STAY ON TRACK!

Now more than ever, it's important that your child receives their immunizations on time.

IMMUNIZATION POLICY FOR IN-PERSON ATTENDANCE

School Year 2020-21

Revised June 2020

OSSE

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

WE ARE WASHINGTON DC
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Table of Contents

Executive Summary 1

Introduction 2

Section I: Terms and Definitions 4

Section II: Immunization Policy Implementation Process for Schools 7

Step 1: Establish School-Level Responsibilities and a School Health Team 7

Step 2: Disseminate Immunization Information to Families and Establish Communications Protocols 8

Step 3: Conduct Frequent Reviews of School-level Immunization Certification Compliance 9

Step 4: Actions Taken for Non-Compliant Students Prior to Removal 10

Step 5: Actions Taken for Non-Compliant Students after the 20-School Day Period Has Passed 13

Step 6: Actions Taken When a Student is Allowed to Return to School after Previously Removed 14

Section III: Special Student Populations 15

Students Experiencing Homelessness 15

Military Children 15

Students with Disabilities 16

Transportation for Students with Disabilities 16

Adult and Foreign-Born Students 17

Section IV: Immunization Series Treatment, Exemptions, and Incidents of Exposure 18

Immunization Series Treatment 18

Medical and Religious Exemptions 18

Human Papillomavirus (HPV) Opt-Out 19

Exposure to Communicable Disease or Outbreak at the School 19

Section V: Composition of School Health Team 20

Image I: Composition of School Health Team 20

Section VI: Immunization Decision Tree for School Health Team 21

Image II: Immunization Decision Tree 21

Appendix A – Sample Communication Process 22

Sample Immunization Non-Compliance Communications Record 22

Appendix B – Immunization Requirements for District Students 24

Appendix C – Universal Health Certificate 25

Appendix D – DC Pediatric Immunization Locations 27

Appendix E – Best Practices for School Leaders to Support Immunization Compliance 28

Appendix F – Frequently Asked Questions 30

Executive Summary

The Immunization of School Students Act of 1979 established standards for immunizing District students against preventable childhood diseases. DC Official Code requires that no student shall be admitted by a school unless the school has a valid certification of immunization documenting that the student has been successfully immunized in accordance with DC Health immunization requirements or the student is exempt for medical or religious purposes (DC Official Code § 38–502). Further, schools are required to inform a responsible person (parent or guardian for children under 18) when the school does not have the certification of immunization (DC Official Code § 38–504). Schools are not permitted to allow a student to attend more than 20 school days while the school does not have certification of immunization (DC Official Code § 38–505).

DC Municipal Regulations mandate that the Office of the State Superintendent of Education (OSSE), in coordination with District of Columbia Public Schools (DCPS), District of Columbia Public Charter Schools (PCS), and District of Columbia Department of Health (DC Health), enforce immunization responsibilities for public school admission (DCMR 5-E § 5300.1). Schools have a responsibility to require the necessary immunization certification as part of student attendance (DCMR 5-E § 5300 et seq.), and to work with DC Health to ensure proper immunization information is distributed to families (DCMR 5-E § 5300.3).

This immunization policy includes District of Columbia (District or DC) statutory and regulatory requirements for schools, as well as recommended best practices. This policy applies to all students not yet age 26 by the start of the school year enrolled in grades pre-K-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 a student is stage 5 enrolled and identified as non-compliant with the immunization requirements. This immunization policy accounts for a 20-school day period of a non-compliant student's stage 5 enrollment and attendance at a school, as permitted by District law, then stipulates attendance and removal protocols.

Public and public charter schools shall fully enforce the statutory and regulatory immunization requirements for schools at the beginning of the 2020-21 school year. Schools may contact DC Health with questions regarding immunization certification requirements, immunization data, and pediatric immunization locations and resources for accessing immunizations. Schools may contact OSSE or their local education agency (LEA) central office with questions regarding the immunization policy.

Although this immunization policy is intended for public and public charter schools, the District's immunization laws also apply to private, parochial, and independent schools (DC Official Code §§ 38–501 et seq.). Per DC law, these schools shall follow immunization certification, notification, and admission requirements. Private, parochial, and independent schools may choose to create their own policy or adopt part or all of this immunization policy.

Introduction

Healthy bodies and minds are the foundation of academic success. Schools play an important role in keeping students safe, healthy, and ready to learn. Many infectious diseases, such as measles, are highly contagious and dangerous for our youngest District residents. In order to prevent the spread of these infectious diseases, it is vital that all students are fully immunized before entering school. Immunizations are the best defense against some of the most common and sometimes deadly infectious diseases. They are necessary to prevent an outbreak among unimmunized children and children and adults who are unable to receive immunizations, similar to those that have occurred in other jurisdictions and forced the temporary closure of schools.

In an era of heightened awareness of infectious disease given the COVID-19 pandemic, schools, families, and communities must understand that the public health risks of vaccine-preventable infections such as measles may be as great as or even greater than those of COVID-19. To ensure the safest environment for students, staff and families, schools must not only implement with fidelity health and safety provisions to protect against COVID-19, but support *all* children in becoming fully immunized, and fully enforce the District's immunization requirements.

District law and regulations require that schools verify immunization certification for all students as part of enrollment and attendance. Schools must review records as often as necessary to ensure that all students are compliant with the District's immunization requirements and to identify and notify any non-compliant adult student or student's parent or guardian of any missing immunization certification. If a student remains non-compliant beyond a 20-school day period, the school shall remove the student from attendance of in-person regular instruction until the immunization certification is secured by the school. School leaders, the school registrar's office, and the school nurse or health suite personnel all play an important and coordinated role in ensuring the policy is successful at the school.

This immunization policy was developed to support the public health of the school and broader communities, by ensuring that all those participating in congregate activities in a school setting are up-to-date on their vaccinations. This policy provides school leaders with a clear process for ensuring District law and regulations are met, including the recommended school process for verifying immunization certification and protocols for the removal of a non-compliant student from in-person regular instruction after a 20-school day period. As stipulated in this policy, schools may choose to either offer distance learning to non-compliant students or code them as "unexcused absence - immunization" after the 20-school day period until immunization certification is met.

For more information on the immunization certification requirements and access to primary care for families, school leaders may consult DC Health. Schools participating in DC Health's School Health Services Program may rely on support from the school nurse or health suite personnel to help navigate this process. Schools may also contact the DC Health Immunization Program for questions regarding specific immunization requirements and access to care for students in the District. DC Health is available to provide schools with technical assistance, best practices, review of school-level immunization data, locations where students can receive immunizations and primary care, and actionable steps for schools to control an outbreak. For information regarding access to insurance or Medicaid for families in the District, schools may consult DC

Health Link. For more information on attendance protocols, protections for special student populations, and managing attendance data, school leaders may contact OSSE or consult their LEA central office.

Health is a vital component that supports a student's academic success. Immunizations and regular wellness visits help support a student's health and readiness to learn. Together, the District's education and health sectors are committed to leveraging programming, partnerships, policy, and data to remove health barriers to learning so that people of all ages and backgrounds are prepared to succeed in school and life.

[Remainder of page left intentionally blank]

Section I: Terms and Definitions

Immunization
A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation. A vaccine is a product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections but can also be administered by mouth or sprayed into the nose. [1]

District of Columbia Immunization Information System (DOCIIS)
DOCIIS is an internet-based data system maintained by DC Health that collects, stores, tracks, and monitors immunization event information for residents and visitors to the District. DOCIIS provides access to real-time immunization data to a range of immunization stakeholders including the following: health care providers, pharmacies, health care payers, schools, and licensed child development centers. DOCIIS is the DC Health Immunization Program's key tool for tracking individual and population-level immunization coverage and needs in the District. Health care providers use DOCIIS to check immunization history to ensure their patients receive necessary immunizations as prescribed, and schools use DOCIIS to track compliance with immunization laws and regulations.

Immunization Certification
Immunization certification is proof that the student is immunized in accordance with District of Columbia immunization requirements. Immunization certification may include: (1) certification from a medical provider that the required immunizations have been completed via a Universal Health Certificate, digital record in DOCIIS, or other written immunization record with a provider stamp, seal, or signature; (2) formal exemption from the required immunization (religious or medical exemption, or HPV opt-out); (3) written records forwarded from a student's previous school; (4) proof from a medical provider the student is in the process of receiving an immunization series in accordance with DC Health immunization requirements; or (5) alternative proof of immunization certification approved by DC Health (e.g., blood antibody tests or official immigration immunization record). An appointment card from a medical provider does not meet the requirements of immunization certification.

Immunization Point of Contact (IPOC)
The Immunization Point of Contact is the primary point of contact for parents and guardians, students, school leaders, LEA central office staff, and DC Health regarding immunization compliance at the school. The IPOC has primary access to DOCIIS for identifying non-compliant students. The IPOC will also manage the distribution of immunization resources, information, and communications related to immunization compliance in the school. In schools that participate in the DC Health School Health Services Program, the IPOC shall be a designated member of the health suite personnel, such as the school nurse or health

[1] Immunization: The Basics. Centers for Disease Control and Prevention (May 16, 2018). Retrieved from: https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm

technician. In schools that do not participate in the DC Health School Health Services Program, the school leader shall identify a member of the school staff as the IPOC.

School Health Team

The School Health Team is a school-level team that coordinates all immunization certification and communication efforts at the school (see Section V). At a minimum, the School Health Team shall be comprised of: (1) school leader (e.g., school principal or vice principal); (2) Registrar's Office representative; and (3) IPOC (e.g., school nurse, health technician, health suite personnel, or other staff member as assigned by the school leader). Specific duties of the School Health Team may be delegated to a specific School Health Team member by the school leader, such as reviewing immunization certification or documenting immunization communications.

School Day

A school day is considered to be any day in which a student receives educational services, including any partial school days. A school day includes when a student receives educational services either in-person via regular instruction or via distance learning. A school day does not include days in which students are not receiving education services, including weekends, holidays, or professional development days for school staff.

Regular Instruction

For purposes of this policy, regular instruction is considered to be any instance in which a student receives educational services in-person at a school building in a classroom setting.

