

# STAY ON TRACK!

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

## IMMUNIZATION ATTENDANCE POLICY

School Year 2022-23

*Revised July 2022*



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## 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 routine pediatric 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. 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 attendance policy.

Although this immunization attendance 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.

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 also support *all* students in becoming fully immunized, and fully enforce the District's pediatric immunization requirements. **Beginning in the 2022-23 school year, the COVID-19 vaccine is required for school enrollment and attendance in the District of Columbia for all students who are of an age for which there is a COVID-19 vaccination fully approved by the US Food and Drug Administration (FDA).** This currently applies to students ages 12 and older (see the COVID-19 Vaccination section for more information). For the latest information on the District Government's response to the COVID-19 public health emergency, school leaders may consult [coronavirus.dc.gov](https://coronavirus.dc.gov) and [OSSE COVID-19 Guidance and Resources](#).

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 pediatric 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 school 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. Throughout this document, all references to "immunizations" and "vaccinations" refer to the required routine pediatric immunizations, as defined by DC Health in DCMR 22-B §§ 130-152 and DC Official Code §§ 38-501 et seq. 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 school after a 20-school day period. As stipulated in this policy, schools will code a non-compliant student's attendance 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 pediatric

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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. More information can be found on the OSSE immunization [webpage](#), the DC Health immunization [webpage](#) and from the OSSE [Division of Health & Wellness](#).

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## Section I: Terms and Definitions

### **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.

### **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 their 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 5 enrollment (i.e., the student is receiving educational services from the school). Stage 5 enrollment occurs when the student begins attending school and receiving educational services, no earlier than the first official day of the current school year.

### **COVID-19 Vaccine**

For purposes of this policy, a vaccine against COVID-19 for which the FDA has granted full approval as opposed to emergency use authorization (EUA).

### **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 student compliance with immunization laws and regulations.

### **Excused Absence – Immunization**

Attendance code to use for a student who was previously removed from school 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.

### **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 response against diseases. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.<sup>1</sup>

### **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 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.

### **Military Children**

Children of military families enrolled in kindergarten through grade 12 in the household 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 § 49–1101.04). 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).

### **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

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<sup>1</sup> Immunization: The Basics. Centers for Disease Control and Prevention (Mar. 1, 2022). Retrieved from: [www.cdc.gov/vaccines/vac-gen/imz-basics.htm](http://www.cdc.gov/vaccines/vac-gen/imz-basics.htm)



confirming the required immunization has been administered that the student is proceeding in accordance with immunization series requirements, or that the student is exempt from the immunization requirements).

**Religion or Religious Belief**

Any system of beliefs, practices, or ethical values.

**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 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.

**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 should 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 Leader**

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

**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.

**Unexcused Absence – Immunization**

Attendance code for schools to use for a non-compliant student who is removed from school after the 20-school day period has passed and is not receiving educational services.

## 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.

#### 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 shall 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 and student health files and coordinate with the registrar's office to collect or document paper immunization records. The IPOC will be responsible for completing necessary DC Health trainings for interpreting immunization requirements and accessing DOCIIS.

##### Assemble a School Health Team

1. It is strongly recommended that the school leader assemble a School Health Team prior to the start-of-school to coordinate all immunization certification efforts within the school before and throughout the school year (see Section V for more detail). A School Health Team is essential for ensuring all immunization requirements are met, communications to families are timely and clear, and roles and responsibilities are clearly established among school personnel.
  - a. At a minimum, the School Health Team should include: (1) a member of school leadership (e.g., school principal or vice principal); (2) a member of the 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 should 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 should 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 at 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.

## **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 pediatric immunization requirements to school families (DCMR 5-E § 5300.3). This information should include the critical public health need for immunizations, the consequences for immunization non-compliance (e.g., removed from school after 20-school day period), pediatric [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 should 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 school leader, PTA meetings, parent-teacher conferences, home visits, and robocalls.
3. Schools must make a reasonable attempt to make positive contact when communicating general pediatric immunization requirements to parents, guardians and adult students.

### **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 pediatric immunization certification requirements (DC Code § 38-504 and DCMR 5-E §§ 5300.3 and 5300.6).
2. The School Health Team is recommended to establish record-keeping protocols in order to document all communications made regarding pediatric immunization requirements and non-

compliance (see Appendix A for a sample record-keeping system). Communication records should include the following:

