

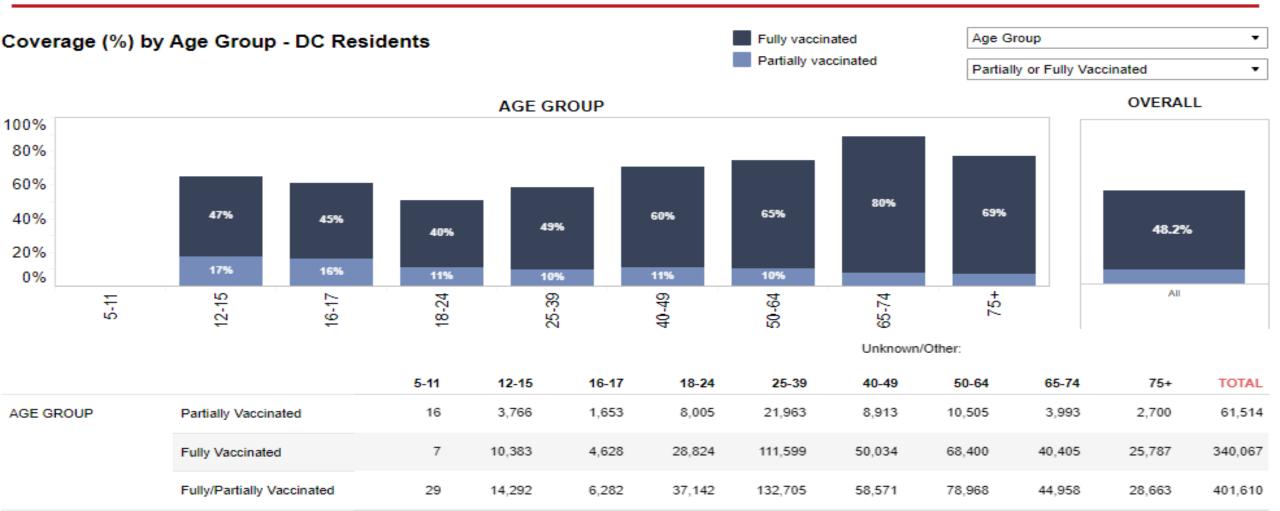
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1,091,411

76.2%

63.1%

1.28%



Source: DC Health; Data are subject to change.

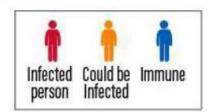
Metric Definition: The number of DC residents who have been fully vaccinated across age groups, gender, race, and ethnicity. This information is carefully tracked to determine targetting and equity of vaccine rollout and administration. \*\*\*Estimated % Breakthrough cases is calculated using the number 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).

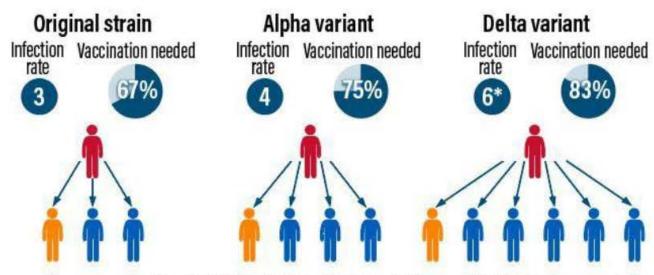
Data Considerations: Coverage is defined as the number as a proportion of the number of residents in DC, as reported by the total population reported in the ACS 2019 census and CDC Bridged population estimates, including residents who may be ineligible to receive the

### Alpha vs Delta

#### **HOW DELTA VARIANT AFFECTS HERD IMMUNITY**

The Delta variant is more highly infectious than the original strain of Covid-19 or the Alpha variant. This means that the goal of herd immunity is more difficult, as more people must be vaccinated to ensure the virus cannot spread further





\*According to latest estimates, and assuming no lockdown or social distancing measures are in place





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









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



Healthy Schools Act Implementation Updates



## **School Nutrition Update**

November 2021

Liz Leach, Manager, School Nutrition Programs, OSSE Alex Dobbs, Compliance Manager, National School Lunch Program/Fresh Fruit and Vegetable Program, OSSE