Distance Learning

For purposes of this policy, distance learning is considered to be any instance in which a student receives educational services in a setting outside in-person regular instruction. Distance learning occurs when a student and instructor are not physically present for in-person learning, but are separated by time and distance. Distance learning is typically relayed through technology, such as discussion boards, video conferencing, online assignments, and phone calls. Distance learning may also include the distribution and collection of course materials via learning packets or similar paper-based methods. Schools should not use immunization non-compliance as a reason to exclude students from distance learning.

20-School Day Period

The 20-school day period shall be 20 consecutive school days that an enrolled student is permitted to receive educational services but is not yet compliant with immunization certification requirements. The 20-school day period shall begin when the school sends a written notification to the parent or guardian of the non-compliant student, or to the non-compliant adult student, informing them that they are out of compliance. Both in-person and distance learning days shall be counted towards the 20-school day period.

Student

Any person who seeks admission to school, or for whom admission to school is sought by a parent or guardian, in grades pre-k-12 or pursuing an IEP Certificate of Completion, and who will not have attained the age of 26 years by the start of the school term for which admission is sought.

Non-Compliant Student
For purposes of this policy, a non-compliant student is a student who does not have valid immunization certification (e.g., there is no record in DOCIIS or no written document in the student's school health file confirming the required immunization has been administered or that the student is proceeding in accordance with immunization series requirements).

School Leader
For purposes of this policy, a school leader is a school's principal, vice principal, or person in the head-of-school role.

Religion or Religious Belief
Any system of beliefs, practices, or ethical values.

Admit/Admission or Enroll/Enrollment
The official enrollment at any level by a school of a student that entitles the student to attend the school regularly, whether full-time or part-time, and to participate fully in all the activities established for a student of his or her age, educational level, or other appropriate classification. For purposes of this policy, a student is considered enrolled at a public or public charter school when the student reaches stage five enrollment (i.e., the student is receiving educational services from the school). Stage five occurs when the student begins attending school and receiving educational services no earlier than the first official day of the current school year.

Unexcused Absence – Immunization
Attendance code for schools to use for a non-compliant student who is removed from attendance after the 20-school day period has passed and is not receiving educational services either through in-person regular instruction or distance learning.

Excused Absence – Immunization
Attendance code to use for a student who was previously removed from attendance but is allowed to return after the school secures immunization certification. All "unexcused absences – immunization" days shall be reclassified as "excused absence – immunization" when the student returns.

Military Children
Children of active duty members of the uniformed services; members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of one year after medical discharge or retirement; and members of the uniformed services who have died on active duty or as a result of injuries sustained on active duty for a period of one year after death. (DC Official Code § 49–1101.01 et. seq.). This provision only applies to children of military families enrolled in kindergarten through 12th grade in the household of an active duty member (DC Official Code § 49–1101.03(2)). Military children shall be given a minimum of 30 calendar days from the date of enrollment to present certification of immunization, consistent with the Interstate Compact on Educational Opportunity for military children. Prior to removing a military child for immunization non-compliance, the school shall ensure the student has been given both 30 calendar days from the date of enrollment *and* the 20-school day period (these days can occur simultaneously).

Section II: Immunization Policy Implementation Process for Schools

The following process was developed using both District of Columbia statutory and regulatory requirements, as well as recommended best practices, which are designed to work effectively in most District of Columbia Public Schools and public charter schools. Wherever necessary to accommodate a school's or LEA's operational capacity or unique student population needs, school and LEA leaders may customize this process and may request technical assistance from OSSE to ensure they maintain compliance with District statutory and regulatory requirements. All communications and final actions taken by a school that will ultimately impact a student's admittance or attendance at the school must be reviewed and approved by the school leader. School leaders may choose to offer distance learning to all students removed from in-person regular instruction due to immunization non-compliance, or to code them as "unexcused absence - immunization." The availability of distance learning must be equitable and available for all students (i.e., offer distance learning to all non-compliant students or offer to no non-compliant students).

Step 1: Establish School-Level Responsibilities and a School Health Team

Designate an Immunization Point of Contact (IPOC)

1. The school leader shall designate a school nurse, health technician, or school staff member to serve as the immunization point of contact (IPOC).
    a. In schools that participate in the DC Health School Health Services Program, the IPOC shall be a designated member of the health suite personnel, such as the school nurse or health technician. In schools that do not participate in DC Health School Health Services Program, the school leader will identify a member of the school staff as the IPOC.
    b. The IPOC will serve as the primary point of contact for parents and guardians, students, school leaders, LEA central office staff, and DC Health regarding immunization compliance at the school. The IPOC will also manage the distribution of immunization resources, information, and communications related to immunization compliance in the school.
    c. The IPOC will have primary access to the District of Columbia Immunization Information System (DOCIIS) and will be responsible for verifying individual student immunization compliance within the school. The IPOC will regularly review DOCIIS, student health files, and coordinate with the registrar's office to collect or document paper immunization records. The IPOC will be responsible for taking necessary DC Health trainings for interpreting immunization requirements and accessing DOCIIS.

Assemble a School Health Team

1. The school leader shall assemble a School Health Team to coordinate all immunization certification efforts within the school before and throughout the school year (see Section V for more detail).
    a. At a minimum, the School Health Team shall include: (1) a member of school leadership (e.g., school principal or vice principal); (2) a member of registrar's office; and (3) the IPOC (e.g., school nurse, health technician, health suite personnel, or other staff member as

assigned). The School Health Team may also include other school personnel if determined necessary by the school leader.

2. The School Health Team shall assemble and meet prior to the start of each school year and periodically throughout the school year to review immunization certification compliance at the school. It is recommended that the School Health Team meet monthly and a minimum of 10 calendar days prior to the start of a new school year in order to coordinate communications and kickoff efforts for the upcoming school year.
3. The School Health Team shall collectively review student immunization certification compliance at the school and establish communication protocols. The IPOC will identify students that are non-compliant with immunization certification requirements and work with the rest of the School Health Team to confirm non-compliance and determine next steps for communications and attendance. The School Health Team will also coordinate outreach to families, establish contingency plans, and plan proactive efforts for increasing immunization certification within the school.
4. The school leader on the School Health Team will ultimately be responsible for reviewing and approving communications and actions that will impact student attendance in the school, including any written notifications sent to families and final decisions made by the school that result in the removal of a non-compliant student from in-person regular instruction.

Step 2: Disseminate Immunization Information to Families and Establish Communications Protocols

Regularly Disseminate General Immunization Information to All Families

1. The School Health Team shall coordinate the dissemination of general information about immunization requirements to school families. This information shall include the critical public health need for immunizations, the consequences for immunization non-compliance (e.g., transition to distance learning after 20-school day period), immunization schedule requirements by age, appropriate immunization forms (e.g., Universal Health Certificate), and information on where pediatric immunizations are administered in the District.
2. Using multiple platforms, the School Health Team shall periodically disseminate immunization information to families throughout the year, including in the spring and throughout the summer in anticipation of the next school year. Dissemination may include the school's enrollment packages, website, bulletin boards, back-to-school nights, letters or emails from the principal, PTA meetings, parent-teacher conferences, home visits, and robocalls.

Establish Immunization Communication Record-Keeping Protocols

1. As required by District regulations, it is essential that schools properly notify parents, guardians, and adult students of their requirements to meet immunization certification requirements (DC Code § 38-504 and DCMR 5-E § 5300.6).
2. The School Health Team is recommended to establish record-keeping protocols in order to document all communications made regarding immunization requirements and non-compliance (see Appendix A for a sample record-keeping system). Communication records shall include:
    a. All dissemination efforts related to immunization requirements and resources; and

   b. All communication with individual parents, guardians, and adult students related to the student's non-compliance with the immunization requirements.
3. Schools must make a reasonable attempt to make positive contact when communicating immunization requirements and sending written notifications of immunization certification non-compliance to parents, guardians, and adult students. The School Health Team may rely on these communication records as proof of the reasonable attempt made by the school to communicate immunization certification requirements to parents, guardians, and adult students in the event a non-compliant student is removed from attendance of in-person regular instruction after the 20-school day period.

Step 3: Conduct Frequent Reviews of School-level Immunization Certification Compliance

Review School-level Immunization Certification Compliance

1. The IPOC shall conduct frequent reviews of DOCIIS, Universal Health Certificates, immunization exemptions (religious or medical exemptions, or HPV opt-out), and other immunization certification records on file to identify students enrolled at the school that have not met their immunization certification requirements.
   a. Immunization certification may include: (1) certification from a medical provider that the required immunizations have been completed via a Universal Health Certificate, digital record in DOCIIS, or other written immunization record with a provider stamp, seal, or signature; (2) formal exemption from the required immunization (religious or medical exemption, or HPV opt-out); (3) written records forwarded from a student's previous school; (4) proof from a medical provider the student is in the process of receiving an immunization series in accordance with DC Health immunization requirements; or (5) alternative proof of immunization certification approved by DC Health (e.g., blood antibody tests or official immigration immunization record). An appointment card from a medical provider does not meet the requirements of immunization certification.
2. The school Registrar's Office shall ensure all immunization certification documents submitted to the school, including Universal Health Certificates, medical or religious exemption forms, or other paper immunization certification records, are given to the IPOC.
3. The IPOC shall review immunization certification compliance throughout the school year including in the spring (in anticipation of the next school year), 10 calendar days before the start of a new school year, and on a daily basis during the first few weeks of a new school year.
4. If the IPOC identifies a student that is non-compliant with the immunization certification requirements, the IPOC shall bring it to the attention of the School Health Team in order to coordinate next steps.

Step 4: Actions Taken for Non-Compliant Students Prior to Removal

Review Records: Double-Check School Records to Ensure the Immunization Certification Does Not Exist

1. If the IPOC identifies a student as not meeting the District's immunization certification requirements, it shall be brought to the attention of the School Health Team. The School Health Team shall take the following actions prior to removing the student from in-person attendance.
    a. The IPOC shall coordinate with the Registrar's Office to double-check if a paper copy of the immunization certification has been submitted to the school (e.g., completed Universal Health Certificate, religious or medical exemption form, or other paper immunization certification record that was submitted to the Registrar's Office by the parent, guardian, or adult student as part of enrollment at the school).
    b. The IPOC and Registrar's Office shall make reasonable attempts to contact a student's previous school to ensure the immunization certification record does not exist (if applicable). Immunization certification records forwarded from a student's previous school that contain all of the required immunization information may be accepted by the school in lieu of new certification of immunization data (DCMR 5-E §5300.9).
    c. The School Health Team shall notify DC Health Immunization Program (DCMR 5-E § 5300.6) with the name and address of the student. The IPOC will determine if it is necessary for DC Health to assist in cross-checking DOCIIS for accuracy, including checking for the correct spelling of the student's name, possible duplication, or pending records.