- a. All dissemination efforts related to pediatric immunization requirements and resources; and
  - b. All communications with individual parents, guardians, and adult students related to a student's non-compliance with the pediatric immunization requirements.
3. Schools must make a reasonable attempt to make positive contact when communicating pediatric 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 pediatric immunization certification requirements to parents, guardians, and adult students in the event a non-compliant student is removed from school 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 who have not met their pediatric immunization certification requirements.
  - a. Immunization certification may include the following: (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 pediatric 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 in a timely manner so that they may be cross-checked and documented in DOCIIS. The school registrar's office shall ensure that Universal Health Certificates are properly documented in the Student Information System (SIS) before given to the IPOC.
3. The IPOC should review immunization certification compliance throughout the school year including in the spring (in anticipation of the next school year), at least 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 who is non-compliant with the immunization certification requirements, the IPOC should 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 should immediately 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 school.
  - a. The IPOC should 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 or IPOC shall notify the 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 DOCIS 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 the adult student.
  - b. Notify the parent, guardian, or adult student in writing that the student is out of compliance with the District's immunization requirements, including specific reference to the missing routine pediatric immunizations (DC Official Code § 38-504 and DCMR 5-E §5300.6). When the written notification is sent, it shall begin the 20-school day period (DC Official Code § 38-505 and DCMR 5-E §5300.5).
    - 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 school 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). See the [OSSE sample notification letters and packet](#) for examples.
    - ii. The written notification shall be sent immediately upon identifying the student 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) (DCMR 5-E § 5300.5).
  - iv. The written notification, and all subsequent communications, shall be delivered to the parent, guardian, or adult student (DC Code § 38-504). 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 should come from the school leader and/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 strongly 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 shall 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,<sup>2</sup> 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 should 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 should continue to make reasonable effort to ensure positive contact is made with the parent, guardian, or adult student throughout the 20-school day period.

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<sup>2</sup> Military Child: Children of military families enrolled in kindergarten through grade 12 in the household 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 § 49–1101.04).

- 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 school days before the end of the 20-school day period, the IPOC and School Health Team should again make reasonable effort to contact the parent, guardian, or adult student to notify them that the student will be prohibited from attending school after the 20-school day period has ended. The School Health Team should:
  - a. Confirm with the 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 final warning written notice to the parent, guardian, or adult student that the student will not be allowed to attend school beginning the day after the 20-school day period. The student will not be allowed to return to school until the school receives confirmation of immunization certification compliance.
    - i. The final warning written notice should 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 school 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; and (5) copies of the appropriate forms (i.e. the Universal Health Certificate and DC Health’s list of immunization requirements). See the [OSSE sample notification letters and packet](#) for examples.
    - ii. The final warning written notification should 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 should come from the school leader’s email account and/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 should:
  - a. Send a final determination written notice to the parent, guardian, or adult student stating that the student is prohibited from attending school beginning the next school day.
  - b. The final determination written notice should 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 should come from the school leader’s email account and/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 instructions on amending transportation services for the student.

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

### **Remove Non-Compliant Student from Attending School 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 until the immunization certification is secured by the School Health Team (DC Official Code § 38–505 and DCMR 5-E § 5300.7).
2. When a student is not allowed to attend school due to immunization certification non-compliance, the School Health Team should notify the LEA central office (if applicable).
3. If the student shows up to school, the school should:
  - 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 or designated area 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 them to come pick up the student.

### **Use Appropriate Attendance Codes for Removed Students**

1. If a non-compliant student is removed from school, the school shall document the student’s attendance using the 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 should 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’s attendance 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 the parent, guardian, or adult student; placing phone calls; sending written notices to the home; referring students to Student Support Teams; and making referrals to CFSA, the Child Support Services Division, and the 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 Being Removed**

**Confirm Receipt of Immunization Certification**

1. When the School Health Team has received proper immunization certification for a student who was removed from school, it is strongly recommended that the school:
  - a. Ensure the school leader is notified that the student is eligible to return to school, as applicable within the school’s particular schedule, and allow the school leader to review the 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 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 again, as applicable within the school’s particular schedule.
2. The IPOC shall coordinate with the DC Health Immunization Program to ensure the immunization certification is properly updated in DOCIIS.

**Reclassify Immunization Attendance Code for Previously Removed Student**

1. When the immunization certification has been confirmed by the School Health Team and the student has returned to school, the school shall reclassify the attendance code from “unexcused absence – immunization” to “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 school 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, guardian, unaccompanied minor, or adult student, to the school-based or LEA homeless liaison, who shall assist in obtaining necessary immunizations, screenings, or immunization or other required health records (42 U.S. Code § 11432(g)(3)(C)(iii)). Due to federal protections for the students experiencing homelessness, schools shall not remove students experiencing homelessness from school 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 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 removal based on immunization certification non-compliance. This provision only applies to children of military families enrolled in kindergarten through grade 12 in the household 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 § 49–1101.04). 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, whichever period is longer (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 a disability to attend school after the 20-school day period has passed. 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 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.<sup>3</sup> 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 school 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-DOT to no longer transport the student.

If a student who has been removed from school arrives at school, via a school bus or any other means of transportation, then the school should 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 or designated area until the student is picked up by the parent or guardian.

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-DOT will process the TRF, re-route the student, and contact the parent/guardian prior to resuming transportation services. During that time, the parent, guardian, or adult student shall provide transportation for the student. They may [request reimbursement](#) from OSSE-DOT 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](mailto:DOT.data@dc.gov) or to the TOTE support line at (202) 576-5520 from 8:30 a.m. – 4:30 p.m.

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<sup>3</sup> 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.](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.)