#### **Overview**

- Access to meals
- Challenges
- Successes
- Looking forward





#### **Student Access to Meals**

- DCPS, Charters, and Private Schools participating in meal programs are serving meals at school, AND have contingency plans to continue meal service 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 (requires OSSE approval)
  - Higher per meal reimbursement to schools to offset costs
- OSSE is supporting LEAs and schools in customizing meal service to prioritize student safety, including meals in the classroom, grab and go, and outdoor meals



## **Continuous Education Plan (CEP) Highlights**

- DCPS, charter schools, and private schools were required to submit CEP plans prior to the start of the school year and were reviewed and approved by OSSE
- Schools were required to describe how they will ensure access to nutritious food for all qualifying students regardless of their learning environment
- Plans included:
  - Home delivery
  - Weekly meal boxes
  - Daily pick up
  - Referring families to open sites



#### **Open Meal Sites**



#### School Year 21-22 **Meal Services**

Whether learning in-person or virtually, all DCPS students will have access to free meals during SY 21-221

#### In-Person Meals

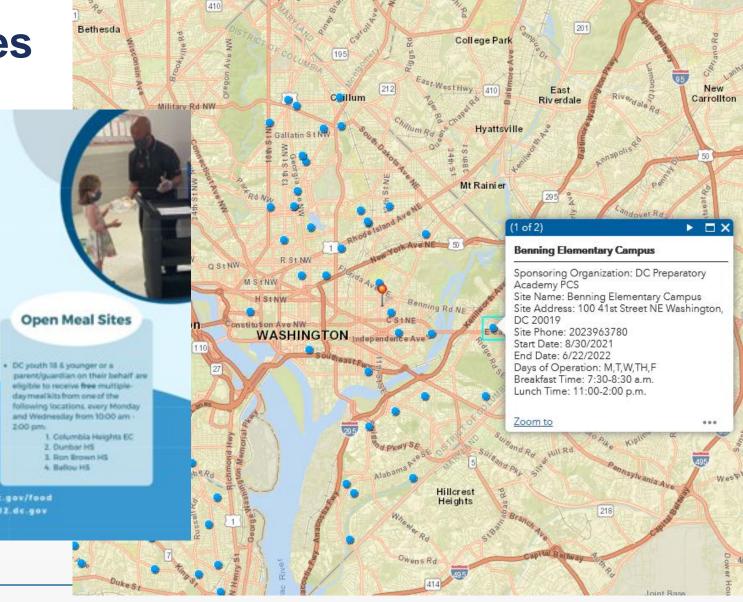
- . Students participating in inperson learning will have access to free breakfast and lunch
- · Supper or snack will be available after school at select school sites.
- . In person learning students who are temporarily virtual due to close contact will have access to meals at identified open meel

#### Meals for Virtual Learners

 Virtual Learning Academy students will have access to free multiple-day meal kits at open meal site locations every Monday and Wednesday from 10:00 am -

parent/guardian on their behalf are eligible to receive free multipleday meal kits from one of the following locations, every Monday and Wednesday from 10:00 am -

For more information, please visit: dcps.dc.gov/food





## **Challenges & Mitigation Strategies**

# Physical distancing recommendations

- Alternative
   Serving Models
  - Breakfast in the classroom
  - Grab and Go
  - Outdoor meals
- Flexible meal times

# Supply chain disruptions

- Communication with students and families
- Communication with vendors
- Utilizing waivers
- Utilizing USDA Foods and DoD Fresh
- Alternative procurement options

#### Labor shortages

- Seamless Summer Option (SSO)
- Communication with students and families
- Utilizing waivers
- Menu adustments



#### Successes





- District-wide collaboration
- 6.7 million in child nutrition emergency operational cost reimbursements\*
- Farm to school grant
- Breakfast!
  - \$2 million school breakfast expansion grant
  - \$2 per student subsidy (DC Healthy Schools Act)

\*Includes child care centers



## **Looking forward**





- While meals may be different than planned, there will be nutritious meals available free to students.
- Supply chain disruptions and labor shortages anticipated to continue
- 2022-23 school year uncertainty expected return to non-universally free meals





# **Physical Education**

Tia Brumsted, Interim Assistant Superintendent, Health and Wellness, OSSE

## The Healthy Schools Amendment Act of 2018

The **Healthy Students Amendment Act of 2018 (HSAA)** amended the Healthy Schools Act of 2010 (HSA).

The HSAA reflects the District's commitment to continually improve health services and supports for students. The amendments impact all District public and public charter schools.