Notify: Initial and Subsequent Notifications to the Parent, Guardian, or Adult Student

1. At the time that the School Health Team has confirmed that a student has not met the immunization certification requirements, the School Health Team shall immediately:
    a. Confirm the correct contact information for the student's parent, guardian, or adult student.
    b. Notify the parent, guardian, or adult student <u>in writing</u> that the student is out of compliance with the District's immunization requirements, including specific reference to the missing immunizations. When the written notification is sent, it shall begin the <u>20-school day period</u>.
        i. The written notification must include: (1) a statement that the school has no certification of immunization for the student and a list of the specific missing immunization(s); (2) a statement that the student may not attend the school in-person via regular instruction without immunization certification (or exemption) after 20-school days; (3) details on where the student may receive the immunization by a private physician or the public health authorities (including opening and closing times and locations); (4) information for how to contact the public health authorities to learn where and when they perform these services (including location and time); and (5) copies of the appropriate forms (i.e., the Universal Health Certificate and DC Health's list of immunization requirements) (DC Code § 38-504 and DCMR 5-E § 5300.6).
        ii. The written notification shall be sent immediately after the date the student is identified as out of compliance (DCMR 5-E § 5300.6).

iii. The written notification shall clearly state the date by which the student must obtain and present necessary immunization certification (i.e., 20-school days from the date the written notification is sent).
iv. The written notification, and all subsequent communications, shall be delivered to the parent, guardian, or adult student. The written notification and supporting materials must be translated into languages other than English and provided in alternate formats to facilitate effective communication for individuals with disabilities as consistent with federal and District law and LEA policy.
v. The written notification may be emailed, mailed, and/or sent home with the student in a sealed envelope labeled, "To the parent/guardian of [student name]," and given to the student directing them to take the letter home and give it to their parent/guardian. If the written notification is emailed, it shall come from the school leader or include the school leader's signature.
vi. The school shall make reasonable effort to ensure the written notification is received and positive contact is made. It is recommended that the school follow-up to the written notification with a phone call and/or email to the parent, guardian, or adult student to confirm receipt.

c. Note: If the student is experiencing homelessness, the IPOC and School Health Team shall immediately notify the LEA- or school-based homeless liaison to coordinate necessary immunization certification. Students experiencing homelessness shall not be removed from school based on immunization certification non-compliance. If the student is in foster care, the school will coordinate with Child and Family Services Agency (CFSA) and DC Health on the best method for informing the guardian of their responsibilities and/or connecting the student to primary care (see Section III for more information on special student populations).

2. At the time written notice has been sent to the parent, guardian, or adult student, the school shall give the student a 20-school day period to present immunization certification.
   a. Note: If the student is a military child,[2] the school shall ensure the student is given a minimum of 30 calendar days from the date of enrollment to present certification of immunization, consistent with the Interstate Compact on Educational Opportunity for military children (see Section III for more information on special student populations).
3. The IPOC and School Health Team shall document the initial written notice and all subsequent communications and communication attempts with the parent, guardian, or adult student regarding the immunization requirements (see Appendix A for example).
4. The IPOC and School Health Team shall continue to make reasonable effort to ensure positive contact is made with the parent, guardian, or adult student throughout the 20-school day period.

[2] Military Child: Children of active duty members of the uniformed services; members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of one year after medical discharge or retirement; and members of the uniformed services who have died on active duty or as a result of injuries sustained on active duty for a period of one year after death. (DC Official Code § 49–1101.01 et. seq.). This provision only applies to children of military families enrolled in kindergarten through 12th grade in the household of an active duty member (DC Official Code § 49–1101.03(2)).

a. It is recommended that the IPOC and School Health Team continue to engage with the parent, guardian, or adult student after the initial written notice is sent. Further communications and engagement may include, but not be limited to, additional written notices, email messages, phone calls, text messages, robocalls, and visits to the family home.

Notify: Final Notification to the Parent, Guardian, or Adult Student

1. If the student has not yet met the immunization certification requirement a minimum of five (5) school days before the end of the 20-school day period, the IPOC and School Health Team shall again make reasonable effort to contact the parent, guardian, or adult student to notify them that the student will be prohibited from attending after the 20-school day period has ended. The School Health Team shall:
    a. Confirm with LEA central office and DC Health Immunization Program that the school has not obtained any record of immunization certification (if applicable and necessary).
    b. Send a <u>final warning written notice</u> to the parent, guardian, or adult student that the student will not be allowed to attend school in-person via regular instruction beginning the day after the 20-school day period. The student will not be allowed to return to school for in-person regular instruction until the school receives confirmation of immunization certification compliance.
        i. The final warning written notice shall again include: (1) a statement that the school has no certification of immunization for the student and a list of the specific missing immunization(s); (2) a statement that the student may not attend the school in-person via regular instruction without certification (or exemption) after 20-school days; (3) the student may receive the immunization by a private physician or the public health authorities (including opening and closing times and locations); (4) how to contact the public health authorities to learn where and when they perform these services (including location and time); and (5) copies of the appropriate forms (i.e. the Universal Health Certificate and DC Health's list of immunization requirements).
        ii. The final warning written notification shall clearly state the date by which the student must obtain and present necessary immunization certification (i.e., 20-school days from the date of the initial written notification).
        iii. The final warning written notice may be emailed, mailed, and/or sent home with the student in a sealed envelope labeled, "To the parent/guardian of [student name]," and given to the student directing them to take the letter home and give it to their parent/guardian. If the final warning written notification is emailed, it shall come from the school leader or include the school leader's signature.
        iv. The school shall make reasonable effort to ensure the final warning written notification is received and positive contact is made. Schools are recommended to follow the final written notification with a phone call and/or email to the parent, guardian, or adult student to confirm receipt.
    c. Notify the LEA central office (if applicable) that the student has been sent a final warning written notification.

2. On the 20th school day of the 20-school day period, the School Health Team shall:
    a. Send a final determination written notice to the parent, guardian, or adult student stating that the student is prohibited from attending school in-person via regular instruction beginning the next school day.
    b. The final determination written notice shall again provide information about the immunization requirements and resources.
        i. The final determination written notice should be both emailed or mailed *and* sent home with the student in a sealed envelope labeled, "To the parent/guardian of [student name]," and given to the student directing them to take the letter home and give it to their parent/guardian. If the final determination written notification is emailed, it shall come from the school leader or include the school leader's signature.
        ii. The school shall make reasonable effort to ensure the final determination written notification is received and positive contact is made. Schools are recommended to follow up this final determination written notice with a phone call and/or email to the parent, guardian, or adult student to confirm receipt.
3. If the student is receiving OSSE bus transportation services, see Section III for more instructions on amending transportation services for students with disabilities.

Step 5: Actions Taken for Non-Compliant Students after the 20-School Day Period Has Passed

Remove Non-Compliant Student from Attending In-Person Regular Instruction until Immunization Certification is Obtained

1. If a student has not met the District's immunization certification requirements within the 20-school day period, the school shall not allow the non-compliant student to attend school in-person via regular instruction until the immunization certification is secured by the School Health Team.
2. When a student is not allowed to attend school in-person via regular instruction due to immunization certification non-compliance, the School Health Team shall notify the LEA central office (if applicable).
3. If the student shows up to school, the school shall:
    a. Confirm no later than 10 a.m. to the LEA central office (if applicable) that the student showed up for school.
    b. Facilitate the student sitting in the front office until a parent/guardian comes to pick up the student. Minor students shall not be sent home on their own while school is in session. Minor students must remain with the school leader or designee until the student is picked up. Adult students may be told they are free to leave immediately.
    c. Call the parent/guardian and direct they come pick up the student.
4. When a non-compliant student is no longer allowed to attend school in-person and receive educational services via regular instruction, schools may *choose* to provide the student with distance learning (DCMR 5-E § 5300.13). Offering distance learning is optional and not required. The offering of distance learning must be equitable (i.e., offered to all students or offered to no students).

Use Immunization Attendance Code for Removed Students

1. If a non-compliant student is removed from attendance and is no longer receiving educational services via distance learning, the school shall document the student using the new attendance code "unexcused absence – immunization" for each school day that the student is not allowed to attend due to immunization non-compliance.

Prolonged Unexcused Absences due to Immunization Certification Non-Compliance (If Applicable)

1. Minimally, at the end of every school week that the non-compliant student is not attending school, the School Health Team shall make reasonable effort to make positive contact with the parent, guardian, or adult student by phone or mail to:
    a. Determine if plans have been made for the student to receive the required immunizations;
    b. Offer assistance in locating a health care provider who can administer the immunizations.
2. If a student is coded as "unexcused absence – immunization" for a prolonged period of time, the school shall follow its established protocols and interventions for students that are unexcused from school for several school days (e.g., routinely contacting parent, guardian, or adult student; placing phone calls; sending written notices; referring students to Student Support Teams; and making referrals to CFSA, the Child Support Services Division, and Office of the Attorney General, for truancy or educational neglect).

Step 6: Actions Taken When a Student is Allowed to Return to School after Previously Removed

Confirm Receipt of Immunization Certification

1. When the School Health Team has received proper immunization certification for a student that was removed from in-person regular instruction, the school shall:
    a. Ensure the school leader is notified that the student is eligible to return to school in-person, as applicable within the school's particular schedule, and allow school leader to review immunization certification if requested.
    b. Notify the parent, guardian, or adult student both in writing and by phone that the student will be eligible to attend school in-person again, as applicable within the school's particular schedule.
    c. Notify the LEA central office (if applicable) and DC Health Immunization Program that the school has received the immunization certification and the student will be allowed to attend school in-person again, as applicable within the school's particular schedule.
2. The IPOC shall coordinate with DC Health Immunization Program to ensure the immunization certification is properly updated in DOCIIS.