## **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 (GED) 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 school 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 immunizations' 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 should work directly with the 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 5 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 5 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 and calendars, 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, COVID-19 Vaccination, Exemptions, and Incidents of Exposure**

### **Immunization Series Treatment**

DC law permits a student to continue to attend school 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 healthcare provider who 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. Depending on the specific immunization, 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 the 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 may attend school but 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 second and third doses 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.

### **COVID-19 Vaccination**

The [Coronavirus Immunization of Schools Students and Early Childhood Workers Regulation Amendment Act of 2021](#) amends the Immunization of School Students Act of 1979 to require eligible students to receive a COVID-19 vaccination if they are of an age for which there is a vaccine that is fully approved by the FDA in the United States to prevent against COVID-19. This law further stipulates that any student who becomes eligible for a fully approved COVID-19 vaccine, either through further approval by the FDA or the occurrence of the student’s birthday, shall have 70 calendar days to come into compliance. Any eligible student who is not up to date on their COVID-19 vaccination will be subject to the process outlined in Section 2. For the purposes of this requirement, a student is considered compliant when they have completed a primary COVID-19 vaccination series. In order to be considered fully compliant, eligible students must receive the two primary doses of either of the COVID-19 mRNA vaccines (commonly known as Pfizer or Moderna) or one dose of the Johnson & Johnson Janssen vaccine. For most students, the CDC prefers the mRNA (Pfizer or Moderna vaccines), and Johnson & Johnson Janssen should only be considered in certain cases that are determined by the student’s primary care physician. Further emergency use authorization of other COVID-19 vaccines, such as the Novavax COVID-19 Vaccine for individuals ages 18 and older may also apply and students should speak with their primary care physician, if they have questions. Booster doses are strongly recommended but not

required to be considered compliant. Students may also submit a religious or medical exemption to be considered compliant.

As of the date of this document, the FDA has fully approved a COVID-19 mRNA vaccination for individuals ages 12 and older.

#### **COVID-19 Vaccine Requirements for Students Age 16 and Older**

On Aug. 23, 2021, following rigorous analysis and evaluation, the FDA fully approved the first COVID-19 vaccine commonly known as the Pfizer-BioNTech COVID-19 Vaccine for individuals age 16 and older. On Jan. 31, 2022, the FDA fully approved the vaccine commonly known as the Moderna COVID-19 Vaccine for individuals age 18 and older. Due to the timing of these FDA approvals, any student who is age 16 or older at the start of the 2022-23 school year must have received the primary COVID-19 vaccination series or be proceeding in accordance with their series within the first 20 days of the school year (see Immunization Series Treatment for more information). Booster doses are strongly recommended, but not required to be considered compliant. Any eligible student age 16 and older who is not up to date on their COVID-19 vaccination after the first day of school, or who hasn't submitted a medical or religious exemption, will be subject to the process outlined in Section 2.

#### **COVID-19 Vaccine Requirements for Students Ages 12-15**

On July 8, 2022, the FDA fully approved the COVID-19 vaccine commonly known as the Pfizer-BioNTech COVID-19 Vaccine for individuals ages 12-15. Per the [Coronavirus Immunization of Schools Students and Early Childhood Workers Regulation Amendment Act of 2021](#), students ages 12-15 have 70 calendar days from July 8, 2022 to come into compliance, which is Sept. 16, 2022. Beginning on Sept. 16, 2022 any student who is ages 12-15 must have received the primary COVID-19 vaccine series or be proceeding in accordance with their vaccine series (see Immunization Series Treatment for more information). Booster doses are strongly recommended, but not required to be considered compliant. Any eligible student ages 12-15 who is not up to date on their COVID-19 vaccination after Sept. 16, 2022 will be subject to the process outlined in Section 2.

#### **COVID-19 Vaccine Requirements and Recommendations for Students Age 11 and Younger**

Per the [Coronavirus Immunization of Schools Students and Early Childhood Workers Regulation Amendment Act of 2021](#), any student who will turn 12 during the course of the 2022-23 school year shall have 70 calendar days from their birthday to secure the COVID-19 vaccination. If the FDA fully approves a COVID-19 vaccination for younger ages during the school year, students of those ages shall have 70 calendar days from the date of full FDA approval to secure the COVID-19 vaccination.

The CDC recommends the COVID-19 primary vaccine series for any individual age 6 months and older, and COVID-19 boosters for any individual age 5 and older, if eligible. Schools are strongly encouraged to continue promoting the COVID-19 vaccine for students age 11 and younger to both protect the health and safety of all students and staff, and so that these students will already be compliant with COVID-19 vaccine requirements when the FDA issues further approvals for younger ages.

## 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. Religious exemptions expire annually on July 1, and medical exemptions may be temporary or permanent, depending on the conditions specified by the student’s primary care provider.

Medical exemptions do not expire (unless they are temporary) and shall be signed or approved by a private physician, their representative, or the public health authority stating that the immunization is medically inadvisable for the student. Physicians may use the Universal Health Certificate to indicate medical exemption or submit a signed or stamped letter indicating the immunization(s) are medically inadvisable. Medical exemptions that are temporary shall be monitored by the School Health Team to determine when the student is eligible to receive the required immunizations.

