



# YAKIMA HEALTH DISTRICT

Prevention Is Our Business

## BOARD OF HEALTH

### Meeting



**May 26, 2021  
8:30 am – 10:00 am**

#### Upcoming Board of Health Meetings

June 30, 2021	July 28, 2021
8:30 am – 10:00 am	8:30 am - 10:00 am

#### Upcoming Board of Health Special Meetings

June 9, 2021  
5:30 pm – 7:30 pm



# YAKIMA HEALTH DISTRICT

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## Board of Health Agenda

Wednesday, May 26, 2021

1. **Call meeting to order:** Board Chair Ron Anderson
2. **Introductions of guest/staff:** Ryan Ibach
3. **Review of submitted public written comments:** Ryan Ibach
4. **Consent Agenda- Motion** to approve all items listed with an asterisk (\*) are considered routine by the Health Board and will be enacted by one motion. There will be no separate discussion of these items unless a Board Member requests, in which event the item will be removed from the Consent Agenda and considered in its normal sequence on the agenda.
  - \* April 28, 2021 Yakima Health District (YHD) Board of Health minutes.
  - \* May 12, 2021 YHD Board of Health Special Meeting minutes.
  - \* Payment of accounts payable and payroll issued in April 2021 in the amount of \$824,164.11.
5. **Board Business:** André Fresco
  - a. Yakima County COVID-19 update  
**Strategic Goal:** *Deliver Mandated Services*; **Board Input:** *Board Awareness*
6. **Financial Report:** Chase Porter April 2021 (**pages 15-22**)  
**Motion:** to approve the financial report for the month of April 2021  
**Department Reports**
  7. Chief Operating Officer: Ryan Ibach
  8. Local Emergency Response Coordinator: Nathan Johnson
  9. Health Officer: Dr. Larry Jecha
  10. Disease Control: Melissa Sixberry
  11. Environmental Health: Shawn Magee
  12. Public Health Partnerships: Lilian Bravo
  13. Unfinished Business: None
14. **New Business:**
  - a. **Proposed Motion:** Any new business brought up during a Board of Health meeting that is not on the agenda may be discussed at the Board of Health meeting, but action may not be taken until the following Board of Health meeting. – Ron Anderson
  - b. Discussion on promoting the vaccine to minors – Amanda McKinney
  - c. Discussion continued on mask mandate for children – Amanda McKinney
15. Adjourn



# YAKIMA HEALTH DISTRICT

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## Board of Health Minutes

Wednesday, April 28, 2021

**NOTE:** In accordance with [Proclamation 20-28 by the Governor Amending Proclamation 20-05](#), the Board of Health meetings will not be held in-person. This meeting was held virtually using Zoom Webinar software. Additionally, due to this format, members of the public were asked to submit their comments prior to 3:00pm on April 27, 2021.

To view the complete Board of Health meeting recording, please go to the [Yakima Health District Youtube channel](#) or the [Yakima Health District website](#).

1. **Meeting called to order by Board Chair, Ron Anderson, at 8:31 a.m.**
2. **Executive Session:** The Board members, YHD legal counsel James Elliott, and Andre Fresco entered an executive session at 8:32 am to review the performance of a public employee, Executive Director Andre Fresco. The executive session concluded at 8:48 am.

*Once the Board meeting resumed, the following items were discussed among the Board:*

- Legal boundaries of what can be discussed in regards to salary and step increase.
- Whether the Board should take action now or at a later date.

<b>MOTION:</b> After discussion and amendment, Commissioner Amanda McKinney motions to postpone the salary increase discussion for Andre Fresco so the Board can be sent documentation in interim, to the May 12, 2021 BOH Special meeting.	<b>MOVE TO APPROVE:</b> Amanda McKinney <b>SECOND:</b> LaDon Linde <input checked="" type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Declined</i> <input type="checkbox"/> <i>Amend</i> <i>*All in favor, none opposed.</i>
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3. **Introductions of guests/staff:** Melissa Sixberry welcomed Dr. Yasmin Barrios, the new Epidemiologist for the Yakima Health District. Yasmin is a local who recently earned her PhD in Epidemiology. Also welcomed was Kelsey Shindler, the new Public Health Nurse who is to replace long term employee David Miller. Kelsey previously worked at Wapato School District.

*Ryan Ibach, Chief Operating Officer, conducted roll call of staff and Board members*

Present

Absent



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Ron Anderson, Commissioner  
Dr. Sean Cleary, Citizen Representative  
Amanda McKinney, Commissioner  
LaDon Linde, Commissioner  
Patricia Byers, City Representative  
Naila Duval, City Representative  
Dave Atteberry, Citizen Representative

## **Yakima Health District (YHD) Staff**

Andre Fresco  
Ryan Ibach  
Chase Porter  
Melissa Sixberry  
Lilian Bravo  
Shawn Magee  
Nathan Johnson  
Dr. Larry Jecha  
Wendy Garcia  
Victoria Reyes  
James Elliott - YHD Attorney  
Dr. Yasmin Barrios  
Kelsey Shindler

## **Guests and Press**

Sandra Linde, Citizen  
Angie Girard, Citizen  
Reesha Cosby, Yakima NAACP

4. **Review of Submitted Public Written Comments** – 1 written comment was submitted by a member of the public and read by Ryan Ibach. Submitted comments are available upon request. Commissioner McKinney responded to the public comment.

<p>5. <b>CONSENT AGENDA: MOTION</b> Board Chair Ron Anderson entertained a motion to approve the April 28, 2021 Yakima Health District Consent Agenda.</p>	<p><b>MOVE TO APPROVE:</b> Patricia Byers <b>SECOND:</b> LaDon Linde <input checked="" type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Declined</i> <input type="checkbox"/> <i>Amend</i> <i>*All in favor, none opposed</i></p>
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**The following items were adopted upon approval of the consent agenda:**

- March 31, 2021 Yakima Health District Board of Health minutes.
- April 14, 2021 Yakima Health District Board of Health Special Meeting minutes.
- Approval of accounts payable and payroll issued in March 2021 in the amount of \$923,297.28.



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*\*Please note that approval of minutes include the recording of the meetings, which are available on the YHD website and YouTube page.*

## 6. BOARD BUSINESS: Andre Fresco, Yakima Health District (YHD) Executive Director

### **Yakima COVID-19 Update**

The Yakima Health District continues to work with the federal government and many local partners on the FEMA mass vaccination site. Although there is much success with vaccine availability in Yakima County, COVID-19 still impacts the community, as 18 deaths occurred since the last Board of Health meeting. Cases and hospitalizations remain on the rise state-wide. Mobile vaccination sites remain a priority.

### **Mask Wearing in K-12 During Physical Activity Outdoors**

Andre Fresco stated the Center for Disease Control (CDC) announced changes will be made for mask wearing, which the Yakima Health District is working with the State Department of Health on that guidance. Commissioner Amanda McKinney discussed her concerns regarding youth wearing masks during intense athletic play and the challenges in youth appropriately wearing masks.