Reclassify Immunization Attendance Code for Previously Removed Student

1. If applicable, for a student that was not offered distance learning: When the immunization certification has been confirmed by the School Health Team and the student has returned to school, the school shall reclassify the "unexcused absence – immunization" school days as "excused absence – immunization.".

Section III: Special Student Populations

Federal law and DC Official Code protect specific student populations with regards to attendance and health documentation. When implementing the immunization policy, schools shall take the following special student populations into consideration when determining whether to remove a non-compliant student from in-person instruction after the 20-school day period has passed.

Students Experiencing Homelessness

Federal law requires that a school immediately enroll a student experiencing homelessness, even if the student is unable to produce records normally required for enrollment, such as previous academic records, records of immunization and other required health records, proof of residency, or other documentation (42 U.S. Code § 11432(g)(3)(C)(i)). If the student needs to obtain immunizations or other required health records, the enrolling school shall immediately refer the parent or guardian of the student, or the student him/herself (in the case of an unaccompanied student or adult student), to the school-based or LEA homeless liaison, who shall assist in obtaining necessary immunizations or screenings, or immunization or other required health records (42 U.S. Code § 11432(g)(3)(C)(iii)). Due to federal protections for the homeless student population, schools shall not remove students experiencing homelessness from attendance based on immunization certification non-compliance unless the student has been exposed or is at risk of exposure to a communicable disease (DCMR 5-E § 5300.10). If the 20-school day period passes for a student experiencing homelessness, the school shall continue to work with the LEA or school-based or homeless liaison, OSSE, DC Health, and the parent, guardian, or student (unaccompanied or adult) to ensure the immunization certification is obtained as soon as possible.

Military Children

The District is a member state that enacted the guidelines of the Interstate Compact on Educational Opportunity for Military Children (DC Official Code § 49–1101.01 et seq.). The Compact agreement gives military students 30 calendar days from the date of enrollment to obtain immunization certification (DC Official Code § 49–1101.05(c)). Schools shall ensure military children receive a minimum of 30 calendar days prior to removing based on immunization certification non-compliance. This provision only applies to children of military families enrolled in kindergarten through 12th grade in the household of an active duty member (DC Official Code § 49–1101.03(2)). Students covered under the Compact include children of: active duty members of the uniformed services; members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of one year after medical discharge or retirement; and members of the uniformed services who have died on active duty or as a result of injuries sustained on active duty for a period of one year after death. If a military child is ever removed from school based on immunization non-compliance, the school shall ensure the student has been given both 30 calendar days from the date of enrollment *and* the 20-school day period prior to removal (these days can occur simultaneously).

Students with Disabilities

Students with disabilities are not exempted from immunization requirements, and a school may not permit a non-compliant student with disability to attend school after the 20-school day period has passed. During a period of non-attendance for immunization non-compliance, schools may *choose* to provide special education and related services in an alternative setting to students with an Individualized Education Program (IEP) (DCMR 5-E § 5300.13). However, if the school provides distance learning to general education students that are non-compliant with immunization requirements, it must also provide distance learning to students with disabilities. Schools must convene IEP team meetings to determine how best to implement the student's IEP in the distance learning setting and revise the IEP as necessary. This also applies to students on a 504 Plan. Separately, if a student with a disability with an IEP or a student with a 504 Plan is removed from school based on exposure or the threat of exposure to a communicable disease, and the student has a medical or religious exemption on file, the school shall ensure that the student continues to receive a free appropriate public education (FAPE) consistent with guidance from the US Department of Education Office for Civil Rights.[3] OSSE provides guidance and technical assistance to schools regarding the provision of FAPE to students with disabilities.

Transportation for Students with Disabilities

Some students with disabilities receive transportation as a related service on their IEPs or 504 Plans. Prior to removing from in-person attendance any student with an IEP, the School Health Team shall confirm with the LEA Representative Designee/Special Education Coordinator whether that student is receiving transportation services. Likewise, the School Health Team shall confirm this information with the 504 Coordinator for any student with a 504 Plan.

Upon sending the final determination written notice to the parent, guardian, or adult student (see Section II, Step 4), the School Health Team shall work with the LEA Representative Designee/Special Education Coordinator or 504 Coordinator to cancel the transportation request form (TRF) in the Transportation Online Tool for Education (TOTE). This will alert OSSE to no longer transport the student.

If a student who has been removed from in-person attendance arrives at school, via a school bus or any other means of transportation, then the school shall follow the process outlined in Section II, Step 5 to call the parent or guardian and to facilitate the student remaining in the front office until the student is picked up.

Once the student has been determined to be in compliance with immunization certification requirements (Section II, Step 6), then the School Health Team shall alert the LEA Representative Designee/Special Education Coordinator or the 504 Coordinator to submit a new TRF in TOTE. OSSE will process the TRF, re-route the student and contact the parent/guardian prior to resuming transportation services. During that

[3] Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities; US Department of Education Office of Civil Rights. Retrieved from: https://rems.ed.gov/docs/ED_Measles_OCR_fact_sheet_2015-3-6_Clean_508.pdf#targetText=Under%20Section%20504%20and%20Title,educational%20services%20to%20that%20student.

time, the parent, guardian, or adult student shall provide transportation for the student. They may request reimbursement from OSSE for the transportation provided for those days.

For any questions or additional system support, TOTE users may reach out to the TOTE support team via email at DOT.data@dc.gov or to the TOTE support line at (202) 576-5520 from 8:30 a.m. – 4:30 p.m.

Adult and Foreign-Born Students

The immunization policy applies to any person who seeks admission to school, or for whom admission to school is sought by a parent or guardian, enrolled in grades pre-K-12 or pursuing an IEP Certificate of Completion, and who will not have attained the age of 26 years by the start of the school term for which admission is sought (DC Official Code § 38–501(3)).

For the purposes of this immunization policy, students enrolled in adult-serving schools or alternative schools and who are on an academic track which leads to diplomas issued as a result of the tests of General Education Development or the National External Diploma Program or an academic track that does not offer a diploma option but offers adult basic education, English language instruction, and/or industry-specific workforce training are not considered to be enrolled in grades pre-K-12 and, consequently, are not subject to this immunization policy. Adult education and alternative schools whose students are not in grade bands should continue to promote immunizations and work with DC Health to identify students that need immunizations or access to care, but these students are not required to be removed from in-person school attendance after the 20-school day period.

Immunization certification for adult and foreign-born students may be difficult to confirm due to immunization paper records no longer existing or the immunization being administered outside of the United States. These instances may require interpreting foreign immunization records or alternative proof of immunization from a physician, including via blood testing. When this occurs, the IPOC and School Health Team shall work directly with DC Health Immunization Program to appropriately secure and record the necessary documentation for immunization certification.

Transferring Students

The immunization policy applies to all students identified as stage five enrolled (attending school and receiving educational services). If a student transfers between schools at any point, it is the responsibility of the newly enrolling school to confirm immunization certification. This includes making reasonable effort to contact the student's previous school (DCMR 5-E § 5300.9). When a School Health Team determines the transferred student has not met immunization certification requirements, it shall immediately send written notification to the parent, guardian, or adult student and follow protocols as stipulated in Section II. If a student transfers between two District schools in the middle of the 20-school day period, the newly enrolling school will restart the 20-school day period once the student has met stage five enrollment and the school has confirmed non-compliance with immunization certification. Attempting to calculate the 20-school day period for transferred students across two schools, especially those in different LEAs with different school start dates, would create confusion and an administrative burden for both schools, thus the 20-school day period will begin again with the newly enrolling school.

Section IV: Immunization Series Treatment, Exemptions, and Incidents of Exposure

Immunization Series Treatment

DC law permits a student to continue to attend in-person regular instruction beyond the 20-school day period if they are proceeding in accordance with immunization requirements and completing a series of immunization treatments (DC Official Code § 38–505). The school must receive written notification from the physician that is administering the immunization series which states that the student's immunization is in progress. The IPOC shall continue to follow-up with the physician or the parent, guardian, or adult student until the series of treatments is complete and the student is fully compliant with the immunization certification requirements. This process may take several months, but the student shall be considered compliant with immunization certification requirements during that period. The IPOC shall collect these written notifications, and the record shall be kept in the student's school health file.

For example, if a student does not have any documented doses of hepatitis B vaccine, they will be required to have three doses in order to meet the immunization certification requirement. Once the first dose is received and proof is presented to the IPOC or School Health Team, the student must continue to provide evidence that they are continuing with the series treatment (e.g., providing proof of the next appointment and proof from the physician when the doses 2 and 3 are administered). If the student fails to continue the series of treatments in a timely manner, the school leader and School Health Team shall determine when to notify the parent, guardian, or adult student and initiate the 20-school day period.

Medical and Religious Exemptions

DC law permits medical or religious exemption from immunization if the parent, guardian, or adult student submits written documentation to the school explaining the exemption (DC Official Code § 38–506). Medical and religious exemptions may cover some or all of the required immunizations. Medical exemptions shall be signed or approved by a private physician, his or her representative, or the public health authority stating that the immunization is medically inadvisable for the student. Religious exemptions shall be submitted to the school each school year using the official DC Health Religious Immunization Exemption Certificate which may only be obtained directly at the DC Health headquarters front desk (899 North Capitol St. NE, Washington, DC 20002). Religious exemptions are generally rare in the District and parents, guardians, or adult students must go to DC Health to sign the certificate to confirm they understand the health risks of not obtaining the necessary immunizations.

A written medical or religious exemption meets immunization certification compliance requirements. The IPOC shall record all medical or religious exemptions in DOCIIS and the paper record shall be kept in the student's health file. For more information on medical or religious exemptions, please consult the school IPOC or contact the DC Health Immunization Program.

Human Papillomavirus (HPV) Opt-Out

The full list of required immunizations includes the HPV vaccination for students enrolled in grades 6 through 12. If a parent, guardian, or adult student objects to the HPV vaccine, they may submit an annual DC Health HPV Vaccination Opt-Out Certificate to the school (DCMR 22-B § 146.4). If an HPV Opt-Out form is submitted to the school for a student, this document will meet the immunization certification requirement for HPV for that school year. The IPOC shall work with DC Health to record all HPV opt-outs in DOCIIS and the paper record shall be kept in the student's health file. If a parent, guardian, or adult student objects to the HPV vaccination, the HPV out-out form must be completed and submitted to the school each school year.