## Physical Activity and Recess Goals for K-8

- Physical Activity and Recess Goal for Grades K-8
  - The HSAA strives to meet the federal guidance encouraging all children to be physically active for 90 minutes each day.
    - Schools are encouraged to meet this goal by several means, e.g., extending the school day, including physical activity in afterschool programs, and integrating movement into classroom instruction.
  - The HSAA also sets a goal for schools to provide students in kindergarten through grade 8 with at least 20 minutes of active recess on a daily basis.



## PA Requirements for Pre-K 3 & 4

- Physical Activity Grades Pre-K-3 and Pre-K-4
  - Students must be provided with a daily average of 60 minutes of physical activity.
  - Schools must provide at least two 20-minute outdoor recess sessions, weather and space permitting, which may count toward the 60-minutes daily requirements.
  - Schools providing less than an average of 60 minutes per day must submit an action plan to OSSE.



## PE Requirements Grades K-5

- Physical Education in Kindergarten through Grade 5
  - Schools should aim to provide a weekly average of 150 minutes of physical education.
  - Schools must provide a weekly average of 90 minutes of physical education.
  - All schools providing less than a weekly average of 90 minutes of physical education must also submit an action plan to OSSE.



## PE Requirements Grades 6-8

- Physical Education Grades 6-8
  - Schools should aim to provide a weekly average of 225 minutes of physical education.
  - Schools must provide a weekly average of 135 minutes of physical education.
  - Schools providing less than a weekly average of 135 minutes of physical education must submit an action plan to OSSE.



## **Health Education Requirements for K-8**

#### No changes were made under the HSAA.

- Health Education Grades K-8
  - The HSA requires that K-8 students receive an average of at least
     75 minutes of standard-aligned health education per week.
- Health Education Grades 9-12
  - High school students are only required to take half a credit, or one class, of health education during their four years.
  - They must also receive cardiopulmonary resuscitation (CPR) instruction in order to be eligible for graduation.



### **Health and PE Requirements Grades 9-12**

- Health and Physical Education Requirements Grades 9-12
  - High school students are required to complete at least 1.5
     Carnegie units in physical education/health in order to graduate.
     This is not an HSAA requirement, however.
    - High school students taking health must also take the standardized OSSE Health and Physical Education Assessment (HPEA) during the same school year.
  - High schools must provide students with at least one class on CPR instruction in order for students to be eligible for graduation.



#### **Students with Disabilities**

- Schools serving any student with a disability must provide adapted physical education (APE)
  - APE should be part of the student's individualized education program
  - Supplementary aids should be provided for students with disabilities to enable them to participate in regular physical education instruction whenever necessary



### **Professional Development**

- OSSE will provide annual professional development for school personnel
  - Provided by certified instructor(s)
  - Based on nationally recognized standards and <u>aligned to DC</u> <u>Health and Physical Education Standards</u>
  - Emphasis on incorporating physical activity in classrooms, classroom instruction breaks and recess
  - Convene community and school-based partners on best practices for program implementation



## **Action Plan Requirements**

#### **Action Plan Requirements**

- Any public or public charter school that fails to meet the minimum requirements for students in the grade band MUST submit an annual action plan to OSSE.
- All action plans submitted must detail the school's plan to increase physical activity or physical education and recess minutes prior to the start of the new school year.
- OSSE will work with schools to develop and implement action plans, and will provide technical assistance and resources to support schools in achieving their goals.



#### **HSAA Action Plan Process**

- OSSE will develop an action plan submission platform
- Schools out of compliance after the 2021-22 school year will use action plan to navigate challenges and attest to meeting health and PE minutes for the following school year
  - Submissions will occur during the summer before the 2022-23 school year
- Targeted technical assistance will be provided to schools out of compliance





#### **Commissioners' Current Work**

Commissioners



#### Healthy Youth and Schools Commission Strategic Plan Update

Jeff Travers, Chairman, Healthy Youth and Schools Commission



# Closeout and Priorities for Next Meeting

Jeff Travers, Chairman, Healthy Youth and Schools Commission

## **Proposed 2022 Meeting Dates**

- Wednesday, Feb. 16, 3-5 p.m.
- Wednesday, May 18, 3-5 p.m.
- Wednesday, Aug. 17, 3-5 p.m.
- Wednesday, Nov. 16, 3-5 p.m.

