



SCHOOL IMMUNIZATION POLICY

School Year 2023-24

Revised July 2023



Table of Contents

Executive Summary	1
Introduction.....	2
Section I: Terms and Definitions.....	4
Section II: Immunization Policy Implementation Process for Schools	8
Step 1: Establish School-Level Responsibilities and a School Health Team	8
Step 2: Disseminate Immunization Information to All Families and Establish Communications Protocols	9
Step 3: Conduct Frequent Reviews of School-level Immunization Certification Compliance for All Students	10
Step 4A: Actions Taken for All Non-Compliant Students	11
Step 4B: Actions Taken for Non-Compliant Students in Select Grades Following Count Day	13
Step 5: Actions Taken for Non-Compliant Students Temporarily Excluded from School	16
Step 6: Actions Taken When a Student is Allowed to Return to School after Previously Being Temporarily Excluded	17
Section III: Special Student Populations	18
Students Experiencing Homelessness	18
Military Children	18
Students with Disabilities	19
OSSE-Provided Transportation for Students with Disabilities.....	19
Adult and Foreign-Born Students	21
Section IV: Immunization Series Treatment, Exemptions and Incidents of Exposure	22
Immunization Series Treatment	22
Medical and Religious Exemptions	22
Human Papillomavirus (HPV) Opt-Out	23
Exposure to Communicable Disease or Outbreak at the School	23

Section V: Composition of School Health Team 24

Additional Resources..... 24

Executive Summary

The Immunization of School Students Act of 1979 established standards for immunizing District students against preventable childhood diseases. DC Official Code requires schools to have 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, 38-506). 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 Municipal Regulations (DCMR) 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 [DC Health](#) enforce immunization responsibilities for public school admission. Schools have a responsibility to require the necessary immunization certification as part of student attendance and to work with DC Health to ensure proper immunization information is distributed to families (5-E DCMR §§ 5300 *et seq.*).

This immunization policy includes District of Columbia 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 through 12 or pursuing an Individualized Education Program (IEP) Certificate of Completion at a public or public charter school. For students enrolled in grades pre-K 3, kindergarten, 7 and 11, this school immunization policy accounts for a period of attendance at a school, as permitted by District law, then stipulates attendance and temporary exclusion protocols for any non-compliant students in those grades.

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 school immunization policy or school enrollment data.

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

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. **Beginning with the 2023-24 school year, if a student is enrolled in grade pre-K 3, kindergarten, 7, or 11 and remains non-compliant after Oct. 5 (also referred to as "Count Day"),¹ then the school shall initiate the process to notify and subsequently temporarily exclude the student from school until the immunization certification is secured by the school.** These grades were selected because they occur soon after age bands in which vaccines are first recommended. Most students in these grades will not "age into" non-compliance during the school year. 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 schools 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 22-B DCMR §§ 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 for all enrolled students and protocols for the temporary exclusion of non-compliant students enrolled in grades pre-K 3, kindergarten, 7 and 11 from school. As stipulated in this policy, public and public charter schools will code a non-compliant student's attendance as "unexcused absence - immunization" (AFUI) when they are temporarily excluded from school 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 immunization requirements and access to care for students in the District. DC Health is available to provide

¹ Per DC Official Code § 38–205, by Oct. 5 of each year, each public, independent, private, and parochial school shall report to OSSE the name, address, sex, and date of birth of each minor who resides permanently or temporarily in the District who is currently enrolled in their school. The exact enrollment data submission date may shift annually depending on factors such as if Oct. 5 lands on a weekend. OSSE will provide guidance to schools and LEAs regarding the final submission date each year.

School Immunization Policy

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 or enrollment 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](#).

[Remainder of page left intentionally blank]

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 warning notification of temporary exclusion 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. OSSE may issue guidance each school year specifying a particular date for all schools to send the warning notifications of temporary exclusion (see: notification date specified by OSSE). OSSE may also issue guidance each school year specifying a particular date for all schools on which the 20-school day period will end and exclusions must begin (see: exclusion date specified by OSSE).

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 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.

Count Day

Per DC Official Code § 38–205, by Oct. 5 of each year, each public, independent, private and parochial school shall report to OSSE the name, address, sex and date of birth of each minor who resides permanently or temporarily in the District who is currently enrolled in their school. The exact enrollment data submission date may shift annually depending on factors such as if Oct. 5 lands on a weekend. OSSE will provide guidance to schools and LEAs regarding the final submission date for each school year.