Exposure to Communicable Disease or Outbreak at the School

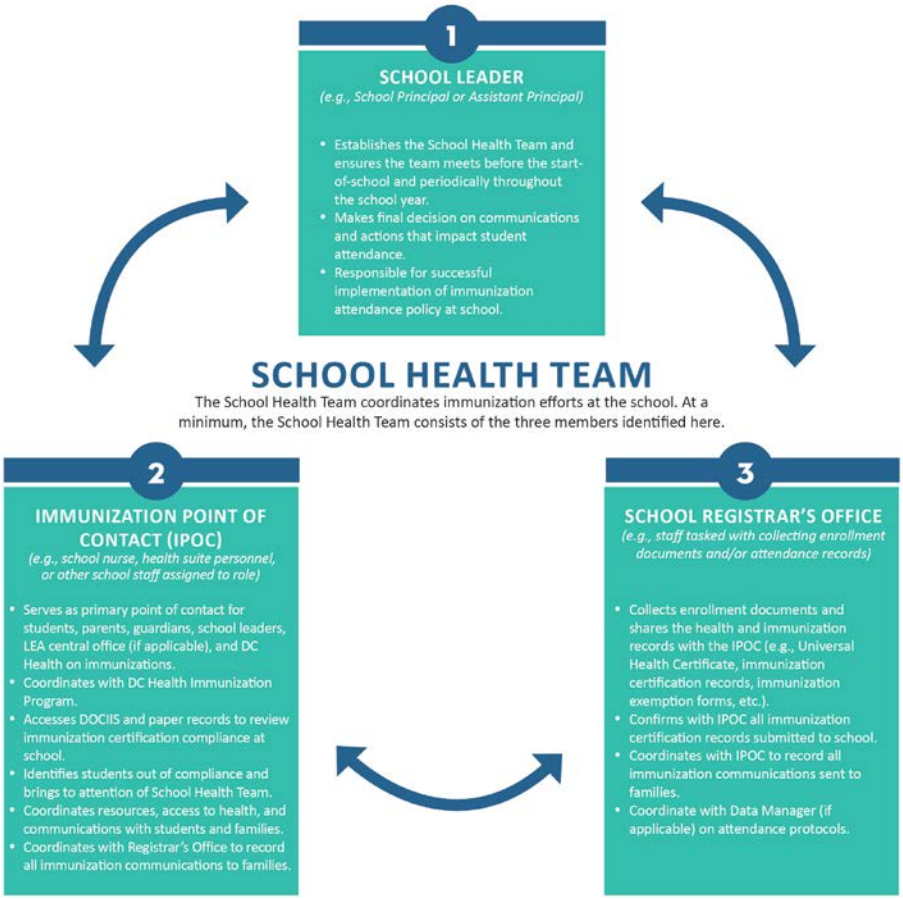
Contagious and deadly diseases can transfer quickly among children, especially within a school. If a school has reason to believe a student has been exposed to a communicable disease, such as measles, but the student is not fully immunized, the IPOC shall immediately contact DC Health (Division of Epidemiology - Disease Surveillance and Investigation) and discuss appropriate removal measures (DCMR 5-E § 5300.10). Removal measures may include the removal of the exposed student and all other students and staff in the school who are not fully immunized for the disease from in-person instruction. This removal may extend to all unimmunized school staff, students non-compliant with immunization certification requirements, students with exemptions (religious and medical), and any homeless student or military child who may not be fully immunized at the time of the outbreak. DC Health will determine which students to remove from in-person instruction and when the students will be allowed to return. These students will be removed from in-person instruction at the direction of the District of Columbia due to quarantine, contagious disease, infection, infestation, or other condition requiring separation from other students. For attendance purposes, compliant students that are removed from in-person instruction due to an outbreak shall be coded as "excused absence – immunization" unless the compliant students participate in distance learning. The school leader, DC Health, and LEA central office (if applicable) shall all be informed if an exposure incident results in the removal of students from in-person instruction.

Section V: Composition of School Health Team

As stipulated in Section II of this document, the school leader shall establish a School Health Team prior to the start of the school year. The school leader shall identify a school-level Immunization Point of Contact (IPOC) to serve as the primary contact in the school on immunization certification and compliance. The school leader shall also identify a member of the Registrar's Office to be on the School Health Team to assist in managing communications, attendance protocols, and collection of paper health forms at time of enrollment, including Universal Health Certificate, exemption and HPV opt-out forms, and other paper immunization certification documents.

The School Health Team shall meet prior to the start-of-school and periodically throughout the school year to review immunization certification compliance at the school. It is recommended that the School Health Team meet monthly and a minimum of 10 calendar days prior to the start of a new school year in order to coordinate communications and kickoff efforts for the upcoming school year. When a student has been identified as non-compliant with immunization certification, the School Health Team shall follow the policy process stipulated in Section II.

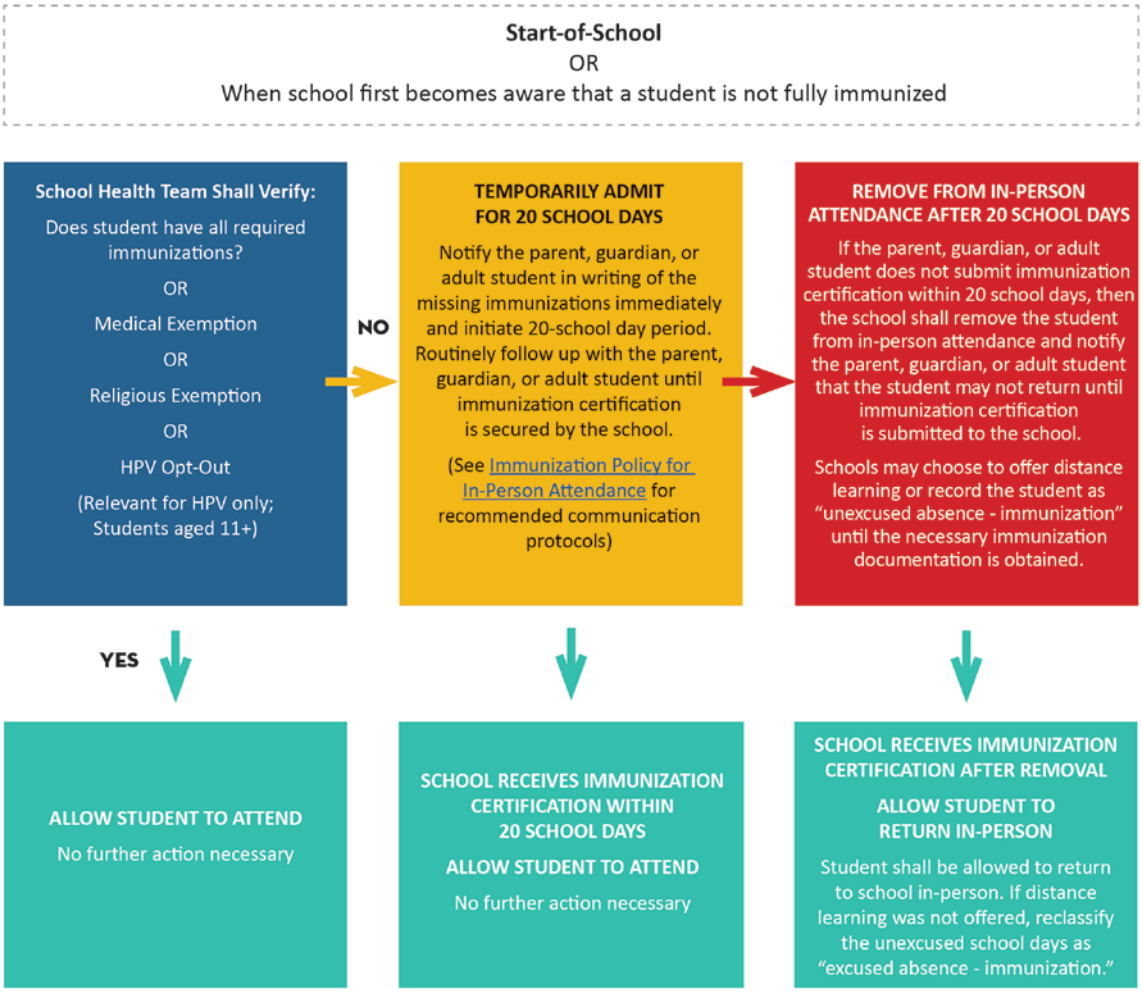
Image I: Composition of School Health Team



Section VI: Immunization Decision Tree for School Health Team

When determining whether to remove a student from in-person regular instruction based on immunization certification non-compliance, the School Health Team shall follow the policy process stipulated in Section II. Any communication or action that impacts a student's attendance or admittance at a school shall be reviewed and approved by the school leader. Image II is a decision tree for the School Health Team to reference when determining whether a non-compliant student shall be removed from in-person regular instruction.

Image II: Immunization Decision Tree



Appendix A – Sample Communication Process

Schools have immunization notification requirements stipulated in DC law and regulation (DC Official Code § 38–504 and DCMR 5-E § 5300.5). With respect to any student that a school does not have certification of immunization, the school shall notify the parent, guardian, or adult student immediately in writing that within 20-school days *from the date of the written notification* the student shall obtain and present certification of immunization (DCMR 5-E § 5300.5). Schools are recommended to keep a record of all communications with parents, guardians, and adult students regarding immunization certification non-compliance.

The School Health Team should begin communicating the immunization attendance policy in the spring of each school year during enrollment in order to give parents, guardians, and adult students enough time to make an appointment to receive any missing immunizations prior to the next school year. OSSE will provide sample letters for communicating with all families and non-compliant families. Translated versions of the communications will be made available on the OSSE website.