Religious exemptions shall be submitted to the school AND DC Health each school year using the official DC Health Religious Immunization Exemption Certificate. This form may only be obtained by families directly from DC Health. Families should email [doh.immunization@dc.gov](mailto:doh.immunization@dc.gov) to request the religious exemption. Families shall submit a copy of their completed request for religious exemption directly to the school AND to DC Health at [doh.immunization@dc.gov](mailto:doh.immunization@dc.gov) or mailed by USPS or hand-delivered to DC Health, 899 North Capitol St. NE, Washington, DC 20001, 3rd Floor. Religious exemptions expire on July 1 of each year. Religious exemptions are generally rare in the District and parents, guardians, or adult students must go through DC Health to sign the certificate to confirm they understand the health risks of not obtaining the necessary immunizations. A student who has submitted a religious exemption certificate to DC Health and is awaiting review or approval may continue to attend school while awaiting response from DC Health.

A written medical or religious exemption meets immunization certification requirements. The IPOC shall ensure a record of all medical or religious exemptions are 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 6-12. 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. The HPV Opt-Out Certificate expires on July 1 of each 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, and 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). If a school believes a student has been exposed to COVID-19 specifically, the school shall follow the [DC Health COVID-19 Guidance for Childcare Facilities, Schools, and Institutions of Higher Education \(IHE\) COVID-19 Guidance](#). 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. This removal may extend to all unimmunized school staff, students non-compliant with immunization certification requirements, students with exemptions (religious and medical), and any student experiencing homelessness or military child who may not be fully immunized at the time of the outbreak. DC Health will determine which students to remove 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. The attendance of compliant students who are removed from school 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 school.

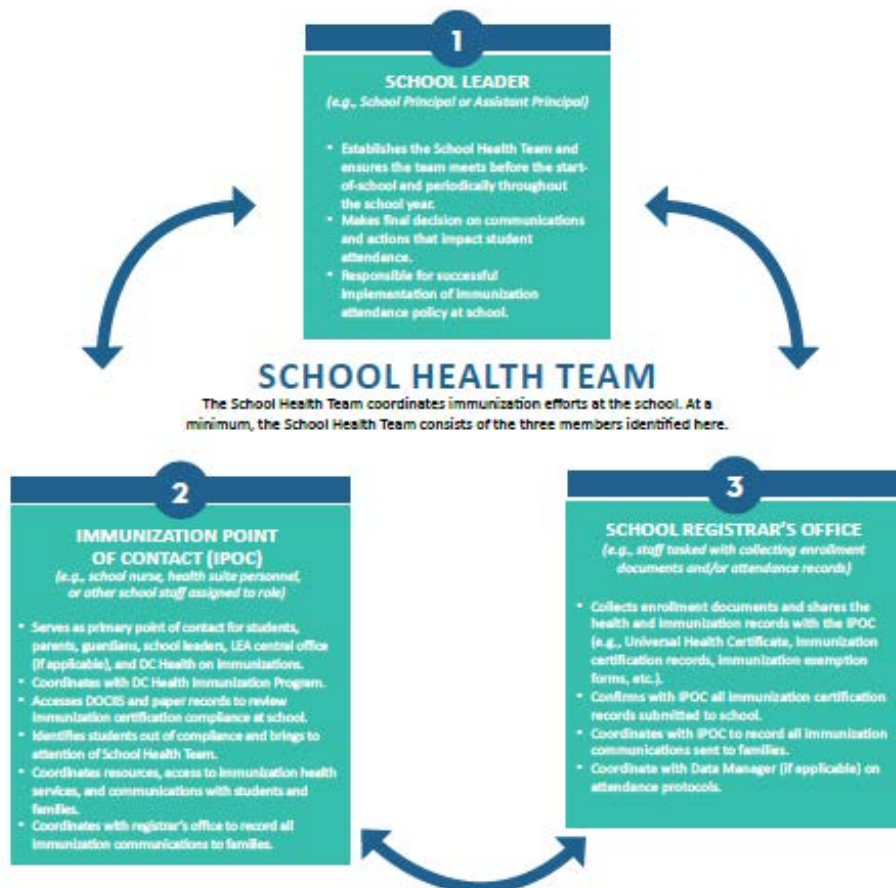


## Section V: Composition of School Health Team

As stipulated in Section II of this document, it is strongly recommended that the school leader 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 should also identify a member of the registrar’s office to be on the School Health Team to assist in managing communications, attendance protocols, and the collection of paper health forms at the time of enrollment, including the Universal Health Certificate, religious and medical exemption and HPV opt-out forms, and other paper immunization certification documents.

The School Health Team should meet periodically throughout the year and 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 start of 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.