District of Columbia Immunization Information System (DOCIIS)

[DOCIIS](#) is a population health immunization information system maintained by DC Health that collects, stores, tracks and monitors immunization event information for residents and visitors vaccinated in the District. 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 the Immunization Compliance Portal (ICP) to track student compliance with immunization laws and regulations.

Exclusion Date Specified by OSSE

OSSE may specify a singular exclusion date for all schools to follow each school year. If OSSE specifies such dates, then schools shall send warning notifications of temporary exclusion to students enrolled in grades pre-K 3, kindergarten, 7 and 11 and begin exclusions on the dates and timelines set forth by OSSE. This timeline would supersede and replace the 20-school day period.

Excused Absence – Immunization (AFEI)

Attendance code to use for a student in a public or public charter school who was previously excluded from school but is allowed to return after the school secures immunization certification. All “unexcused absences – immunization” (AFUI) days shall be reclassified as “excused absence – immunization” (AFEI) 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.²

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 Compliance Portal (ICP)

The [ICP](#), or Salesforce, is a companion DC Health data system available to schools and LEAs to review overall immunization compliance. The main ICP features include student-level and school-level immunization compliance report production and parental notification compliance letter generation.

Immunization Point of Contact (IPOC)

The IPOC 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 SHSP](#), 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 SHSP, the school leader shall identify a member of the school staff as the IPOC.

² Immunization: The Basics. Centers for Disease Control and Prevention (Mar. 1, 2022). Retrieved from: www.cdc.gov/vaccines/vac-gen/imz-basics.htm

Military Children

Military children are 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 temporarily excluding 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 should 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 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). A student will be considered non-compliant when any of their required immunizations become “due.”³

Notification Date Specified by OSSE

OSSE may specify a singular notification date following Count Day for all schools to follow each school year. If OSSE specifies such dates, then schools shall send warning notifications of temporary exclusion to non-compliant students enrolled in grades pre-K 3, kindergarten, 7 and 11.

Religion or Religious Belief

Any system of beliefs, practices, or ethical values.

School

For purposes of this policy, a school is any public or public charter school in the District of Columbia that offers instruction to students younger than age 26 *and* enrolled in any grades from pre-K through grade 12 or completing an IEP Certificate of Completion.

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 per OSSE’s [Attendance Guidance](#). 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.

³ "Due" is a designation made in DOCIIS when a student reaches the age at which they are eligible to receive a particular vaccination. If a student is designated as "due" for any immunizations, then the Immunization Compliance Portal (Salesforce) will indicate that the student is non-compliant.

School Health Management

School Health Management is the data system used by the DC Health SHSP school nurses and health suite staff to manage health services provided in schools that participate in the SHSP. Health suite staff can manage and view student health records, including but not limited to immunizations, via School Health Management. Schools with access to this system may use it for immunization data entry. Immunization data entered in DOCIIS for students enrolled in DC schools are updated in School Health Management in approximately 24 hours. Immunization data entered in School Health Management are updated in DOCIIS in the same time period.

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) two IPOCs (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, enrolled in grades pre-K through 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 (AFUI)

Attendance code for public and public charter schools to use for a non-compliant student who is temporarily excluded from school after the exclusion date specified by OSSE, 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 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.

Beginning with the 2023-24 school year, only students enrolled in grades pre-K 3, kindergarten, 7 and 11 should be identified for temporary exclusion from school due to immunization non-compliance (see Step 4B through Step 6). Temporary exclusion for students enrolled in these grades will only occur after Count Day on an exclusion date specified by OSSE. Steps 1 through 4A apply to all students. Schools should cross-reference the Key Dates for the 2023-24 School Year on the [OSSE website](#) for the steps outlined below. Throughout this document and the corresponding resources, activities that apply to all students are marked in ■ **blue**, and activities that apply only to noncompliant students in grades pre-K 3, kindergarten, 7 and 11 are marked in ■ **green**.

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

A. Designate Immunization Points of Contact (IPOCs)

1. The school leader shall designate two school staff members to serve as the IPOCs.
 - a. In schools that participate in the [DC Health SHSP](#), one IPOC shall be a designated member of the health suite personnel, such as the school nurse or other health suite staff, and the school leader shall identify another staff member to serve as the second IPOC. In schools that do not participate in DC Health SHSP, the school leader shall identify two members of the school staff as the IPOCs.
 - b. The IPOCs will serve as the primary points of contact for parents and guardians, students, school leaders, LEA central office staff and DC Health regarding immunization compliance at the school. The IPOCs will also manage the distribution of immunization resources, information, and communications related to immunization compliance in the school.
 - c. The IPOCs will have primary access to the ICP and DOCIIS and will be responsible for verifying individual student immunization compliance within the school. The IPOCs will regularly review the ICP and student health files and coordinate with the registrar's office to collect or document paper immunization records. The IPOCs will be responsible for completing necessary DC Health trainings for interpreting immunization requirements and accessing the Immunization Compliance Portal.