Sample Immunization Non-Compliance Communications Record

Student: John Smith
Parent/Guardian(s): Rodney Smith, Johanna Smith
Health Team Members: Principal Jones (school leader), Susan Baker, RN (IPOC), and Daniel Brown (Registrar)

- Tuesday, Aug. 13
    - Immunization reminder included in back-to-school packet provided to all families
- Monday, Sept. 2 (first day of school)
    - Written notification from Principal Jones sent home with student John Smith, triggering 20-school day period
    - IPOC called and confirmed with father Rodney Smith that the letter was received
    - IPOC provided father Rodney Smith list of where family can access immunizations
- Monday, Sept. 9
    - Second written letter from Principal Jones sent home with student John Smith
    - IPOC called and left voicemail with father Rodney Smith regarding the letter
- Tuesday, Sept. 10
    - IPOC called and confirmed with mother Johanna Smith that the second letter was received
    - IPOC provided mother Johanna Smith list of where family can access immunizations
- Monday, Sept. 16
    - IPOC calls and follows up with mother Johanna Smith and reminds of immunization requirements for student John Smith
- Wednesday, Sept. 18
    - Robocall sent to all non-compliant families, including student John Smith's parents
- Monday, Sept. 23
    - Written letter from Principal Jones sent home with student John Smith AND written letter sent via certified mail re-emphasizing that student John Smith will not be allowed to attend school in-person and will be converted to distance learning beginning Sept. 30 (after 20-

school day period) and continuing until the school receives required confirmation of compliance
    - IPOC calls and leaves a voicemail on father Rodney Smith's phone
    - IPOC sends email to mother Johanna Smith
- Friday, Sept. 27 (day 20)
    - Written letter from Principal Jones sent home with student John Smith stating that he is prohibited from attending school in-person, and will be converted to distance learning, the next school day and provides them with information about the immunization requirements and resources
    - IPOC called and confirmed with father Rodney Smith that student John Smith is not permitted to attend school in-person and will be converted to distance learning beginning Monday, September 30 until the school receives immunizations certification
- Monday, Sept. 30
    - John Smith converted to distance learning.
- Wednesday, Oct. 2
    - Father Rodney Smith presents immunization certification to registrar's office via a completed Universal Health Certificate
    - IPOC reviews and verbally confirms to father Rodney Smith the immunization certification is received via the Universal Health Certificate. IPOC coordinates with DC Health to update the information in DOCIIS and confirms the record with full Health Team (including Principal Jones)
    - Principal Jones provides a written notification to father Rodney Smith confirming the student is able to return to school in-person
    - Student John Smith is permitted to attend school in-person again

Appendix B – Immunization Requirements for District Students

This document must be included with written notifications sent to parents, guardians, and adult students
Access latest full size document at: https://dchealth.dc.gov/service/school-health-services-program

DC | HEALTH

School Immunization Requirements Guide

All students attending school in DC must present proof of appropriately spaced immunizations by the first day of school. Please complete and return your student's school health forms including the Universal Health Certificate and Oral Health Assessment Form.
ALL STUDENTS SHOULD RECEIVE AN ANNUAL FLU VACCINE

My student should receive these vaccine doses upon school enrollment*	
2-3 years old **Preschool to Head Start**	**The following vaccines are typically received before the age of 2:** 4 doses of Diphtheria/Tetanus/Pertussis (DTaP) 3 doses of Polio 1 dose Varicella if no history of chickenpox 1 dose of Measles/Mumps/Rubella (MMR) 3 doses of Hepatitis B 2 doses of Hepatitis A 3 or 4 doses depending on the brand of Hib (Haemophilus Influenza Type B) 4 doses of PCV (Pneumococcal)
4-6 years old **Kindergarten to 1st Grade**	**Additional doses needed after receiving the vaccines listed above:** 1 dose of Diphtheria/Tetanus/Pertussis (DTaP) 1 dose of Polio 1 dose of Varicella if no history of chickenpox 1 dose of Measles/Mumps/Rubella (MMR)
7-10 years old **2nd Grade to 5th Grade**	**Consult your doctor and make sure your student received all the vaccines listed above!**
11+ years old **6th Grade to High School**	**Additional vaccines needed after receiving all vaccine doses listed above:** 1 dose of Tdap 2 doses of Meningococcal (Men ACWY) 2 or 3 doses of Human Papillomavirus Vaccine (HPV)

*The spacing and number of doses required may vary. Please contact your child's health care provider. For additional information, contact DC Health's Immunization Program at (202) 576-7130.

Appendix C – Universal Health Certificate

This document must be included with written notifications sent to parents, guardians, and adult students

Access latest full size document at: https://dchealth.dc.gov/service/school-health-services-program

Page 1 of 2

DC | HEALTH **Universal Health Certificate**

Use this form to report your child's physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at https://dchealthlink.com. You may contact the Health Suite Personnel through the main office at your child's school.

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:** ☐ Male ☐ Female ☐ Non-Binary

Home Address: | **Apt:** | **City:** | **State:** | **ZIP:**

Ethnicity: *(check all that apply)* ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Other ☐ Prefer not to answer

Race: *(check all that apply)* ☐ American Indian/ Alaska Native ☐ Asian ☐ Native Hawaiian/ Pacific Islander ☐ Black/African American ☐ White ☐ Prefer not to answer

Parent/Guardian Name: | **Parent/Guardian Phone:**

Emergency Contact Name: | **Emergency Contact Phone:**

Insurance Type: ☐ Medicaid ☐ Private ☐ None | **Insurance Name/ID #:**

Has the child seen a dentist/dental provider within the last year? ☐ Yes ☐ No

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government agency. In addition, I hereby acknowledge and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under DC Law 17-107, 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.

Parent/Guardian Signature: _____ **Date:** _____

Part 2: Child's Health History, Exam, and Recommendations | To be completed by licensed health care provider.

Date of Health Exam: | **BP:** ____/____ ☐ NML ☐ ABNL | **Weight:** ☐ LB ☐ KG | **Height:** ☐ IN ☐ CM | **BMI:** | **BMI Percentile:**

Vision Screening: Left eye: 20/_____ Right eye: 20/_____ ☐ Corrected ☐ Uncorrected ☐ Wears glasses ☐ Referred ☐ Not tested

Hearing Screening: *(check all that apply)* ☐ Pass ☐ Fail ☐ Not tested ☐ Uses Device ☐ Referred

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

☐ Asthma ☐ Failure to thrive ☐ Sickle cell
☐ Autism ☐ Heart failure ☐ Significant food/medication/environmental allergies that may require emergency medical care. *Details provided below.*
☐ Behavioral ☐ Kidney failure
☐ Cancer ☐ Language/Speech ☐ Long-term medications, over-the-counter-drugs (OTC) or special care requirements. *Details provided below.*
☐ Cerebral palsy ☐ Obesity ☐ Significant health history, condition, communicable illness, or restrictions. *Details provided below.*
☐ Developmental ☐ Scoliosis
☐ Diabetes ☐ Seizures ☐ **Other:** _____

Provide details. If the child has Rx/treatment, please attach a complete Medication/Medical Treatment Plan form; and if the child was referred, please note. _____

TB Assessment | Positive TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040.

What is the child's risk level for TB? ☐ High → *complete skin test and/or Quantiferon test* ☐ Low

Skin Test Date: | **Quantiferon Test Date:**

Skin Test Results: ☐ Negative ☐ Positive, CXR Negative ☐ Positive, CXR Positive ☐ Positive, Treated

Quantiferon Results: ☐ Negative ☐ Positive ☐ Positive, Treated

Additional notes on TB test:

Lead Exposure Risk Screening | All lead levels must be reported to DC Childhood Lead Poisoning Prevention. Call 202-654-6002 or fax 202-535-2607.

ONLY FOR CHILDREN UNDER AGE 6 YEARS *Every child must have 2 lead tests by age 2*

1st Test Date: | **1st Result:** ☐ Normal ☐ Abnormal, **Developmental Screening Date:** | **1st Serum/Finger Stick Lead Level:**

2nd Test Date: | **2nd Result:** ☐ Normal ☐ Abnormal, **Developmental Screening Date:** | **2nd Serum/Finger Stick Lead Level:**

HGB/HCT Test Date: | **HGB/HCT Result:**

DC Health | 899 North Capitol Street, N.E., Washington, DC 20002 | 202.442.5925 | dchealth.dc.gov version 04.02.19 pg1

Access full size document at: https://dchealth.dc.gov/service/school-health-services-program

Page 2 of 2

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

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

Immunizations	In the boxes below, provide the dates of immunization (MM/DD/YY)						
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5		
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5		
Tdap Booster	1						
Haemophilus influenza Type b (Hib)	1	2	3	4			
Hepatitis B (HepB)	1	2	3	4			
Polio (IPV, OPV)	1	2	3	4			
Measles, Mumps, Rubella (MMR)	1	2					
Measles	1	2					
Mumps	1	2					
Rubella	1	2					
Varicella	1	2	Child had Chicken Pox (month & year): Verified by: _____ (name & title)				
Pneumococcal Conjugate	1	2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2					
Meningococcal Vaccine	1	2					
Human Papillomavirus (HPV)	1	2	3				
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				
Other	1	2	3	4	5	6	7

☐ The child is **behind on immunizations** and there is a plan in place to get him/her back on schedule. **Next appointment is:** _____

Medical Exemption (if applicable)
I certify that the above child has a valid medical contraindication(s) to being immunized at the time against:

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV

Is this medical contraindication permanent or temporary? ☐ Permanent ☐ Temporary until: _____ (date)

Alternative Proof of Immunity (if applicable)
I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results.

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV

Part 4: Licensed Health Practitioner's Certifications | To be completed by licensed health care provider.

This child has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form. At the time of the exam, this child is **in satisfactory health** to participate in all school, camp, or child care activities except as noted on page one. ☐ No ☐ Yes

This child is cleared for **competitive sports.** ☐ N/A ☐ No ☐ Yes ☐ Yes, pending additional clearance from: _____

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 | Universal Health Certificate received by School Official and Health Suite Personnel.