**MOTION:** Commissioner Amanda McKinney motions that the Yakima Board of Health recommends children 0-18, or still in high school, not wear masks when outdoors and when in intense physical play.

**MOVE TO APPROVE:** Amanda McKinney  
**SECOND:** Dave Atteberry

*Approved*

*Declined*

*Amend*

**\* 2 in favor, 5 opposed.**

**The motion does not pass.**

*The following topics were discussed:*

- Statistics for children who tested positive for COVID-19 and the transmission rates.
- Concerns regarding the motion/previous motions the Board had made regarding public health safety and the productivity of those motions.
- Vaccine availability in Yakima County.
- Distinction of personal views vs. public health safety.
- Increased cases of sports-related transmission.



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**MOTION:** Commissioner LaDon Linde motions that the Yakima Board of Health petition the State Department of Health make the recommendations as previously stated in Commissioner McKinney's motion which said children 0-18, or still in high school, not wear masks when outdoors and when in intense physical play.

**MOVE TO APPROVE:** LaDon Linde  
**SECOND:** Patricia Byers  
 *Approved*  
 *Declined*  
 *Amend*  
**\* 5 in favor, 2 opposed.**  
**The motion passes.**

*The following topics were discussed:*

- Concerns with following/not following the CDC and State Department of Health guidelines.
- Vaccine availability in Yakima County.
- Commissioner McKinney requested to have mask mandate in Yakima County be on the next agenda item.

## House Bill 1152

House Bill 1152 has been sent to the Governor's office for review. The Governor has 20 days to make a decision on the bill. Changes to the bill include comprehensive health districts, which would have the ability to assist local health jurisdictions. An official bill is expected to be available in May.

**MOTION:** Commissioner Amanda McKinney motions to table the discussion of House Bill 1152 until the Board of Health Special Meeting on May 12, 2021.

**MOVE TO APPROVE:** Amanda McKinney  
**SECOND:** Patricia Byers  
 *Approved*  
 *Declined*  
 *Amend*  
**\* All in favor, none opposed.**

*The following items were discussed:*

- Line-item veto capabilities of the Governor.
- Changes to the composition of the Board that would go into effect if the bill passes.
- Dr. Dave Atteberry asked that new information regarding House Bill 1152 be sent to the Board immediately as it is available.

## 7. FINANCIAL REPORT: Chase Porter, Senior Finance Manager

### March 2021 Budget Summary

We had a monthly gain of excess revenue of approximately \$89K, bringing our loss to



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approximately \$220K.

## **March 2021 Revenue and Expenditures**

- Annual budgeted revenues and expenditures are \$7.5M and \$7.6M, respectively.
- Year-to-date budgeted revenue and expenditures are both \$1.9M.
- Year-to-date actual revenue and expenditures are \$2.4M and \$2.6M, respectively.

## **Program Updates and COVID-19 financials**

The Yakima Health District is on track to go over the expected expenditures, a budget amendment is expected to be needed by the third or fourth quarter. A rate increase for Developmental Disabilities provider has driven an increase in DD spending. Which is welcome to providers that are struggling during COVID-19 shut downs. The majority of YHD's expenditures remain COVID-19 driven, state funding from 2020 is being used this year. The organization saw an increase in Environmental Health programs revenue as they enter their busy season.

<b>MOTION:</b> Ron Anderson entertained a motion to approve the financial report for the month of March 2021.	<b>MOVE TO APPROVE:</b> Patricia Byers <b>SECOND:</b> Naila Duval <input checked="" type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Declined</i> <input type="checkbox"/> <i>Amend</i> <b><i>*All in favor, none opposed</i></b>
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## **8. CHIEF OPERATING OFFICER: Ryan Ibach**

### **Schools**

Ryan Ibach and Shawn Magee continue to work with several high school schools and the County GIS department on graduation and commencement ceremonies and providing education to schools. Schools are looking into Zaepfel Stadium to hold their events, as it will allow for more number of spectators.

### **Phase Updates**

The next update for the phase movements will occur on May 3, 2021 and will be in effect on May 7, 2021. For case rates, the date range the State Department of Health will use is April 10th- April 23rd, as there is an 8 day lag. For hospitalizations rates, the dates will be April 14th-20<sup>th</sup>, as there is a 11 day lag.



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*The following items were discussed:*

- The daily YHD situation report information.
- Break-through cases and increased migrant communities that may impact the numbers the State Department of Health reviews for phase movements.
- Jail inmates and correction officers involvement in the numbers that will be reviewed by the State Department of Health.
- No long-term care patients were hospitalized or died in this time period.

## **Health Officer Recruitment Update.**

Due to conflicting schedules, the interviews will be scheduled for the week of May 10, 2021.

## **9. LOCAL EMERGENCY RESPONSE COORDINATOR:** Nathan Johnson

### **FEMA Mass Vaccination Site Update**

So far 26,444 first and second dose vaccines were distributed. More boosters are expected within the next few weeks, along with first doses. Many mobile vaccine sites occurred throughout Yakima County. At least 12 different partners, from local partners, non-profit organizations, and the federal government, assisted the Yakima Health District with the daily operations at the mass vaccination site. 32% of the community initiated vaccine efforts while 24% are fully vaccinated. A small drive through site will be at the State Fair park grounds after May 31<sup>st</sup>, and mobile sites will continue.

*The following items were discussed:*

- Wasted vaccines in Yakima County.
- Commissioner McKinney requested information regarding how many vaccines were wasted.

## **10. HEALTH OFFICER:** Dr. Larry Jecha

### **COVID-19**

Yakima County statistics show increased case rates and hospitalizations. Sports-related transmission also had an increase in numbers. 18 deaths related to COVID-19 occurred in Yakima County within the last month. Vaccines are readily available in Yakima County.

## **11. DISEASE CONTROL:** Melissa Sixberry

### **COVID-19**



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A provider alert was sent out stating the Johnson & Johnson is safe to administer. A close look into those who are being hospitalized for COVID-19 suggests the majority are in their 60's. New guidance for long-term care facilities is expected to be available soon. The State Department of Health will be providing guidance for visitations in hospitals soon. YHD hopes that restrictions will lessen for those that are vaccinated.

## 12. ENVIRONMENTAL HEALTH: Shawn Magee

### **COVID-19 Update**

Six different teams have quarantined due to sports-related transmission, three were outdoor sports and three were indoor.

*The following items were discussed:*

- Commissioner McKinney requested information on demographics of those exposed related to this matter.
- Dr. Dave Atteberry requested what medications were used in those treated who were hospitalized.

### **Inspections**

In-person food inspections will begin at the beginning of May. A newsletter will continue to be distributed to local food establishments on a monthly basis.

### **Open Positions**

The Yakima Health District is now hiring for an Environmental Health Specialist. Interviews are expected to be conducted next week.