B. Assemble a School Health Team

1. It is strongly recommended that the school leader assembles 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 two IPOCs (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 IPOCs 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 and the temporary exclusion of any non-compliant students enrolled in grades pre-K 3, kindergarten, 7 and 11. This includes any written notifications sent to families and final decisions made by the school that result in the temporary exclusion of a non-compliant student.

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

A. 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 all school families. This distribution of information should act as a routine reminder before and during the school year of the health and immunization requirements for all families. This information should include the critical public health need for immunizations, the personal and public health consequences for immunization non-compliance, 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 all 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, newsletters, back-to-school nights, letters or emails from the school leader, parent-teacher association (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 all parents, guardians and adult students.

B. 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.
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 the [OSSE website](#) 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 in grade pre-K 3, kindergarten, 7, or 11 is temporarily excluded from school.

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

A. Review School-level Immunization Certification Compliance

1. The IPOCs shall conduct frequent reviews of the Immunization Compliance Portal, 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 IPOCs in a timely manner so that they may be cross-checked and documented in DOCIIS or School Health Management. The school registrar's office shall ensure that Universal Health Certificates are properly documented in the Student Information System (SIS) before they are given to the IPOCs. For more information on data entry and retrieval, please see the At-A-Glance Data Systems resource available on the [OSSE website](#).
3. The IPOCs 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 and when students are temporarily excluded due to non-compliance.
4. If the IPOCs identify 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 4A: Actions Taken for All Non-Compliant Students

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

1. Schools shall routinely review immunization compliance for all students at the beginning of and throughout the school year. 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.
 - 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.
 - c. The IPOC will determine if it is necessary for DC Health to assist in cross-checking DOCIIS for accuracy, including checking for the correct spelling of the student's name, possible duplication, or pending records.

B. Notify: Initial and Subsequent Notifications of Missing Immunizations 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.
 - 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) 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); (3) information for how to contact the public health authorities to learn where and when they perform these services (including location and time); and (4) 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 written notification shall be sent immediately upon identifying the student as out of compliance.
 - iii. The written notification, and all subsequent communications, shall be delivered to the parent, guardian, or adult student. The written notification and supporting materials must be translated into languages other than English and provided in alternate formats to facilitate effective communication for individuals with disabilities as consistent with federal and District law and LEA policy.
 - iv. 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.
 - v. The written notification may identify that students enrolled in grades pre-K 3, kindergarten, 7, or 11 will be at risk for temporary exclusion if they do not come into compliance after Count Day.
 - 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. 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. The IPOC and School Health Team should document the initial notification of missing immunizations and all subsequent communications and communication attempts with the parent, guardian, or adult student regarding the immunization requirements (see [OSSE website](#) for example).
3. 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.
 - a. It is recommended that the IPOC and School Health Team continue to engage with the parent, guardian, or adult student after the initial notification of missing immunizations 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.

Step 4B: Actions Taken for Non-Compliant Students in Select Grades Following Count Day

A. Review Records: Double-Check School Records to Ensure the Immunization Certification Does Not Exist for Students Enrolled in Grades Pre-K 3, Kindergarten, 7 and 11

1. Following Count Day, schools shall review records as outlined in Step 4A Subsection A to identify and confirm any non-compliant students enrolled in grades pre-K 3, kindergarten, 7 and 11. Schools will only focus on students enrolled in these select grades for temporary exclusion due to non-compliance.

B. Notify: Initial and Subsequent Notifications of Missing Immunizations to the Parent, Guardian, or Adult Student for Students Enrolled in Grades Pre-K 3, Kindergarten, 7 and 11

1. At the time that the School Health Team has confirmed that a student enrolled in grade pre-K 3, kindergarten, 7, or 11 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 on the notification date specified by OSSE that the student is out of compliance with the District's immunization requirements, including specific reference to the missing routine pediatric immunizations.
 - 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 continue to attend school beyond the exclusion date specified by OSSE; (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). See the [OSSE website for sample notification letters and packet](#) for examples.