School Official Name:	Signature:	Date:
Health Suite Personnel Name:	Signature:	Date:

DC Health | 899 North Capitol Street, N.E., Washington, DC 20002 | 202.442.5925 | dchealth.dc.gov version 04.02.19 pg2

Appendix D – DC Pediatric Immunization Locations

Pediatric Immunization Locations must be included with written notifications sent to parents, guardians, and adult students. *Note: School-Based Health Centers are available to administer immunizations for students enrolled in those schools (applies only to select District of Columbia Public Schools that have a School-Based Health Center).*

DC Health is in the process of updating this resource. Access to the most up-to-date, full size document is available at: https://dchealth.dc.gov/service/school-health-services-program

As of June 2020, many health care providers across the District are open and are particularly prioritizing in-person visits for vaccinations. Health care providers are taking extra precautions to ensure the health and safety of patients, families, and staff. Examples of such precautions include screening patients, parents/guardians, and staff for symptoms of COVID-19 prior to arrival, separating sick and well patients, enhanced cleaning protocols, and limiting the number of adults that may accompany a child to an appointment. Families with questions about the health and safety practices of their health care provider or clinic are encouraged to call the provider to ask!

Appendix E – Best Practices for School Leaders to Support Immunization Compliance

Own the Message

- Start with the "why." Vaccines are essential to keep our children and communities safe, and an outbreak of a vaccine-preventable illness like measles may pose an even greater risk to our public health than COVID-19. Getting vaccinated is a concrete way that families can take control of their child's health!
- Directly communicate the expectations of immunization compliance to the school community. Ensure parents, guardians, students, and school staff members (including front office staff) understand the immunization certification requirements.
- Prioritize immunization certification in written and in-person meetings and communications with the school community, especially in the spring (in anticipation of next school year) and at the start of the school year. This may include information in the school's enrollment packages, website, bulletin boards, back-to-school nights, letters or emails from the principal, PTA meetings, parent-teacher conferences, and robocalls.

School Health Team: Create a Partnership

- Establish the School Health Team and ensure they meet prior to the start-of-school to review and plan protocols for the year ahead. Clearly define how you as the school leader will reinforce the efforts of the School Health Team.
- Create an annual calendar of check-ins for your School Health Team, with more time to meet during the start-of-school season.
- Ensure the school nurse (or health suite personnel) and the Registrar's Office are fully engaged in the efforts of the School Health Team. Paper documents may sometimes get lost between the two offices, so ensure a process is in place for transferring health records. Remind school staff to check backpacks and lockers for enrollment documents during the start-of-school. The School Health Team must be confident the immunization certification does not exist before notifying a parent, guardian, or adult student of non-compliance.
- Establish communication protocols for the School Health Team. Communications must be aligned between the IPOC and registrar's offices so that families receive a coherent message on their immunization certification responsibilities.
- As a member of the School Health Team, review and approve of all communications and actions made that will impact a student's attendance or admittance to school.

Enrollment Packet Information

- Include a requirement for all students to complete health forms at time of enrollment.
- Include the Universal Health Certificate and Oral Health Assessment in enrollment packages and on back-to-school checklists.
- Ensure the Registrar's Office is requesting immunization certification at time of enrollment.
- Use robocalls to remind families about requirements for start-of-school, including immunizations.

Be Personal and Practical in Communications with Families

- Sign or co-sign all notifications and letters sent to parents, guardians, or adult students regarding immunization certification compliance. Your signature will help families pay attention!

- Call families directly on the phone. The personal touch helps families understand the importance.
- Combine your message about immunization certification with information on how families can access primary care. Direct families to their primary care physician or a location identified by DC Health.

Appendix F – Frequently Asked Questions

What immunizations are required for students to attend school?

- The full list of immunizations specified by DC Health in the DCMR shall be considered required. DC Official Code § 38–503 permits the Mayor to specify, by regulation, the list of required immunizations for District students beyond what is defined in DC Official Code § 38–501(4). DC Health has done this through regulation, DCMR 22-B §§ 130-152.[4] The full list of required immunizations includes the Human Papillomavirus (HPV) vaccination, which also stipulates an optional parental or adult student opt-out (DCMR 22-B § 146.4). The list of immunization requirements by age can be found on the DC Health Immunization Program website.

Why are schools being required to enforce this policy in this period of COVID-19, when school attendance is already such a challenge?

- Schools are undertaking extraordinary efforts to ensure safe, healthy environments for students, staff and families during the pandemic and recovery periods. Ensuring that all students are up-to-date on their immunizations is an essential part of that commitment to health and safety.
- Data locally and nationally has indicated a dramatic decline in immunization administration during the COVID-19 emergency period, implicating significant risk for students, staff and communities of a vaccine-preventable infection. This decline in immunization coverage presents as great, if not greater, risk to the public health of communities than COVID-19 itself.
- To support the health of students, staff and the broader community, schools must ensure that all children participating in in-person activities be fully immunized.

Given COVID-19, my families are concerned about the safety of going to the doctor. What should I tell them?

- Given all of the messaging around the importance of staying home and avoiding sick people, it is understandable that families have concerns about going to the doctor.
- Schools are encouraged to reassure families that health care providers are taking extra precautions to ensure health and safety in their offices. Such practices may include screening patients, parents/guardians and staff for symptoms of COVID-19 prior to arrival, separating sick and well patients, enhanced cleaning protocols, and limiting the number of adults that may accompany a child to an appointment.
- A family with questions about the health and safety practices of their health care provider is encouraged to call their provider to ask!

How do schools maintain documentary proof of immunization certification per their requirement to do so in DCMR 5-E § 5300.4?

- Schools shall primarily rely on the District of Columbia Immunization Information System (DOCIIS) as the system of record for accessing or entering necessary immunization certification data. DOCIIS

[4] DCMR Title 22 Health, Subtitle 22-B Public Health and Medicine. Retrieved from: https://dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B1

contains a digital record of immunizations for residents in the District of Columbia. DOCIIS updates immediately when an immunization is administered and recorded in the system (i.e., by a certified medical provider, DC Health, or a school Immunization Point of Contact such as a school nurse). DOCIIS updates the school enrollment information within seven days that an immunization is recorded in the system via a data-bump with OSSE enrollment data.

- Schools shall also accept and maintain written documentary proof of immunization certification if received via (1) certification from a medical provider that the required immunizations have been completed via a Universal Health Certificate or other written immunization record with a provider stamp, seal, or signature; (2) formal exemption from the required immunization (religious or medical exemption, or HPV Opt-Out); (3) written records forwarded from a student's previous school; (4) proof from a medical provider the student is in the process of receiving an immunization series in accordance with DC Health immunization requirements; or (5) alternative proof of immunization certification approved by DC Health (e.g., blood antibody tests or official immigration immunization record). As stipulated in Section II of this document, each school will be responsible for assembling a School Health Team, including an Immunization Point of Contact (IPOC) who will access, collect, and maintain immunization certification records at the school and act as a liaison with DC Health.
- An appointment card from a medical provider does not meet the requirements of immunization certification.

What is the difference between immunization certification and the Universal Health Certificate?

- No student shall be admitted by a school unless the school has an immunization certification for that student (DC Official Code § 38–502). Immunization certification is proof that the student meets this District's immunization requirements. One type of immunization certification is a completed Universal Health Certificate but it is not the only type. Other types include (1) a digital record in DOCIIS; (2) formal exemption from the required immunization (religious or medical exemption, or HPV opt-out); (3) written records forwarded from a student's previous school; (4) proof from a medical provider the student is in the process of receiving an immunization series in accordance with DC Health immunization requirements; or (5) alternative proof of immunization certification approved by DC Health (e.g., blood antibody tests or official immigration immunization record). Schools cannot require the Universal Health Certificate as the sole source for confirming a student's compliance with immunization requirements.
- The Universal Health Certificate and Oral Health Assessment are official health forms that schools are required to distribute and collect each school year (DC Official Code § 38–602(a)); however, schools shall not remove a student from attendance if the forms are not returned or completed (DC Official Code § 38–604(a)). Again, a completed Universal Health Certificate is only one type of immunization certification by which a School Health Team may confirm a student's compliance with immunization requirements.

How will a school determine when a student does not have proper immunization certification in order to notify them in a timely manner that they have 20-days to become compliant with immunization rules, per DCMR 5-E § 5300.5?[5]

- As stipulated in Section II of this document, each school will assemble a School Health Team that includes a school leader, member of the school registrar's office, and the IPOC. The School Health Team will jointly review school immunization compliance and confirm when an enrolled student is non-compliant. When this is confirmed, the school leader will review and approve written notification to be sent to the parent, guardian, or adult student. This written notification will initiate a 20-school day attendance period that will allow the student to continue attending school while obtaining immunization certification. The school leader shall review and approve any communication or determination made that will affect an enrolled student's attendance at the school.

How are parents, guardians, and adult students notified of immunization non-compliance and how will schools monitor these notifications?

- As stipulated in Section II of this document, the School Health Team will coordinate an initial written notification, as well as frequent subsequent communication, with the parent, guardian, or adult student. The written notification must include: (1) a statement that the school has no certification of immunization for the student and a list of the specific missing immunization(s); (2) a statement that the student may not attend the school in-person via regular instruction without certification after 20-school days; (3) that the student may receive certification by a private physician or the public health authorities (including opening and closing times and locations); (4) how to contact the public health authorities to learn where and when they perform these services; and (5) copies of the appropriate forms, including the Universal Health Certificate and DC Health's immunization requirements (DC Official Code § 38–504(a) and DCMR 5-E § 5300.6). Schools shall make reasonable attempt to ensure the notifications are received and understood. The notifications must be translated into languages other than English and provided in alternate formats to facilitate effective communication for individuals with disabilities as consistent with federal and District law and LEA policy.

Are there any particular considerations for enforcement of immunization requirements for students participating in rotating in-person schedules for School Year 2020-21?

- All students who attend a District school are required to meet the District's immunization requirements, regardless of whether they attend school in-person daily or on a rotating schedule.
- Both in-person and distance learning days count towards the 20-school day period.
- If a student does not produce immunization certification or proof of medical or religious exemption by the end of the 20-school day period, that student may not attend school in-person, regardless of whether they attend daily or on a rotating schedule.

---

[5] The current DC Municipal Regulations provide a 10-day grace period allowing to attend school without an immunization certification. However, the regulations are inconsistent with the more recent School Immunization Requirements Enforcement Period Amendment Act of 2016 (DC Law 21-160, DC Code § 38-505), which extended the 10-school day period in DC Code to 20 school days.

My school is planning to open the 2020-21 school year in a fully distance learning posture. Do we still need to contact families that are out of compliance with immunizations?