## 13. PUBLIC HEALTH PARTNERSHIPS: Lilian Bravo

### **Vaccine Communications and Campaigns**

The Communications Department continue to provide various communication efforts on the COVID-19 vaccines and vaccine hesitancy. Various community members will be part of a campaign where they share why they chose to receive the vaccine.

### **Developmental Disabilities**

Currently 6 providers are contracted with Developmental Disabilities. An additional vendor, Trillium, will be added in May 2021, who will also provide employment services for those who have disabilities.



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14. **MOTION:** Board Chair Ron Anderson adjourned the meeting at 10: 48 a.m.

**MOVE TO APPROVE:** Patricia Byers

**SECOND:** LaDon Linde

*Approved*

*Declined*

*Amend*



# YAKIMA HEALTH DISTRICT

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## Board of Health Special Meeting Minutes

Wednesday, May 12, 2021

**NOTE:** In accordance with [Proclamation 20-28 by the Governor Amending Proclamation 20-05](#), the Board of Health meetings will not be held in-person. This meeting was held virtually using Zoom Webinar software and live streamed on the Yakima Health District Facebook page, which is public. Additionally, due to this format, members of the public were asked to submit their comments prior to 3:00pm on May 11, 2021.

To view the complete Board of Health meeting recording, please go to the [Yakima Health District Youtube channel](#) or the [Yakima Health District website](#).

1. Meeting called to order by Board Chair, Ron Anderson, at 5:30 p.m.
2. **Executive Session:** to discuss the lawsuit against the Yakima Health District Board of Health, in accordance with [RCW 42.30.110 \(1\)\(i\)](#). The Executive Session began at 5:33pm and concluded at 5:53 pm.
3. **Introductions of guests/staff**

**Ryan Ibach, Chief Operating Officer, conducted roll call of staff and Board members**

### Present

Ron Anderson, Commissioner  
Amanda McKinney, Commissioner  
LaDon Linde, Commissioner  
Patricia Byers, City Representative  
Naila Duval, City Representative  
Dave Atteberry, Citizen Representative  
Dr. Sean Cleary, Citizen Representative

### None Absent

### Yakima Health District (YHD) Staff

Andre Fresco  
Ryan Ibach  
Chase Porter  
Melissa Sixberry  
Lilian Bravo  
Shawn Magee

Nathan Johnson  
Dr. Larry Jecha  
Wendy Garcia  
Victoria Reyes  
Jocelyn Castillo  
James Elliott-YHD Attorney



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**Due to the high volume of viewers, the Board of Health Special Meeting was live streamed on the Yakima Health District Facebook page.**

4. **Review of Submitted Public Written Comments** – 3 written comments that were submitted by members of the public were read by Ryan Ibach, Chief Operating Officer. Submitted comments are available upon request.
5. **BOARD BUSINESS:** Andre Fresco, Yakima Health District (YHD) Executive Director

## **Yakima County COVID-19 Update**

Andre Fresco expressed gratitude to YHD staff for their hard work. Yakima County faced potential phase movement when case rates and hospitalizations measures were not being met. In working with the State Department of Health, Yakima County was able to stay in Phase 3. Governor Inslee made changes to the Healthy Washington Roadmap to Recovery Re-opening Plan, which paused any phase movement throughout the state. Unlike other counties who are seeing their fourth wave of COVID-19, Yakima County continued to see a decrease in cases and hospitalizations. Mask wearing and social distancing is still encouraged. The FEMA mass vaccination site at the State Fair Grounds will demobilize to a smaller site. Nathan Johnson detailed the plans for continuation of a smaller drive-thru vaccine site at the State Fair Grounds, and the primary focus will shift to mobile vaccine sites targeting large events. COVID-19 vaccine education will be part of these sites. An increase in people who can receive the vaccine is anticipated as 12–15 year-old individuals may be eligible in the upcoming weeks. The Western Pack Conference and the Advisory Committee on Immunization Practices (ACIP) is expected to extend the distribution on Pfizer vaccines due to the new age group that can potentially receive the vaccine.

*The Board members and staff discussed the following topics on this matter:*

- 153 doses of COVID-19 vaccines went to waste.
- Vaccine allocation from both State and Federal government in Yakima County.
- Continuation of both first doses and boosters.
- Percentage of individuals who received both first and second doses.
- Training of the staff at the State Fair Ground FEMA vaccine site.
- Messaging and communication methods targeting all eligible individuals who can receive the vaccine, including minors who may be eligible with parental consent.
- Lilian Bravo will provide the Board with communication material regarding eligible minors who can receive the vaccine.



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## House Bill 1152

House Bill 1152 passed as of May 10, 2021 but will not go into law until possibly 2022. Andre Fresco encouraged the Board to read the bill, as this bill can change the composition of the Board and other factors that affect local health jurisdictions. The bill will be reviewed by the State Board of Health and the State Department of Health. James Elliott detailed the sections of the bill that apply to counties that are a part of a health district.

*The Board members and staff discussed the following topics on this matter:*

- Changes of the composition to the Board under House Bill 1152.
- Discussion on creating by laws in a future Board of Health meeting.
- Possible changes legislature can make to this bill.

## Mask Mandate

Andre Fresco pointed out the mask mandate is a law from the State. Although vaccine is readily available in Yakima County, numbers of community members who received the vaccine remain low. Commissioner Amanda McKinney stated the inefficiency of mask wearing and low transmission rates while outdoors must be discussed. Quotes from several public health experts, news reports, and CDC guidelines were shared by Commissioner McKinney. She further explained Yakima County does not face a vaccine shortage and the vaccine is readily available.

**MOTION:** Commissioner Amanda McKinney motions the Yakima Board of Health to rescind the Yakima County mask mandate recommendation by Dr. Teresa Everson made in July 2020.

**MOVE TO APPROVE:** Amanda McKinney  
**SECOND:** Patricia Byers  
 *Approved*  
 *Declined*  
 *Amend*  
**\*3 in favor, 4 opposed.**  
***The motion does not pass.***

*The Board members and staff discussed the following topics on this matter:*

- Legality of the local mask mandate and the State mandate from Governor Inslee.
- [RCW 70.050.060](#) and [RCW 70.05.070](#) was used as a reference.
- Dr. Larry Jecha explained Yakima County has been following the mask mandate from the State Department of Health.
- Several Board members discussed how the mask mandate has affected community members and local businesses.
- Vaccine availability in Yakima County.



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- Changes the Board of Health can make for local mask mandates but cannot change the Governor's order or the State Department of Health's order.
- COVID-19 safety concerns in Yakima County.

## Executive Director's Salary Step Increase

Ryan Ibach followed up from the last meeting where the Board went into Executive Session to discuss the salary step increase for Andre Fresco, Executive Director. Mr. Ibach provided the Board with information regarding the salary for the Executive Director. Mr. Fresco was due to receive a salary step increase review in December 2020.

**MOTION:** After discussion and amendment, Patricia Byers motions to approve the 3% salary step increase for Executive Director Andre Fresco, to be retroactive from December 2020.