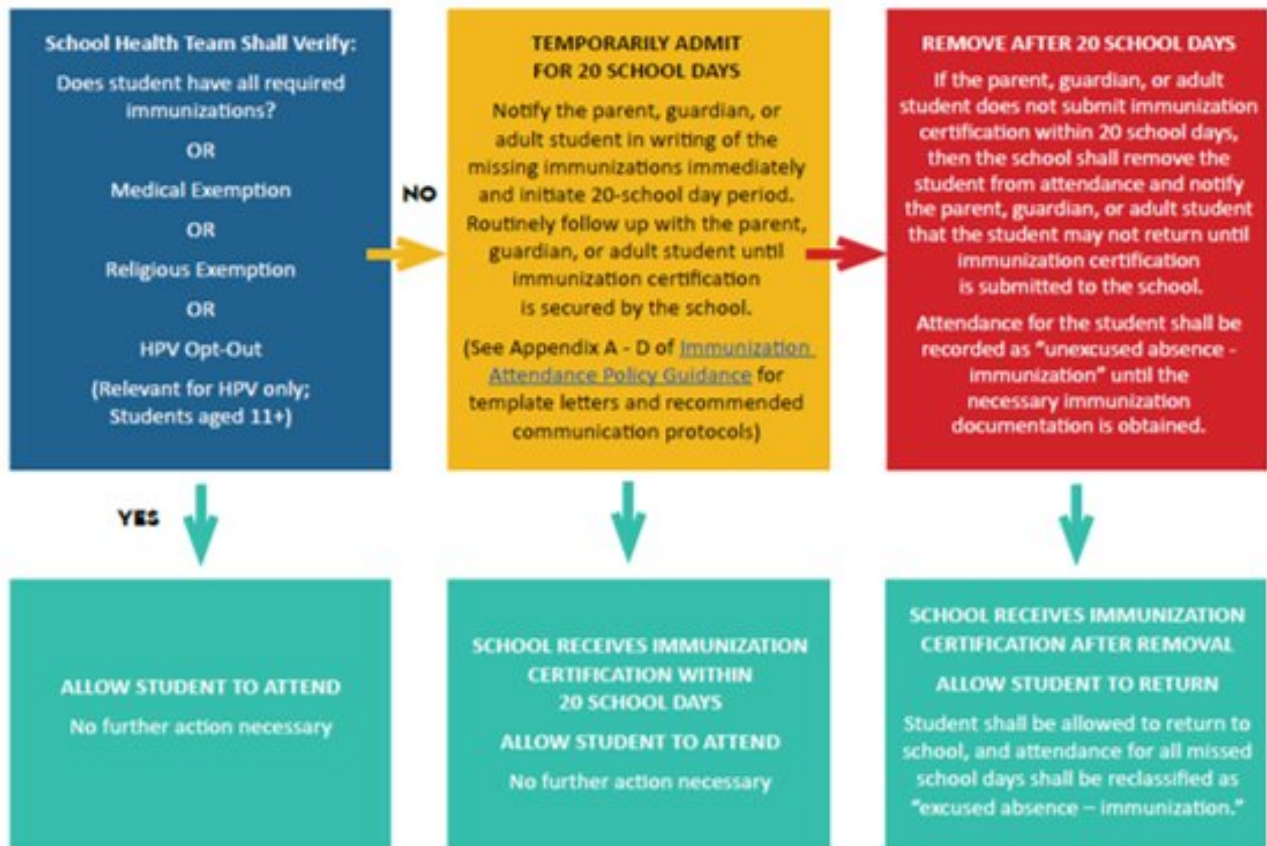
**Image I: Composition of School Health Team**



## Section VI: Immunization Decision Tree for School Health Team

When determining whether to remove a student from school 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.

Image II: Immunization Decision Tree



## Appendix A – Sample Communication Process

DC law and regulation stipulate immunization notification requirements for schools (DC Official Code § 38–504 and DCMR 5-E § 5300.5). With respect to any student for whom a school does not have certification of immunization, the school shall notify the parent, guardian, or adult student immediately in writing that the student shall obtain and present certification of immunization within 20 school days *from the date of the written notification* (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 has provided sample letters for communicating with all families and with non-compliant families. The sample letters and translated versions of the sample letters are 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, beginning the 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 locations 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

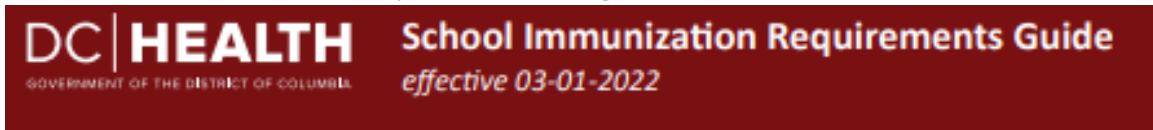
## Immunization Attendance Policy

- school beginning Sept. 30 (after 20-school day period) and will be coded as “unexcused absence – immunization” 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 the next school day and will be coded as “unexcused absence – immunization.” Principal Jones 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 beginning Monday, Sept. 30 until the school receives immunizations certification
- Monday, Sept. 30
  - John Smith no longer allowed to attend school, all missed school days will be coded as “unexcused absence – immunization”
- 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 that 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 School Health Team (including Principal Jones)
  - Principal Jones provides a written notification to father Rodney Smith confirming the student is able to return to school
  - Student John Smith is permitted to attend school again
  - John Smith’s missed school days are reclassified to “excused absence – immunization”