- c. The written notification shall be sent immediately upon identifying the student as out of compliance.
 - d. The written notification shall clearly state the date by which the student must obtain and present necessary immunization certification (i.e., the exclusion date specific by OSSE).
 - i. The written notification, and all subsequent communications, shall be delivered to the parent, guardian, or adult student. The written notification and supporting materials must be translated into languages other than English and provided in alternate formats to facilitate effective communication for individuals with disabilities as consistent with federal and District law and LEA policy.
 - ii. 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.
 - iii. 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.
 - e. Note: If the non-compliant 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 excluded from school based on immunization certification non-compliance. If the student is in foster care, the school shall coordinate with 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).
 - f. Note: If the non-compliant student is a military child, the school shall ensure the student is given a minimum of 30 calendar days from the date of enrollment to present certification of immunization before temporary exclusion from school, consistent with the Interstate Compact on Educational Opportunity for Military Children (see [Section III](#) for more information on special student populations).
2. The IPOC and School Health Team should document the initial notification of missing immunizations and all subsequent communications and communication attempts with the parent, guardian, or adult student regarding the immunization requirements (see the [OSSE website](#) for an example).
 3. The IPOC and School Health Team should continue to make reasonable efforts to ensure positive contact is made with the parent, guardian, or adult student after sending the initial notifications of missing immunizations.
 - a. It is recommended that the IPOC and School Health Team continue to engage with the parent, guardian, or adult student after the initial notification of missing immunizations 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.

C. Notify: Warning Notification of Temporary Exclusion to the Parent, Guardian, or Adult Student for Students Enrolled in Grades Pre-K 3, Kindergarten, 7 and 11

1. If a student enrolled in grade pre-K 3, kindergarten, 7, or 11 has not yet met the immunization certification requirement within 15 school days of the initial notification of missing immunizations (approximately 3 weeks), 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 exclusion date specified by OSSE.

2. 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 warning notification of temporary exclusion to the parent, guardian, or adult student that the student will not be allowed to attend school beginning the day after the exclusion date otherwise specified by OSSE. The student will not be allowed to return to school until the school receives confirmation of immunization certification compliance.
 - i. The warning notification of temporary exclusion 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 the exclusion date specified by OSSE; (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 warning notification of temporary exclusion should clearly state the date by which the student must obtain and present necessary immunization certification (i.e., the exclusion date specific by OSSE).
 - iii. The warning notification of temporary exclusion 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 warning notification of temporary exclusion is received and positive contact is made. Schools are recommended to follow the warning notification of temporary exclusion 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 warning notification of temporary exclusion.

3. On the last school day before the exclusion date specified by OSSE, the School Health Team should:

- a. Send a final notification of temporary exclusion to the parent, guardian, or adult student stating that the student is temporarily excluded from attending school beginning the next school day.
 - b. The final notification of temporary exclusion should again provide information about the immunization requirements and resources.
 - i. The final notification of temporary exclusion 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 notification or temporary exclusion 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 notification of temporary exclusion is received and positive contact is made. Schools are recommended to follow up this final notification of temporary exclusion with a phone call and/or email to the parent, guardian, or adult student to confirm receipt.
4. 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 Temporarily Excluded from School

A. Temporarily Exclude Non-Compliant Student from School until Immunization Certification is Obtained

1. If a student enrolled in grade pre-K 3, kindergarten, 7, or 11 has not met the District’s immunization certification requirements by the exclusion date specified by OSSE, the school shall not allow the non-compliant student to attend school until the immunization certification is secured by the School Health Team.
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.

B. Use Appropriate Attendance Codes for Temporarily Excluded Students

1. If a non-compliant student is temporarily excluded from school, a public or public charter school shall document the student’s attendance using the attendance code “unexcused absence – immunization”

(AFUI) for each school day that the student is not allowed to attend due to immunization non-compliance.

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

1. At a minimum, and at the end of every school week that the non-compliant student is not attending school, the School Health Team should make reasonable efforts 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; and, as needed,
 - 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" (AFUI) 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 Temporarily Excluded

A. Confirm Receipt of Immunization Certification

1. When the School Health Team has received proper immunization certification for a student who was temporarily excluded 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 or School Health Management.

B. Reclassify Immunization Attendance Code for Previously Excluded Student

1. When the immunization certification has been confirmed by the School Health Team and the student has returned to school, a public or public charter school shall reclassify the attendance code from "unexcused absence – immunization" (AFUI) to "excused absence – immunization" (AFEI).
2. LEAs should ensure immunization attendance codes are classified or reclassified appropriately when certifying attendance data, to the greatest extent feasible.