**MOVE TO APPROVE:** Patricia Byers

**SECOND:** Dave Atteberry

*Approved*

*Declined*

*Amend*

*\*6 in favor, 0 opposed.*

*The motion passes.*

## Health Officer Recruitment Update

Since the last Board of Health Meeting, Dr. Eloy Espinoza retracted his application for the health officer position. One candidate will not be available until June 6<sup>th</sup> and availability from one Board member had not been provided. It was decided to schedule as many interviews as possible for the week of May 24<sup>th</sup> and if needed, the week of June 6<sup>th</sup>.

## 6. OTHER BUSINESS:

**MOTION:** Commissioner LaDon Linde motions the Board of Health recommend to the local health officer to rescind the mask mandate order.

**MOVE TO APPROVE:** LaDon Linde

**SECOND:** Patricia Byers

*Approved*

*Declined*

*Amend*

*\*5 in favor, 1 opposed.*

*The motion passes.*

*The Board members and staff discussed the following topics on this matter:*

- Legal authority of the Board regarding the motion
- Health officer legal and independent duties.



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- Vaccine availability in Yakima County.
- Transmission concerns in the community.

7. <b>MOTION:</b> Board Chair Ron Anderson adjourned the meeting at 7:51 p.m.	<b>MOVE TO APPROVE:</b> Amanda McKinney <b>SECOND:</b> LaDon Linde <input checked="" type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Declined</i> <input type="checkbox"/> <i>Amend</i> <i>*All if favor, none opposed.</i> <i>The motion passes.</i>
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**YAKIMA HEALTH DISTRICT  
BOARD OF HEALTH  
VOUCHERS APPROVAL**

The following vouchers/warrants are approved for payment:

<b>Fund 620010 - From General Ledger Report (FMS)</b>	
<b>A/P Batch &amp; Cash Voucher#</b>	<b>Amount</b>
Accounts Payable 4/09/2021	\$2,182.68
Accounts Payable 4/15/2021	\$238,424.07
Accounts Payable 4/23/2021	\$9.86
Accounts Payable 4/30/2021	\$350,638.12
Total Claims & Warrants, above	\$591,254.73
Payroll Remittance	\$134,277.80
Payroll Tax Remittance	\$79,203.40
Total payroll paid this month	
Total Payroll	\$232,909.38
<b>TOTAL PAYMENTS</b>	<b>\$824,164.11</b>

All of the above preliminary April expenditures are approved for payment in the amount of **\$824,164.11** this 26th day of May 2021.

**Board of Health Chair**



Yakima Health District  
1210 Ahtanum Ridge Drive  
Union Gap, WA 98903  
Phone (509) 249-6549  
Fax (509) 249-6649

## **YAKIMA COUNTY HEALTH DISTRICT**

## **For the month of April 2021**

## **REVIEW OF PRELIMINARY FINANCIAL STATEMENTS**

## 33.33% OF THE BUDGET

Year to date: as of March 2021	Net Income (Loss)	\$ (219,887)
<b>For the Month of April 2021- ACTUALS</b>	<b>Net Income (Loss)</b>	<b>\$ 98,554</b>
	subtotal	\$ (121,333)
Prior period adjustment		\$ -
<b>April 2021</b>	<b>Net Income (Loss)</b>	<b>\$ (121,333)</b>

**Budget to Actual comparison- Year to date as of 4/30/2021**

Budget to Actual Comparison - Year to date as of 4/30/2021		Revenue		Expenditures	
	Fiscal Year 2021 Total Adopted Budget	7,520,153		7,561,289	
	<b>Allocated Budget YTD</b>	<b>2,506,718</b>		<b>2,520,430</b>	
	Budget % to total adopted budget	38.75%		38.25%	
	Subtotals Actuals	3,469,243	46.13%	3,590,977	47.49%
	Actuals - Pass Thru Programs (Indirect Costs)	0		(401)	-0.01%
	<b>Total Actuals</b>	<b>3,469,243</b>		<b>3,590,576</b>	
	Total actuals % to total adopted budget	53.63%		47.49%	
	<b>Actual compared to total adopted budget</b>	<b>(4,050,910)</b>		<b>(3,970,713)</b>	
	<b>Actual compared to allocated budget - YTD</b>	<b>962,525</b>		<b>1,070,146</b>	
	<b>As of April 30, 2021</b>	Actual Revenue is less than budget by this amount		Actual Expenditure is less than budget by this amount	



**Yakima Health District  
Income Statement  
April 2021**

	Monthly			Year-to-Date			Year-End	
	Actual	Budget	Difference	Actual	Budget	Difference	2021 Budget	8 Mo.'s Remaining
<b>Revenue</b>								
Public Health Funding	87,707	87,707	(0)	350,827	350,827	(0)	1,052,482	701,655
Foundational Public Health	-	14,166	(14,166)	-	56,665	(56,665)	169,996	169,996
Federal	608,153	150,615	457,538	1,947,926	602,460	1,345,466	1,807,380	(140,546)
State	17,477	45,915	(28,439)	85,298	183,661	(98,363)	550,983	465,685
Yakima County	12,500	13,625	(1,125)	50,000	54,500	(4,500)	163,500	113,500
Fees, Permits Licensing	133,829	109,216	24,613	423,355	436,866	(13,511)	1,310,597	887,242
Developmental Disabilities	219,472	203,768	15,704	698,715	815,072	(116,356)	2,445,215	1,746,500
Nongovernmental Contributions	-	-	-	1,000	-	1,000	-	(1,000)
Investment Income	-	1,667	(1,667)	(88,219)	6,667	(94,886)	20,000	108,219
Other	(16)	-	(16)	341	-	341	-	(341)
<b>Total Revenue</b>	<b>1,079,122</b>	<b>626,679</b>	<b>452,443</b>	<b>3,469,243</b>	<b>2,506,718</b>	<b>962,525</b>	<b>7,520,153</b>	<b>4,050,910</b>
<b>Expenses</b>								
Salaries & Wages	198,836	183,015	15,821	729,365	732,059	(2,695)	2,196,178	1,466,813
Benefits-Direct	76,295	71,766	4,529	331,388	287,064	44,324	861,192	529,804
Payroll Expense	275,131	254,781	20,350	1,060,752	1,019,123	41,629	3,057,370	1,996,618
Enhanced Program	-	41,667	(41,667)	-	166,667	(166,667)	500,000	500,000
Advertising/Promotional	4,404	13,384	(8,980)	64,305	53,536	10,768	160,609	96,304
BOH Meeting Supplies	-	83	(83)	-	333	(333)	1,000	1,000
Computer Expense	1,252	458	793	3,788	1,833	1,955	5,500	1,712
Copies & Printing	799	2,213	(1,413)	4,960	8,850	(3,890)	26,550	21,590
Employee Recognition	-	267	(267)	-	1,067	(1,067)	3,200	3,200
Janitorial Services	20	2,667	(2,647)	7,206	10,667	(3,460)	32,000	24,794
Janitorial Supplies	316	233	83	666	933	(267)	2,800	2,134
Membership Dues	3,691	2,335	1,356	6,284	9,342	(3,058)	28,025	21,741
Office Supplies	9,958	977	8,981	13,233	3,908	9,324	11,725	(1,508)
Operating Supplies	13,717	1,150	12,567	22,469	4,600	17,869	13,800	(8,669)
Postage	572	1,000	(428)	7,955	4,002	3,954	12,005	4,050
Telephone	2,401	2,662	(261)	10,104	10,648	(544)	31,945	21,841
Professional Services - Accounting	-	2,933	(2,933)	-	11,733	(11,733)	35,200	35,200
Professional Services - County Indirect	-	2,143	(2,143)	-	8,570	(8,570)	25,710	25,710
Professional Services - Health Officer	-	13,208	(13,208)	-	52,833	(52,833)	158,500	158,500
Professional Services - Legal	23,150	9,404	13,746	70,902	37,617	33,286	112,850	41,948
Professional Services - Technology	16,446	15,312	1,134	65,783	61,247	4,536	183,741	117,958
Professional Services - Other	351,941	10,987	340,954	1,172,923	43,947	1,128,976	131,841	(1,041,082)
Provider Serv-Medical (Fed)	21,272	30,052	(8,780)	92,388	120,207	(27,819)	360,621	268,233
Provider Serv-Medical (State)	9,506	7,197	2,309	35,148	28,788	6,360	86,364	51,216
Provider Services - DD	194,997	186,166	8,831	631,627	744,664	(113,037)	2,233,992	1,602,365
Contracted Services	179	3,194	(3,016)	16,973	12,777	4,196	38,330	21,357