# 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/node/1602856>



FAMILIES with CHILDREN in Public, Charter, Private, Parochial, Preschool - DC Health recognizes the importance of vaccinations for preventing disease and reducing the dangers that can come with being exposed to certain diseases. This document outlines the vaccines requirements based on age for all students upon enrollment in schools, reflecting recent changes to the CDC Child and Adolescent Immunization Schedule 2022. All students attending school in the **District of Columbia** must present proof of appropriately spaced immunizations **annually**, 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 ARE STRONGLY RECOMMENDED TO RECEIVE AN **ANNUAL FLU VACCINE**
- ALL STUDENTS ARE STRONGLY RECOMMENDED TO RECEIVE A **FULL COURSE** OF COVID-19 VACCINE ONCE THEY BECOME ELIGIBLE

## My student should receive these vaccine doses upon school enrollment\*

### Preschool - Head Start 2-3 years old

- 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\* of Hib (Haemophilus Influenza Type B)
  - 4 doses of PCV (Pneumococcal)

\*See PROVIDER for recommended doses.  
All Students ARE STRONGLY RECOMMENDED to receive an ANNUAL FLU VACCINE

### Kindergarten to 1<sup>st</sup> Grade 4-6 years old

- Additional doses needed **AFTER** receiving the vaccines listed **under 2-3 years of age**:
- 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)

### 2nd Grade - 5th Grade 7-10 years old

Consult your PROVIDER to be certain your student has received **all vaccinations listed under 2-3 and 4-6 years of age**.

All Students ARE STRONGLY RECOMMENDED to receive an ANNUAL FLU VACCINE

### 6<sup>th</sup> Grade – 9<sup>th</sup> Grade 11-16 years old

- Additional Required Vaccines AFTER ALL vaccines are received.
- 1 dose of Tdap
  - 2 doses of Meningococcal (Men ACWY)
  - 2 or 3 doses of Human Papillomavirus Vaccine (HPV)

Full Course of a COVID-19 mRNA vaccine series for students age 12 and older.  
See PROVIDER for dosage and intervals.

All Students should receive an ANNUAL FLU VACCINE

### 10<sup>th</sup> Grade – 12<sup>th</sup> Grade 16+ years old

Required vaccinations for ALL Students 16 years of age and older

Full Course of a COVID-19 mRNA vaccine series.  
See PROVIDER for dosage and intervals.

All Students should receive an ANNUAL FLU VACCINE

\*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: [dchealth.dc.gov/service/school-health-services-program](https://dchealth.dc.gov/service/school-health-services-program)

<b>DC   HEALTH Universal Health Certificate</b>			
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 <a href="https://dchealthlink.com">https://dchealthlink.com</a> . You may contact the Health Suite Personnel through the main office at your child's school.			
<b>Part 1: Child Personal Information   To be completed by parent/guardian.</b>			
Child Last Name:		Child First Name:	
School or Child Care Facility Name:		Date of Birth:	
Home Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
Apt:		City:	
State:		ZIP:	
Ethnicity: (check all that apply) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer			
Race: (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer			
Parent/Guardian Name:		Parent/Guardian Phone:	
Emergency Contact Name:		Emergency Contact Phone:	
Insurance Type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> None		Insurance Name/ID #:	
Has the child seen a dentist/dental provider within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<b>Part 2: Child's Health History, Exam, and Recommendations   To be completed by licensed health care provider.</b>			
Date of Health Exam:	BP: <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Weight: <input type="checkbox"/> Lf <input type="checkbox"/> Kg	Height: <input type="checkbox"/> In <input type="checkbox"/> Cm
			BMI: <input type="checkbox"/> BMI Percentile:
Vision Screening: Left eye: 20/____ Right eye: 20/____ <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected <input type="checkbox"/> Wears glasses <input type="checkbox"/> Referred <input type="checkbox"/> Not tested			
Hearing Screening: (check all that apply) <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not tested <input type="checkbox"/> Uses Device <input type="checkbox"/> Referred			
Does the child have any of the following health concerns? (check all that apply and provide details below)			
<input type="checkbox"/> Asthma <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Sickle cell <input type="checkbox"/> Autism <input type="checkbox"/> Heart failure <input type="checkbox"/> Long term COVID-19 symptoms <input type="checkbox"/> Behavioral <input type="checkbox"/> Kidney failure <input type="checkbox"/> Significant food/medication/environmental allergies that may require emergency medical care. Details provided below. <input type="checkbox"/> Cancer <input type="checkbox"/> Language/Speech <input type="checkbox"/> Long-term medications, over-the-counter-drugs (OTC) or special care requirements. Details provided below. <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Obesity <input type="checkbox"/> Significant health history, condition, communicable illness, or restrictions. Details provided below. <input type="checkbox"/> Developmental <input type="checkbox"/> Scoliosis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures			
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.			
<b>TB Assessment   Positive TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040.</b>			
What is the child's risk level for TB?	Skin Test Date:	Quantiferon Test Date:	
<input type="checkbox"/> High → complete skin test and/or Quantiferon test	Skin Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive, CXR Negative <input type="checkbox"/> Positive, CXR Positive <input type="checkbox"/> Positive, Treated		
<input type="checkbox"/> Low	Quantiferon Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Positive, Treated		
Additional notes on TB test:			
<b>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.</b>			
ONLY FOR CHILDREN UNDER AGE 6 YEARS Every child must have 2 lead tests by age 2	1 <sup>st</sup> Test Date:	1 <sup>st</sup> Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	1 <sup>st</sup> Serum/Finger Stick Lead Level:
	2 <sup>nd</sup> Test Date:	2 <sup>nd</sup> Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	2 <sup>nd</sup> Serum/Finger Stick Lead Level:
HGB/HCT Test Date:		HGB/HCT Result:	