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 temporarily exclude a non-compliant student from school. **Beginning with the 2023-24 school year, only students enrolled in grades pre-K 3, kindergarten, 7 and 11 should be identified for temporary exclusion from school due to immunization non-compliance.**

Students Experiencing Homelessness

Due to federal protections for students experiencing homelessness, schools shall not exclude 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. 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 US 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 US Code § 11432(g)(3)(C)(iii)). If the exclusion date specified by OSSE passes for a student experiencing homelessness in grade pre-K 3, kindergarten, 7, or 11, 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

Schools shall ensure military children receive a minimum of 30 calendar days prior to exclusion based on immunization certification non-compliance. 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)). 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 in grade pre-K 3, kindergarten, 7, or 11 is ever temporarily excluded from school based on immunization non-compliance, the school shall ensure the student has been given at least 30 calendar days from the date of enrollment prior to exclusion.

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 in grade pre-K 3, kindergarten, 7, or 11 to attend school after the exclusion date specified by OSSE has passed. If a student with an IEP or 504 Plan is non-compliant, a school is not obligated to ensure the provision of a free and appropriate public education (FAPE) for the student. Consistent with the attendance policy, a public or public charter school should use the “unexcused absence – immunization” (AFUI) attendance code for each day the student is not receiving educational services. In the statewide special education data system, the school should document scheduled related services as “student absent” in service logs. Per OSSE’s Related Services Policy, when a student with a disability misses services, the school must convene an IEP team meeting to consider the impact of the missed service on the student’s progress and performance and review the current IEP to determine if it is necessary to modify the student’s program or placement.

If a student with an IEP or a student with a 504 Plan has an approved medical or religious exemption on file or is awaiting approval of a religious exemption from DC Health, the student may continue to attend school and receive educational services. If a student with an IEP or 504 Plan has an approved medical or religious exemption on file but must be temporarily excluded from school due to exposure or the threat of exposure to a communicable disease, the school shall ensure that the student continues to receive FAPE consistent with guidance from the US Department of Education Office for Civil Rights.⁴ For example, if a student with an IEP has an approved religious exemption on file and has not received the varicella vaccine, they may be instructed to quarantine by DC Health if exposed to chickenpox. In this case, the student with an IEP was compliant with the District’s immunization requirements because they had a religious exemption on file, but they were excluded due to exposure and the school shall ensure FAPE for the student. Consistent with OSSE’s Related Services Policy, the school must convene the IEP team to determine if compensatory services are necessary and to consider the impact of any missed services on the student’s progress and performance during quarantine and to ensure the continued provision of FAPE.

OSSE is available to provide guidance and technical assistance to schools regarding the provision of FAPE to students with disabilities.

OSSE-Provided Transportation for Students with Disabilities

Some students with disabilities receive transportation as a related service on their IEPs or 504 Plans. Prior to excluding 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. If a student in grade pre-K 3, kindergarten, 7, or 11 is receiving transportation services and will be excluded due to immunization non-compliance, the school should notify the parent,

⁴ 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.

guardian, or adult student that transportation services will be paused as part of the final notification of temporary exclusion (see [Section II, Step 4B](#)).

Concurrently with sending the final notification of temporary exclusion to the parent, guardian, or adult student (see [Section II, Step 4B](#)), the School Health Team shall work with the LEA Representative Designee/Special Education Coordinator or 504 Coordinator to cancel the student's transportation services. This should occur as early as possible on the same day that the final notification of temporary exclusion will be sent to the parent, guardian, or adult student. LEAs are required to send an email to DOT.ParentCallCenter@dc.gov using the subject "No Shot No School – Suspension of Transportation" with the following information:

1. Student Name
2. Uniform Student Identifier (USI)
3. Effective Date of Transportation Suspension
4. Student Home Address
5. LEA/School Name
6. School Address
7. Parent/Guardian Name
8. Parent/Guardian Contact Info

This email will alert the OSSE Division of Student Transportation (OSSE-DOT) to no longer transport the student. If a student who has been excluded 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 and can return to school ([Section II, Step 6](#)), the School Health Team shall alert the LEA Representative Designee/Special Education Coordinator or the 504 Coordinator to submit a new email to DOT.ParentCallCenter@dc.gov using the subject "No Shot No School – Resume Transportation" with the following information:

1. Student Name
2. USI
3. Effective Date to Resume Transportation
4. Student Home Address
5. LEA/School Name
6. School Address
7. Parent/Guardian Name
8. Parent/Guardian Contact Info

This email shall be received by OSSE as soon as possible after the school receives the immunization certification to ensure that the student is able to receive timely service. OSSE-DOT will contact the parent/guardian prior to resuming transportation services. Resuming transportation services for the student may take up to 24 hours. For any service delays, the parent, guardian, or adult student shall provide

transportation for the student. They may request reimbursement (osse.dc.gov/service/student-transportation) from OSSE-DOT for the transportation provided for those days.