**Yakima Health District  
Income Statement  
April 2021**

	Monthly			Year-to-Date			Year-End	
	Actual	Budget	Difference	Actual	Budget	Difference	2021 Budget	8 Mo.'s Remaining
<b>Expenses (Cont.)</b>								
Temp Worker	-	-	-	-	-	-	-	-
Client's Related Expenses	-	42	(42)	-	167	(167)	500	500
Interpreting Services	-	21	(21)	2,793	83	2,709	250	(2,543)
Laboratory & Pharmacy Supplies	7,284	413	6,872	14,021	1,650	12,371	4,950	(9,071)
Bank Fees	-	75	(75)	-	300	(300)	900	900
Fuel	289	1,967	(1,678)	2,617	7,868	(5,251)	23,604	20,987
Insurance	4,285	3,805	481	17,142	15,219	1,923	45,658	28,516
Miscellaneous	457	416	41	4,668	1,665	3,003	4,994	326
Operating Rental & Leases	31,396	6,832	24,563	240,719	27,330	213,390	81,989	(158,730)
Rent Storage	202	210	(8)	809	841	(32)	2,523	1,714
Repair & Maintenance (Car/Bldg.)	1,497	1,383	114	3,205	5,533	(2,328)	16,600	13,395
Small Tools & Equip/Asset Repl.	5,492	517	4,975	22,701	2,067	20,635	6,200	(16,501)
Training	446	1,033	(587)	5,767	4,133	1,634	12,400	6,633
Travel	2,193	13,663	(11,471)	5,739	54,653	(48,914)	163,960	158,221
Utilities	450	2,090	(1,640)	6,062	8,358	(2,296)	25,074	19,012
Close Out Indirect Program	(3,173)	(5,983)	2,810	(20,806)	(23,933)	3,127	(71,800)	(50,994)
Less Pass-Through Expenses	-	(849)	849	(2,328)	(3,397)	1,069	(10,191)	(7,863)
<b>Total Expenses</b>	<b>980,569</b>	<b>630,107</b>	<b>350,461</b>	<b>3,590,576</b>	<b>2,520,430</b>	<b>1,070,146</b>	<b>7,561,289</b>	<b>3,970,713</b>
<b>Current Year Excess/(Loss on) Revenue</b>	<b>98,554</b>	<b>(3,428)</b>	<b>101,982</b>	<b>(121,333)</b>	<b>(13,712)</b>	<b>(107,621)</b>	<b>(41,137)</b>	<b>80,196</b>
<b>COVID 2020 State Funding</b>	-	-	-	309,737	309,737	-		
<b>Excess/(Loss on) Revenue</b>	<b>98,554</b>	<b>(3,428)</b>	<b>101,982</b>	<b>188,404</b>	<b>296,025</b>	<b>(107,621)</b>		