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

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																										
Coronavirus (COVID) (Recommended)	1	2																											
Other	1	2	3	4	5	6	7																						
<input type="checkbox"/> The child is behind on immunizations and there is a plan in place to get him/her back on schedule. Next appointment is: _____																													
<b>Medical Exemption (if applicable)</b> I certify that the above child has a valid medical contraindication(s) to being immunized at the time against: <input type="checkbox"/> Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Hib <input type="checkbox"/> HepB <input type="checkbox"/> Polio <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella <input type="checkbox"/> Pneumococcal <input type="checkbox"/> HepA <input type="checkbox"/> Meningococcal <input type="checkbox"/> HPV Is this medical contraindication permanent or temporary? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until: _____ (date)																													
<b>Alternative Proof of Immunity (if applicable)</b> I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results. <input type="checkbox"/> Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Hib <input type="checkbox"/> HepB <input type="checkbox"/> Polio <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella <input type="checkbox"/> Pneumococcal <input type="checkbox"/> HepA <input type="checkbox"/> Meningococcal <input type="checkbox"/> HPV																													
<b>Part 4: Licensed Health Practitioner's Certifications   To be completed by licensed health care provider.</b> 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 <b>satisfactory health</b> to participate in all school, camp, or child care activities except as noted on page one. <input type="checkbox"/> No <input type="checkbox"/> Yes This child is cleared for competitive sports. <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 40%; text-align: center; vertical-align: middle;"><b>Licensed Health Care Provider Office Stamp</b></td> <td>Provider Name:</td> <td colspan="6"></td> </tr> <tr> <td>Provider Phone:</td> <td colspan="6"></td> </tr> <tr> <td>Provider Signature:</td> <td colspan="5"></td> <td>Date:</td> </tr> </table>								<b>Licensed Health Care Provider Office Stamp</b>	Provider Name:							Provider Phone:							Provider Signature:						Date:
<b>Licensed Health Care Provider Office Stamp</b>	Provider Name:																												
	Provider Phone:																												
	Provider Signature:						Date:																						
<b>OFFICE USE ONLY   Universal Health Certificate received by School Official and Health Suite Personnel.</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">School Official Name:</td> <td style="width: 30%;">Signature:</td> <td style="width: 25%;">Date:</td> </tr> <tr> <td>Health Suite Personnel Name:</td> <td>Signature:</td> <td>Date:</td> </tr> </table>								School Official Name:	Signature:	Date:	Health Suite Personnel Name:	Signature:	Date:																
School Official Name:	Signature:	Date:																											
Health Suite Personnel Name:	Signature:	Date:																											

## 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. Families enrolled at these schools are encouraged to call the School-Based Health Center to get the necessary information and to make an appointment.***

DC Health updates this resource over time. Access to the most up-to-date resource is available at: [dchealth.dc.gov/service/school-health-services-program](https://dchealth.dc.gov/service/school-health-services-program). Additionally, the Pediatric Immunizations Locations database is available [here](#) to find locations by ZIP code.

Families may also locate the COVID-19 vaccine at [www.vaccines.gov](https://www.vaccines.gov).

Health care providers are open and taking extra precautions to ensure the health and safety of patients, families, and staff throughout the COVID-19 pandemic. 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 pediatric 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 it meets 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 should be aligned between the IPOC and registrar’s office 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 the time of enrollment.
- Include the [Universal Health Certificate](#), [Oral Health Assessment](#), and [immunization one-pager for families](#) in enrollment packages and on back-to-school checklists.
- Ensure the registrar’s office is requesting immunization certification at the 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 routine pediatric immunizations are required for students to attend school?**

- The list of routine pediatric immunization requirements by age can be found on the DC Health Immunization Program [website](#). 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.<sup>4</sup> The full list of required immunizations includes the Human Papillomavirus (HPV) vaccination, with an optional parental or adult student [opt-out](#) (DCMR 22-B § 146.4).