For any questions, LEAs may reach out to the OSSE support team via email at DOT.ParentCallCenter@dc.gov.

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 through 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.

This school immunization policy does not apply to students enrolled in adult-serving schools or alternative schools and who are on an academic track which leads to diplomas issued after successful completion of a GED program or the National External Diploma Program (NEDP) 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. These students are not considered to be enrolled in grades pre-K through 12 or pursuing an IEP Certificate of Completion, 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 excluded from school due to immunization non-compliance.

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. 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 enrolled in grade pre-K 3, kindergarten, 7, or 11 transfers between two District schools after they have been notified by their previous school for exclusion, the newly enrolling school will restart the notification process outlined in Section II Step 4B once the student has met stage 5 enrollment and the school has confirmed non-compliance with immunization certification. Attempting to coordinate communications for transferred students across two schools, especially those in different LEAs with different school calendars, would create confusion and an administrative burden for both schools, thus the notification and exclusion process will begin again with the newly enrolling school.

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

Immunization Series Treatment

DC law permits a student to continue to attend school if they are proceeding in accordance with immunization requirements and completing a series of immunization treatments. 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 a notification and temporary exclusion process. The temporary exclusions only apply to students enrolled in grades pre-K 3, kindergarten, 7 and 11.

Medical and Religious Exemptions

DC law permits medical or religious exemption from immunization if the parent, guardian, or adult student submits written documentation explaining the exemption. 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 health 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 respective 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 exemption requests shall be submitted to 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 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 or mailed by the United States Postal Service (USPS) or hand-delivered to DC Health, 899 North Capitol St. NE, Washington, DC 20001, Third Floor. Religious exemptions expire on July 1 of each year; thus, a new certification is required prior to the start of each school 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. For more information on the religious exemption request process, please refer to DC Health’s instructions available [here](#).

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 (22-B DCMR § 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, 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; thus, a new certification will be required at the commencement of each school year.

Exposure to Communicable Disease or Outbreak at the School

Contagious and deadly diseases can transfer quickly among children, especially within a school. If a school has reason to believe a student has been exposed to a communicable disease, such as measles, and the student is not fully immunized, the IPOC shall immediately contact DC Health ([Division of Epidemiology - Disease Surveillance and Investigation](#)) and discuss appropriate exclusion measures. Exclusion measures may include the exclusion of the exposed student and all other students and staff in the school who are not fully immunized for the disease. This exclusion 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 a military child who may not be fully immunized at the time of the outbreak. DC Health will determine which students to exclude and when the students will be allowed to return. These students will be excluded 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 excluded from a public or public charter school due to an outbreak shall be coded as “excused absence – immunization” (AFEI), unless the compliant students participate in distance learning. For more information on distance learning, see OSSE’s [Attendance Guidance](#). The school leader, DC Health and LEA central office (if applicable) shall all be informed if an exposure incident results in the exclusion 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 two school-level IPOCs to serve as the primary contacts 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 school immunization 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](#). A resource on the composition of the School Health Team is available on the [OSSE website](#).

Additional Resources

- [Best Practices for School Leaders to Support Immunization Compliance](#): This resource provides recommendations from school leaders based on national best practices and experiences of other school leaders within the District.
- [DC Pediatric Immunization Locations](#): This resource lists the locations throughout the District where families may access pediatric immunizations. This information 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. Additionally, the Pediatric Immunizations Locations database is available [here](#) to find locations by ZIP code.
- [Frequently Asked Questions for School Leaders](#): This resource includes responses to commonly asked questions from school leaders about enforcing immunization requirements.
- [Immunization Requirements for District Students](#): This document lists the required immunizations by age and must be included with written notifications sent to parents, guardians, and adult students.
- [Sample Communication Process](#): DC law and regulation stipulate immunization notification requirements for schools. 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. Schools are recommended to keep a record of all communications with parents, guardians, and adult students regarding immunization certification non-compliance.

School Immunization Policy

- **Universal Health Certificate**: This document is one way in which students may demonstrate compliance with immunization certification requirements. It must be included with written notifications sent to parents, guardians, and adult students.