## YAKIMA HEALTH DISTRICT

## Preliminary Monthly Financial Summary by Program for April 2021

Budget YTD Percentage

33.33%

Yrly Budget Rev

Yrly budget Exp

6,469,128

6,589,516 Original

53.63%

54.48%

38.75%

38.25%

Prog No.	Program Description	Actual - Current Month			Actual - Year to Date (YTD)			Budget - Year To Date (YTD)			Budget Variance from YTD actual	Year to date	Year to date	Admin & Support Programs	Comments	
		Revenue	Expense	Net	Revenue	Expense	Net	Revenue	Expense	Net						
111	YHD Vehicles	-	599	(599)	-	(401)	401	-	-	-	401					
100	Administrator & Health Officer	-	0	(0)	(88,219)	0	(88,219)	#	6,667	(1)	6,667	(94,887)	79,209	61,694	(17,515)	
110	Information Systems	-	-	-	-	-	-	-	-	-	-	16,279	26,855	10,576		
113	Strategic Planning and Partnership	13,783	1,173	12,611	57,208	7,623	49,584	89,696	38,484	51,212	(1,627)					
120	Community Health Administration	-	-	-	-	-	-	-	-	-	-	185	9,643	9,458		
130	Building, Fixtures	-	-	-	-	0	(0)	-	-	-	(0)	20,806	27,330	6,524	HVAC Unit	
150	EH Administration	-	-	-	-	2,697	(2,697)	-	-	-	(2,697)	13,932	18,931	4,999		
160	Business Management	-	(0)	0	-	0	(0)	-	-	-	(0)	131,294	113,221	(18,073)		
161	Bus Mgmt Unallocated	5,085	199	4,886	20,698	1,513	19,186	15,008	13,342	1,666	17,520					
170	Personnel	-	-	-	-	-	-	-	-	-	0	14,332	14,332			
171	Agency Training	-	-	-	-	4,568	(4,568)	4,833	6,044	(1,210)	(3,358)					
172	HR Legal/Sound Employment	-	-	-	-	-	-	2,167	-	2,167	(2,167)					
173	Kresge Contribution	-	-	-	-	-	-	-	26,833	(26,833)	26,833				Revenue received PY	
221	SNAP ED	2,586	2,545	42	7,921	7,754	167	32,934	32,946	(12)	179					
223	Tobacco Prevention & Education	-	577	(577)	1,350	1,927	(577)	2,609	2,612	(3)	(574)					
225	Child Death Review	542	-	542	2,169	-	2,169	2,835	946	1,890	279					
290	Medicaid Admin Match- YHD	-	-	-	-	-	-	16,667	4,706	11,961	(11,961)				Qrtrly Billing	
309	Medical Records	667	181	486	2,667	883	1,784	2,667	2,200	467	1,317					
320	DOHCC - Immunizations	-	-	-	-	-	-	-	-	-	-					
321	DOHCC-Prenatal Hep B	-	-	-	-	-	-	-	-	-	-					
322	Immunization Promotion	-	164	(164)	980	1,684	(704)	4,181	4,191	(10)	(694)				Vaccine for Children	
325	COVID 19 Response	487,455	504,287	(16,832)	1,597,196	1,999,941	(402,745)	#	397,476	398,222	(746)	(401,999)				COVID 19 Response
326	COVID 19 Vaccination	39,370	45,404	(6,035)	111,452	122,672	(11,219)	#	-	-	-	(11,219)			COVID 19 Response	
327	COVID 19 Vaccination Federal	17,765	17,765	-	18,675	18,675	-	-	-	-	-					
331	STD - DOH staff	1,125	771	354	5,060	3,594	1,466	4,764	4,761	3	1,463					
332	STD- Yakima	12,667	6,515	6,152	50,667	21,129	29,537	50,667	47,285	3,382	26,156					
349	Tuberculosis Program	15,788	12,326	3,461	63,150	44,575	18,575	88,078	65,279	22,800	(4,225)					
350	HIV Testing	-	208	(208)	-	643	(643)	-	-	-	(643)					
351	HIV PrEP	3,285	3,185	100	9,801	9,401	400	3,648	3,258	390	10					
352	Adult Viral Hepatitis	5,009	3,842	1,167	18,146	13,479	4,667	23,683	21,590	2,093	2,574					
390	Other Comm Diseases	35,583	11,109	24,475	142,333	27,463	114,870	142,333	113,305	29,028	85,842					
430	Colon Screening	-	199	181	18	286	260	26	-	-	26					
431	Breast/Cervical Cancer-Direct Services/Operation	50,289	46,638	3,652	201,048	187,327	13,721	195,927	195,761	166	13,555					
432	Komen Funding	-	-	-	-	-	-	-	-	-	-					
450	Wisewoman	2,012	2,177	(165)	9,811	10,806	(995)	32,998	32,507	491	(1,486)				New Program	
520	Drinking Water	7,062	5,637	1,425	24,737	22,483	2,253	22,273	21,631	642	1,611					
522	Water Quality- Sanitary Survey	-	-	-	-	-	-	4,400	3,734	666	(666)					
523	DOE Well Drilling Inspections	4,075	6,359	(2,284)	4,075	17,682	(13,607)	#	10,000	9,183	817	(14,424)			Qrtrly Billing	
530	Solid Waste Permits/Tonnage	3,285	5,220	(1,935)	28,526	33,557	(5,031)	#	18,167	17,479	688	(5,718)			Increased FTE	
531	Solid Waste Nuisances	1,749	359	1,390	8,470	1,774	6,696	19,533	16,443	3,090	3,606					
532	Solid Waste Facilities	2,000	160	1,840	8,472	1,188	7,284	3,833	3,105	728	6,555					
533	Bio-Solids	108	178	(69)	433	589	(156)	2,100	1,404	696	(852)					
534	Proper Syringes Program Outreach	83	29	55	333	207	127	1,678	995	683	(556)					
540	OSS & Land Develop	29,974	40,427	(10,453)	143,320	155,684	(12,364)	#	129,239	125,492	3,747	(16,111)			Reduced Revenue	

Internal Serv- Vehicles/Copiers	Personal Health Program	Environ. Health Program
Admin & Support	Communicable Disease Prog	Developmental Disability Program
Assets replacements/PERS1	Adult Hepatitis Program	Vital Records
Agency Trg/HR Legal	Breast & Colon Program	Indirect cost Rate Allocation

# - Note on Program

T - Timing Difference

## YAKIMA HEALTH DISTRICT

## Preliminary Monthly Financial Summary by Program for April 2021

Budget YTD Percentage

33.33%

Yrly Budget Rev

Yrly budget Exp

6,469,128

6,589,516 Original

38.75%

38.25%

53.63%

54.48%

Prog No.	Program Description	Actual - Current Month			Actual - Year to Date (YTD)			Budget - Year To Date (YTD)			Budget Variance from YTD actual	Year to date	Year to date	Admin & Support Programs	Comments
		Revenue	Expense	Net	Revenue	Expense	Net	Revenue	Expense	Net					
550	Vector	667	36	630	2,667	407	2,259	4,333	3,294	1,039	1,220				
560	Food Inspections	36,130	17,668	18,462	141,472	81,835	59,637	140,333	130,812	9,521	50,116				
561	Food Education	19,455	532	18,923	19,527	2,666	16,861	18,333	14,616	3,717	13,143				
562	School Food Program	-	732	(732)	1,929	1,834	95	6,168	5,241	927	(831)				
563	Itinerant Food Program	798	1,313	(515)	1,975	3,587	(1,612)	#	12,227	11,556	670	(2,282)			Reduced Revenue
580	Water Recreation & Camps	17,042	1,652	15,390	29,655	5,944	23,711	19,226	18,583	643	23,068				
680	Developmental Disability	214,075	199,656	14,419	674,182	647,967	26,215	776,346	769,999	6,348	19,867				
681	Developmental Disability - Info/Ed	5,397	5,397	-	24,533	24,533	-	43,225	43,225	(0)	0				
710	Vital Records	15,994	12,916	3,078	46,535	47,591	(1,056)	#	72,667	72,880	(213)	(843)			Reduced Revenue
790	Epidemiology	13,487	12,504	983	16,437	12,592	3,845	3,933	3,136	797	3,048				
791	Lead Case Mgmt	833	-	833	3,333	-	3,333	3,333	2,152	1,182	2,152				
794	PHEPR-Bio Terrorism	9,950	9,950	-	40,241	40,241	-	60,538	60,683	(145)	145				
811	Assessment	3,748	-	3,748	14,994	-	14,994	14,994	3,848	11,145	3,848				
888	Indirect Cost Rate Allocation	-	-	-	-	-	-	-	-	-	-				
900	Enhanced Program	-	-	-	1,000	-	1,000	-	-	166,667	(166,667)	167,667			
<b>GRAND TOTAL</b>		<b>1,079,122</b>	<b>980,569</b>	<b>98,554</b>	<b>3,469,243</b>	<b>3,590,576</b>	<b>(121,333)</b>	<b>2,506,718</b>	<b>2,520,430</b>	<b>(13,712)</b>	<b>(107,621)</b>				