- Yes, given the urgency to increase immunization rates across the District, even those schools that are operating fully in distance learning should contact families who are out of compliance with their immunizations. Emphasizing the importance of immunization compliance, even for those in a distance learning posture, is critical to support high rates of immunity across the District and to prevent an outbreak of a vaccine-preventable infection.

What is the formal process for removing a student after 20 school days have passed (per DC Official Code § 38–505 and DCMR 5-E § 5300.5) and how will the student be coded for attendance purposes?

- As stipulated in Section II of this document, the School Health Team will jointly make a determination when a student remains out of compliance after the 20-school day period has passed. The School Health Team will send final notification to the parent, guardian, or adult student stating the student will no longer be able to attend school in-person via regular instruction until immunization certification is obtained. While the student is not attending school, the school may *choose* to offer distance learning. If a student is removed from in-person regular instruction and is not offered distance learning, the school shall record this using the attendance code: "unexcused absence – immunization." The attendance code will be available for schools beginning in the 2020-21 school year. The new attendance code will allow the school, LEA, and OSSE to track the frequency of students removed based on immunization certification non-compliance. If a student is coded as "unexcused absence – immunization" for multiple school days, it may trigger truancy, educational negligence, and referrals to Child and Family Services Agency (CFSA), Child Support Services Division (CSSD), and Office of the Attorney General (OAG). LEAs shall follow their established attendance protocols and interventions for prolonged unexcused absences.

What will be the process to allow a student to return after being removed and how will the student be coded for attendance purposes?

- As stipulated in Section II of this document, the school shall allow the student to return for in-person regular instruction when the School Health Team and IPOC confirm receipt of proper immunization certification. It is recommended that the school leader, in partnership with the IPOC, confirm receipt of the immunization certification and provide both verbal and written confirmation to the parent, guardian, or adult student that states the student is able to return. When the student returns to school if the student has not participated in distance learning, the school shall reclassify the school days coded as "unexcused absence – immunization" using a new attendance code, "excused absence – immunization." This conversation from "unexcused absence" to "excused absence" is common for schools when students return from an "unexcused absence" and present formal documentation to excuse the absence, such as presenting a doctor or dentist office note. The attendance code will be available for schools beginning in the 2020-21 school year. The new attendance code will allow the school, LEA, and OSSE to track when a student returns to school and the length of time the student was removed.

Will nurses from the DC Health School Health Services Program be available to support this work during School Year 2020-21?

- Yes. Nurses and health technicians from DC Health's School Health Services Program have been deployed to COVID-19 during the periods of school closures, but are being re-deployed to School Health Services work for School Year 2020-21. In schools that participate in the School Health Services Program, the school nurse will continue to serve as the school's IPOC.
- To support students in coming into compliance over the summer, DC Health's immunization team will send written notice in July 2020 to *all* students who are out of compliance with their immunization requirements, including the requirement to come into compliance by start of school and a list of resources. Upon return to school for School Year 2020-21, the School Health Teams must begin all communication as outlined in this policy.

Do schools need to account for special student populations when implementing the immunization policy?

- As stipulated in Section III, federal law and DC Official Code protect specific student populations, as detailed below:
    - Military Children: The District is a member state that enacted the guidelines of the Interstate Compact on Educational Opportunity for Military Children (DC Official Code § 49–1101.01 et seq.). The Compact agreement gives military students 30 calendar days from the date of enrollment[6] to obtain immunization certification (DC Official Code § 49–1101.05(c)). Schools shall ensure military children receive a minimum of 30 calendar days prior to removing based on immunization certification non-compliance. This provision only applies to children of military families enrolled in kindergarten through 12th grade in the household of an active duty member (DC Official Code § 49–1101.03(2)). Students covered under the Compact include children of: active duty members of the uniformed services; members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of one year after medical discharge or retirement; and members of the uniformed services who have died on active duty or as a result of injuries sustained on active duty for a period of one year after death.
    - Students Experiencing Homelessness: Federal law requires that a school immediately enroll a student experiencing homelessness, even if the student is unable to produce records normally required for enrollment, such as previous academic records, records of immunization and other required health records, proof of residency, or other documentation (42 U.S. Code § 11432(g)(3)(C)(i)). If the student needs to obtain immunizations or other required health records, the enrolling school shall immediately refer the parent or guardian of the student, or the student him/herself (in the case of an unaccompanied student or adult student), to the LEA or school-based homeless liaison, who shall assist in obtaining necessary immunizations or screenings, or immunization or other required health records (42 U.S. Code § 11432(g)(3)(C)(iii)). Due to federal protections for the homeless student population, schools shall not remove students experiencing homelessness from attendance based on immunization certification non-compliance unless the student has been exposed or is at risk of exposure to a

[6] Stage five Enrollment - Student is receiving educational services.

communicable disease (DCMR 5-E § 5300.10). If the 20-school day period passes for a student experiencing homelessness, the school shall continue to work with the LEA or school-based homeless liaison, OSSE, DC Health, and the parent, guardian, or student (unaccompanied or adult) to ensure the immunization certification is obtained as soon as possible.

- Students with Disabilities: Students with disabilities are not exempted from immunization requirements, and a school shall not permit a student with disability to attend school in-person after the 20-school day period of immunization certification non-compliance has passed. During a period of non-attendance for immunization non-compliance, schools may *choose* to provide special education and related services in an alternative setting to students with an individualized education program (IEP) (DCMR 5-E § 5300.13). However, if the school provides distance learning to general education students that are non-compliant with immunization requirements, it must provide distance learning to students with disabilities. Schools must convene an IEP team meeting to determine how best to implement the student's IEP in the distance learning setting and revise the IEP as necessary. This also applies to students on a 504 Plan. Separately, if a student with an IEP or a student with a 504 Plan is removed from school based on exposure or the threat of exposure to a communicable disease, and the student has a religious or medical exemption on file with the school, the school shall ensure the student continues to receive a free appropriate public education (FAPE) consistent with guidance from the US Department of Education Office for Civil Rights.[7] OSSE provides guidance and technical assistance to schools regarding the provision of FAPE to students with disabilities.
- Adult and Foreign-Born Students: The policy applies to any person who seeks admission to school, or for whom admission to school is sought by a parent or guardian, enrolled in grades pre-K-12 or pursuing an IEP Certificate of Completion, and who will not have attained the age of 26 years by the start of the school term for which admission is sought (DC Official Code § 38–501(3)). Immunization certification for adult and foreign-born students may be difficult to confirm due to immunization paper records no longer existing or the immunization being administered outside of the United States. These instances may require alternative proof of immunization, including via blood testing. When this occurs, the IPOC and School Health Team shall work directly with DC Health to appropriately secure and record the necessary documentation for immunization certification.
- Transferring Students: The immunization policy applies to all students identified as stage five enrolled (attending school).[8] If a student transfers between schools at any point, it is the responsibility of the newly enrolling school to confirm immunization certification. This includes making reasonable effort to contact the student's previous school (DCMR 5-E § 5300.9). When a School Health Team determines the transferred student has not met

[7] Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities; US Department of Education Office of Civil Rights. Retrieved from: https://rems.ed.gov/docs/ED_Measles_OCR_fact_sheet_2015-3-6_Clean_508.pdf#targetText=Under%20Section%20504%20and%20Title,educational%20services%20to%20that%20student.

[8] Stage five enrollment – Student is receiving educational services.

immunization certification requirements, it shall immediately send written notification to the parent, guardian, or adult student and follow protocols as stipulated in Section I of this document. If a student transfers between two District schools in the middle of the 20-school day attendance period, the newly enrolling school will restart the 20-school day period once the student has met stage five enrollment and the school has confirmed immunization certification non-compliance. Attempting to calculate the 20-school day period for transferred students across two schools, especially those in different LEAs with different start of school dates, would create confusion and an administrative burden for both schools, thus the 20-school day period will begin again with the newly enrolling school.

Does a parent, guardian, or adult student have due process rights if a student is removed based on immunization certification non-compliance?

- There are no due process rights. A student is not permitted to attend school in-person via regular instruction after the 20-school day period has passed due to the health risk posed both to the student and the school population. Conditioning school enrollment on vaccination has long been accepted by courts as a permissible way for states to inoculate large numbers of young people and prevent the spread of contagious diseases. The failure to meet the District's immunization requirements represents an affirmative decision to opt out of the requirements of the District's public school system. Consequently, while the parent, guardian, or adult student receives appropriate notice and has the ability to respond to such notice, there are no due process rights. The parent, guardian, or adult student is encouraged to remain engaged with the School Health Team and DC Health to ensure immunization certification requirements are met. Schools are recommended to follow communication protocols stipulated in Appendix A to ensure it is able to support the decision to remove a non-compliance student after the 20-school day period, including maintaining records of contact made with the parent, guardian, or adult student.

Which students may be removed from school if exposed to a communicable disease per DCMR 5-E § 5300.10?

- If a school has reason to believe a student has been exposed to a communicable disease, such as measles, but the student is not fully immunized, the school shall immediately contact DC Health and discuss appropriate removal measures. Removal measures may include the removal of the exposed student and all other students that are not fully immunized in the school. This removal may extend to all students non-compliant with immunization certification requirements, students with exemptions (religious and medical), and any military child or student experiencing homelessness who may not be fully immunized. DC Health will determine which students to remove from in-person regular instruction and when the students will be allowed to return. These students will be removed at the direction of the District of Columbia due to quarantine, contagious disease, infection, infestation, or other condition requiring separation from other students. Compliant students shall be coded as "excused absence – immunization" unless the compliant students receive distance learning while out of in-person regular instruction. Schools shall ensure students with disabilities with an IEP or 504 Plan who have a medical or religious exemption continue to receive FAPE consistent with guidance from the US Department of Education Office for

Civil Rights.[9] The school, DC Health, LEA central office (if applicable), and OSSE shall all be informed if an exposure incident results in the removal of students.

[9] Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities; US Department of Education Office of Civil Rights. Retrieved from: https://rems.ed.gov/docs/ED_Measles_OCR_fact_sheet_2015-3-6_Clean_508.pdf#targetText=Under%20Section%20504%20and%20Title,educational%20services%20to%20that%20student.