

Additional Information on Back-to-School Issues as of August 15, 2021

On August 13, 2021, City Administrator Kevin Donahue announced in an Executive/D.C. Council call that D.C. Public Schools (DCPS) would conduct testing for at least 10% of the students attending school in person, later clarified to mean 10% of students who have returned signed asymptomatic testing consent forms. The city administrator said he hopes for DCPS to receive consent forms from at least 10% of the total in-person student body. In the same Executive-Council call, Councilmember Christina Henderson noted that the Office of the State Superintendent of Education (OSSE) had not yet provided the school year 2021-22 testing consent forms to Local Education Agencies (LEAs). Officials also announced that they are currently discussing what COVID metric or threshold would trigger an increase to 20% of the students with consent forms.

Because LEAs do not yet have School Year 2021-22 asymptomatic testing consent forms it is possible that some LEAs are using last year's form in the interim, schools including KIPP DC where fall classes have already begun. Some LEAs, like Elsie Whitlow Stokes Public Charter School and KIPP DC Public Charter Schools¹, have already announced that they are requiring all unvaccinated students and staff to participate in asymptomatic testing weekly.

In the spring COVID-19 legislation, the federal government provided \$10 billion to state education agencies to assist in implementing asymptomatic testing programs in schools to facilitate reopening. The District was slated to receive approximately \$21 million.² Some states have centralized this function and have provided free asymptomatic testing to all schools. In Massachusetts, for example, the Department of Elementary and Secondary Education has provided pooled asymptomatic testing to all public and private school systems that have requested it.³

In the District OSSE has partnered with ShieldT3 to offer saliva-based asymptomatic and symptomatic testing programs for all charter LEAs who would like to opt into the program.⁴ Alternatively, OSSE will provide grants to charter LEAs that want to secure their own testing program.⁵ DCPS will be using the OSSE-secured testing provider and program with the goal of

¹ <https://osse.dc.gov/sites/default/files/dc/sites/osse/documents/COVID-19%20Testing%20Overview.pdf> ;
<https://twitter.com/DMEforDC/status/1425099093324570629?s=20> ;
https://www.washingtonpost.com/local/education/dc-schools-covid-quarantine-safety-protocols/2021/08/14/435c64-fc57-11eb-943a-c5cf30d50e6a_story.html

² <https://www.hhs.gov/about/news/2021/03/17/biden-administration-invest-more-than-12-billion-expand-covid-19-testing.html>

³ <https://www.doe.mass.edu/covid19/testing/#documents>

⁴ <https://osse.dc.gov/multimedia/overview-covid-19-testing-2021-22-school-year>

⁵ <https://osse.dc.gov/multimedia/overview-covid-19-testing-2021-22-school-year>

testing 10% of students with signed consent forms per week and will follow forthcoming DC Health guidance regarding a threshold at which the goal will move to 20% of students per week.

The ODCA COVID-19 data report shows that DCPS collected 3,851 consent forms last March from among the 10,000 students attending school in-person. This is the equivalent of being able to test approximately 4% of students, on average, across schools, instead of 10% based on the number of consent forms.

During the last school year, the Centers for Disease Control (CDC) recommended that a random sample of at least 10% of students be tested, or pooled testing be implemented in jurisdictions with moderate, substantial, or high community spread.⁶ The CDC's more recent guidance continues to recommend "a random sample of at least 10%" or pooled testing of cohorts. Notably both sets of guidance say that schools should consistently report results to school communities within 24 hours, a goal which was not met by DCPS in the last school year, according to records compiled by parents.⁷

Below is current CDC guidance⁸ and DC Health guidance⁹ on asymptomatic testing:

Screening testing can be used to help evaluate and adjust prevention strategies and provide added protection for schools that are not able to provide optimal physical distance between students. Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels (Table 1); at any level of community transmission, screening testing should be offered to all teachers and staff who have not been fully vaccinated. To be effective, the screening program should test at least once per week, and rapidly (within 24 hours) report results. Screening testing more than once a week might be more effective at interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting [pooled testing](#) of cohorts. Testing in low-prevalence settings might produce false positive results, but testing can provide an important prevention strategy and safety net to support in-person education.

Screening testing for students should be considered if DC is experiencing moderate to substantial community spread (Phase 0/1, 2).

- *For information on the current level of community spread, please visit <https://coronavirus.dc.gov/page/reopening-metrics>. Substantial community spread is indicated by a daily case OR positive rate in red in the chart.*

⁶ https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#anchor_1616080181070

⁷ <https://docs.google.com/spreadsheets/d/1ElpXy82MadHeVZVxkeX---BdRFjVVDc2Fv1Xr9hbSSU/edit#gid=558896752>

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

⁹ https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/COVID-19_DC_Health_Guidance_For_Schools_Reopening_080621.pdf

- *Consider testing a random sample of at least 10% of asymptomatic students a week. Random selection could also occur by screening selected cohorts on a weekly basis, for example.*
- *Students should not be required to participate in screening testing in order to attend school but may be required to participate in after school activities, including sports.*
- *If a prioritization strategy is needed due to supplies or feasibility, schools should consider prioritization of high school students, then middle, then elementary students, as higher infection rates occur in older students.*