## TOTALS BY DEPARTMENT

Personal Health Program	3,128	3,122	6	11,439	9,681	1,758		55,045	41,209	13,835	(12,077)	
Breast & Colon Program	52,500	48,996	3,504	211,146	198,394	12,752		228,925	228,268	657	12,095	
Adult Hepatitis Program	5,009	3,842	1,167	18,146	13,479	4,667		23,683	21,590	2,093	2,574	
Communicable Disease Prog	631,773	614,419	17,354	2,036,745	2,263,252	(226,508)		716,074	647,636	68,438	(294,946)	
Environ. Health Program	132,378	90,251	42,127	455,831	372,376	83,455		472,381	444,252	28,129	55,326	
Developmental Disability Program	219,472	205,052	14,419	698,715	672,500	26,215		819,572	813,224	6,348	19,867	
Admin & Support	13,783	1,173	12,611	(31,012)	7,623	(38,635)		96,363	38,484	57,879	(96,514)	
Internal Serv- Vehicles/Copiers	-	599	(599)	-	(401)	401		-	-	-	401	
Indirect cost Rate Allocation	-	-	-	-	-	-		-	-	-	-	
Vital Records	15,994	12,916	3,078	46,535	47,591	(1,056)		72,667	72,880	(213)	(843)	
Bus Mgmt Unallocated	5,085	199	4,886	20,698	1,513	19,186		15,008	13,342	1,666	17,520	
Agency Trg/HR Legal	-	-	-	-	4,568	(4,568)		7,000	32,877	(25,877)	21,309	
Enhanced Program	-	-	-	1,000	-	1,000		-	166,667	(166,667)	167,667	
	<b>1,079,122</b>	<b>980,569</b>	<b>98,554</b>	<b>3,469,243</b>	<b>3,590,576</b>	<b>(121,333)</b>		<b>2,506,718</b>	<b>2,520,430</b>	<b>(13,712)</b>	<b>(107,621)</b>	

Internal Serv- Vehicles/Copiers	Personal Health Program	Environ. Health Program
Admin & Support	Communicable Disease Prog	Developmental Disability Program
Assets replacements/PERS1	Adult Hepatitis Program	Vital Records
Agency Trg/HR Legal	Breast & Colon Program	Indirect cost Rate Allocation



**Yakima Health District  
COVID 19 Response  
April 2021**

	<b>COVID 19 Response</b>		<b>Budget</b>	
	<b>Monthly</b>	<b>Annual</b>	<b>2020 Budget</b>	<b>Remaining</b>
<b>Revenue</b>				
Public Health Funding	2,583	10,333	31,000	20,667
Federal	542,006	1,716,990	851,691	(865,299)
State	-	-	-	-
<b>Current Year Total Revenue</b>	<b>544,590</b>	<b>1,727,324</b>	<b>882,691</b>	<b>(844,633)</b>
COVID 2020 State Funding	-	309,737	309,737	-
<b>Total COVID Revenue</b>	<b>544,590</b>	<b>2,037,061</b>	<b>1,192,428</b>	<b>(844,633)</b>
<b>Expenses</b>				
Salaries & Wages	88,022	342,866	429,637	86,771
Benefits-Direct	28,424	129,945	147,800	17,855
Payroll Expense	116,446	472,811	577,437	104,626
Advertising/Promotional	4,404	61,447	150,000	88,553
Employee Recognition	-	-	-	-
Computer Expense	1,155	1,642	-	(1,642)
Copies & Printing	176	284	2,532	2,248
Janitorial Supplies	-	-	-	-
Office Supplies	9,497	11,003	500	(10,503)
Operating Supplies	12,737	20,813	-	(20,813)
Postage	72	4,119	3,000	(1,119)
Telephone	1,508	5,706	2,200	(3,506)
Professional Services - Health Officer	-	-	100,000	100,000
Professional Services - Legal	5,188	8,750	100,000	91,250
Professional Services - Other	347,171	1,160,135	85,000	(1,075,135)
Contracted Services	-	16,000	-	(16,000)
Client's Related Expenses	-	-	-	-
Interpreting Services	-	2,785	-	(2,785)
Laboratory & Pharmacy Supplies	7,224	13,662	1,000	(12,662)
Fuel	-	12	2,133	2,121
Membership Dues	2,163	2,819	-	(2,819)
Miscellaneous	498	1,783	1,344	(439)
Operating Rental & Leases	28,222	219,913	-	(219,913)
Rent Storage	-	-	-	-
Repair & Maintenance (Car/Bldg.)	-	-	-	-
Small Tools & Equip/Asset Repl.	5,492	22,701	1,000	(21,701)
Training	-	-	-	-
Travel	52	342	7,000	6,658
Utilities	-	-	-	-
Close Out Indirect Program	25,450	114,560	161,520	46,960
<b>Total Expenses</b>	<b>567,456</b>	<b>2,141,288</b>	<b>1,194,666</b>	<b>(946,622)</b>
<b>Excess/(Loss on) Revenue</b>	<b>(22,867)</b>	<b>(104,227)</b>	<b>(2,238)</b>	<b>101,989</b>
<b>Expected Expenses to-date</b>				
Columbia Safety		155,000		
Signal Health		133,000		
Starplexed		30,000		
<b>Total Expected Expenses to-date</b>		<b>318,000</b>		
<b>Total Actual and Expected Expenses</b>		<b>2,459,288</b>		

# YAKIMA HEALTH DISTRICT

## 2020 Cash Flow Report

(Cash Basis Accounting)

	1/31/2021	2/29/2021	3/31/2021
Beginning Cash	96,432	661,524	(21,728)
Transfers From Investment	368,000	767,000	735,500
Receipts /Deposits	1,793,421	1,133,562	778,514
	<b>TOTAL CASH AVAILABLE</b>	<b>2,257,852</b>	<b>2,562,086</b>
MINUS			
Payroll Outlays	324,018	227,091	213,481
Vouchers Payables Paid	721,811	912,724	709,816
Transfer to investment	550,500	1,444,000	517,000
	<b>TOTAL CASH OUTLAY/TRANSFER</b>	<b>1,596,328</b>	<b>2,583,814</b>
ENDING BALANCE - CASH ( Fund 01 only)	<b>661,524</b>	<b>(21,728)</b>	<b>51,989</b>
Temporary Investment Fund 01	7,614,401	8,291,401	8,072,901
<b>TOTAL CASH &amp; CASH EQUIVALENTS- FUND 1 ONLY</b>	<b>8,275,925</b>	<b>8,269,673</b>	<b>8,124,890</b>
<b>TOTAL CASH &amp; CASH EQUIVALENT- ALL FUNDS</b>	<b>8,275,925</b>	<b>8,269,673</b>	<b>8,124,890</b>

MONTHLY EXPENSES BASED ON YEARLY BUDGET divided by 12

630,107	630,107	630,107
13	13	13
394	394	387

NUMBER OF MONTHS - OPERATING CASH AVAILABLE Fund 01 only

NUMBER OF DAYS - OPERATING CASH AVAILABLE

BUDGET YEAR **Y2021**

BUDGET (ADOPTED ON 10/31/18 MTG)