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

- Schools are undertaking extraordinary efforts to ensure safe, healthy environments for students, staff and families during the COVID-19 response and recovery period. Ensuring that all students are up-to-date on their routine pediatric immunizations is an essential part of that commitment to health and safety.
- Data locally and nationally have indicated a dramatic decline in immunization administration during the COVID-19 pandemic, implicating significant risk for students, staff and communities of a vaccine-preventable infection. This decline in immunization coverage presents as great, if not greater, a 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 students participating in school 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 open and 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!

### **Is the COVID-19 vaccine required for students to attend school in the District of Columbia?**

- Beginning in the 2022-23 school year, the COVID-19 vaccine is required for school enrollment and attendance in the District of Columbia for all students who are of an age for which there is a COVID-19 vaccination fully approved by the FDA.

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

- As of the date of this document, all students age 16 and older are required to receive the primary series or be proceeding in accordance with the series treatment of the COVID-19 vaccination for the start of the 2022-23 school year.
- The FDA fully approved a COVID-19 vaccination for individuals ages 12-15 on July 8, 2022. Any student ages 12-15 at the start of school year must have received the primary COVID-19 vaccination series or be proceeding in accordance with their series within 70 calendar days of July 8, 2022, which is Sept. 16, 2022.
- Any student who turns 12 during or after the start of the 2022-23 school year shall have 70 calendar days from their birthday to receive the COVID-19 vaccination.
- If a COVID-19 vaccination receives full FDA approval for individuals younger than age 12, then students of those ages shall have 70 calendar days from the date of full FDA approval to receive the COVID-19 vaccination.

**Should students prioritize receiving the COVID-19 vaccine or their required pediatric immunizations?**

- As of the date of this document, the CDC's position is that substantial data have been collected regarding the safety of COVID-19 vaccines currently fully authorized by the FDA and those authorized for use under Emergency Use Authorization (EUA). COVID-19 vaccines and other vaccines may be administered without regard to timing.<sup>5</sup> This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as co-administration within 14 days. When deciding whether to co-administer another vaccine(s) with COVID-19 vaccines, healthcare providers will consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of the vaccines. Families should discuss the safety of co-administration of the COVID-19 vaccine and any other vaccine with their healthcare provider.

**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 contains a digital record of immunizations for residents of 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 routine pediatric 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

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<sup>5</sup> Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States; Centers for Disease Control and Prevention. Retrieved from: [www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)

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 the District’s pediatric 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 pediatric 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 school 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 pediatric immunization requirements. Universal Health Certificates and Oral Health Assessments must also be documented in the Student Information System (SIS).

#### **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?<sup>6</sup>**

- As stipulated in Section II of this document, it is strongly recommended that each school 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 period that will allow the student to continue attending

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<sup>6</sup> 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.

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 recommended frequent subsequent communication, with the parent, guardian, or adult student. The initial 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 school 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; and (5) copies of the appropriate forms (i.e., 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.

**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's attendance be coded?**

- 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 until immunization certification is obtained. While the student is not attending school, the school shall record the student's attendance using the attendance code: "unexcused absence – immunization." This attendance code will allow the school, LEA, and OSSE to track the frequency of students' being removed based on immunization certification non-compliance. If a student's attendance is coded as "unexcused absence – immunization" for multiple school days, it may trigger truancy, educational neglect, and referrals to the 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's attendance be coded?**

- As stipulated in Section II of this document, the school shall allow the student to return 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. Upon the student returning to school, the school shall reclassify the attendance coded as "unexcused absence – immunization" to the

attendance code, “excused absence – immunization.” This conversion 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. These attendance codes will allow the school, LEA, and OSSE to track when a student returns to school and the length of time the student was removed.

**Can a student be moved into distance learning when they are out of compliance for immunizations?**

- When a student remains out of compliance after the 20-school day period, they must be coded as “unexcused absence – immunization” for any days that are missed. Students should not be placed into a distance learning posture for purposes of non-compliance for immunizations.

**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<sup>7</sup> 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 them based on immunization certification non-compliance. This provision only applies to children of military families enrolled in kindergarten through grade 12 in the household 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 § 49–1101.04).
  - 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 students experiencing homelessness, schools shall not remove students experiencing homelessness from school 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

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<sup>7</sup> Stage 5 Enrollment - Student is receiving educational services.

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 exempt from immunization requirements, and a school shall not permit a student with a disability to attend school after the 20-school day period of immunization certification non-compliance has passed. 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.<sup>8</sup> 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 immunizations' 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 should 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 5 enrolled (attending school).<sup>9</sup> 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 that 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 I of this document. 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 5 enrollment and the school has confirmed immunization certification non-compliance. Attempting to calculate the 20-school day period for transferring 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.

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<sup>8</sup> 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.](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.)

<sup>9</sup> Stage 5 Enrollment – Student is receiving educational services.



**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 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 they are 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 school 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’ attendance shall be coded as “excused absence – immunization” unless the compliant students receive distance learning while out of in-person activities. 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.<sup>10</sup> 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.

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<sup>10</sup> 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.](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.)