OPERATION	<b>7,061,289</b>
ENHANCED PROGRAM	<b>500,000</b>
<b>FULL BUDGET</b>	<b><u>7,561,289</u></b>

## **High School Vaccination Competition Notes from May 12th BOH Meeting w/ Timelines**

Commissioner McKinney asked the question “are you planning to reach out to the high schoolers?” (video time at 52:00)

Lilian identified that there was challenge with high schoolers and messaging that she was working on with the schools. (52:20)

Commissioner McKinney voiced her concern over this marketing (52:36)

Lilian said focusing marketing efforts on all eligible community members (53:29)

Commissioner McKinney said that she would be willing to make a motion that BOH does not recommend that YHD markets to anyone under the age of 18. (54:08)

Andre suggests sharing the materials at the next meeting. (54:40)

Nathan comments this is similar to flu vaccine and needs parental consent (55:30)

Commissioner McKinney states that she is not in favor of marketing to anyone under the age of 18 (56:23)

Commissioner Linde asks how can we be sure that there is parental consent? (56:42)

Andre responds that parental consent is necessary

Naila Duval states marketing is necessary (57:05)

Nathan answers the question about parental consent that a written consent form is required for vaccine site and 2 medical personnel have to witness it and document into the system. (57:45)

Mayor Byers says that she agrees with Commissioner McKinney and would like to see what is being sent out (58:24)

Lilian says that she can send out the materials that have been developed thus far (58:58)

Commissioner McKinney asks if it is agreeable to hold off on beginning any of that marketing and not disbursing it to the public until the Board has had an opportunity to review and comment (59:07)

Lilian responds that the messaging has already gone out (59:15)

Lilian identifies the process of the videos being made from students encouraging vaccination. (1:00:00)

Commissioner McKinney states that she thinks the Board has reached agreement that Lilian was going to provide the Board with the marketing materials and that Lilian won't be going forward with any additional marketing until the Board has had a chance to review those. Commissioner McKinney also asks to the Board whether the Board was in agreement on this? (1:02:20)

Dr. Cleary says that no, he is not in agreement with the idea that there is a stopping of the educational program (1:02:47)

Commissioner Anderson encourages the Board to move on to the other items (1:04:20)

Commission Linde and Mayor Beyers both say thank you and that they would like to see those materials (1:04:41)

Discussion moves on to House Bill 1152

#### April 30 BOH Weekly Update

PUBLIC INFORMATION – OUTREACH AND EDUCATION • Continue to work on vaccine communications. Focusing upcoming communications on the younger demographics as well as focusing on messaging related to what opportunities there are for individuals after they have been vaccinated i.e. travelling, being able to visit family, peace of mind, etc.

#### May 7 BOH Weekly Update

Working with Field Group to identify further opportunities to work with local businesses to continue to encourage vaccination across the community. o COVID-19 Vaccine High School Competition

- A COVID-19 Vaccine High School Competition will begin to encourage youth in our community to get vaccinated! Currently, five high schools are participating: Davis, Eisenhower, Yakima Online, La Salle, and Toppenish. The competition will begin on May 17th and run through May 31st. A score board will be on-site at the Community Vaccination Center to document progress from each school and weekly updates will also be provided. The team at the CVC created a Youth Video where local youth shared why they decided to get vaccinated and encouraged vaccination among their peers. It is shared on Yakima Health District's social media pages and YouTube page.

May 18 Email sent to BOH

Hello,

Attached and below are examples of the health education messaging that YHD has been working on for our younger community members. The purpose of this messaging is to ensure that eligible individuals have adequate health information related to the benefits of receiving the COVID-19 vaccine. As a reminder, though 12-17 year olds are currently eligible to receive the vaccine, they still require documented consent from their parent and/or guardian before receiving the vaccine. The only exception is those under 18 who can provide documentation to prove that they are legally emancipated.

The deliverables that have been developed so far are:

- [\*\*Youth PSA video\*\*](#): Students from local high schools shared why they decided to get vaccinated and encouraged their peers to do the same. This has been shared on Yakima Health District's social media accounts, including Facebook, Instagram, Twitter and YouTube. The video has also been well received by many of our community partners and has been shared across Washington State as a best practice.
- **High School COVID-19 Vaccine Challenge**: 5 Yakima County high schools will be participating in a High School COVID-19 Vaccine Challenge to motivate their students to get vaccinated. The participating high schools are Davis, Eisenhower, Yakima Online, La Salle, and Toppenish. At the Community Vaccination Center we will have a board present to indicate the number of students (16 and older) from each school that have received the vaccine.

Yakima County has a population that skews much younger than the rest of the state. Working with those that are 40 and younger specifically will be where we can have the biggest impact, in terms of numbers, to ensure immunity within our community. We are also exploring methods for messaging aimed towards the parents/guardians of the youth. This messaging would be related to about the benefits of the COVID-19 vaccine among their children. This health education would be developed with the parents and guardians in mind.

If you require any further information, or suggestions on other messaging, please let me know or call me at 509-930-4787.

Best,

Lilian Bravo

Endorsements and Other Activities

Campaign supported by FEMA

Highlighted by State Department of Health as a "Best Health Practice"

Supported by LaSalle High School, Eisenhower High School, Yakima Online School, Toppenish High School, Yakima School District, and Toppenish School District

Same campaign taking place in Clark County

Many large counties throughout the State doing "Vaccinate Before you Graduate" campaigns

# K-12 COVID-19 Requirements for Summer 2021 and the 2021-2022 School Year

## NOTICE

The Washington State Department of Health (DOH) recognizes the need for advance planning even as the science of COVID-19 evolves. The trajectory of disease prevalence in our state and nation may require changes in our state's response efforts, and DOH will periodically update this guidance to reflect currently accepted safety guidance. *It is likely this document will be updated over the summer prior to the start of the school year.* Further, we will continue to work with the Office of Superintendent of Public Instruction (OSPI) to ensure districts, schools, and families have timely access to updated K-12 School 2021-2022 Guidance.

Schools are fundamental to child and adolescent development and well-being. They provide children with academic instruction, support for developing social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity. This guidance provides feasible actions schools must take to reduce risks to students and staff from COVID-19 and allow schools to resume in-person instruction.

According to the Governor's [emergency proclamation 21-05.1](#) declaring a children and youth mental health crisis, in-person instruction is contingent on following the health and safety protocols outlined in this document. These requirements are specific to public and/or private schools serving kindergarten through 12<sup>th</sup> grade (K-12). Schools must adhere to these requirements regardless of the county or phase they are in of [Governor Inslee's Healthy Washington: Roadmap to Recovery](#) plan. Substantive decisions with respect to implementation of these requirements are best made in coordination with the local school board and with input from the local health jurisdiction. In addition, these requirements are based on existing science, expert public health opinion, current policies, stakeholder input, and the Centers for Disease Control and Prevention's [Operational Strategy for K-12 Schools through Phased Prevention](#).

**For the 2021-2022 school year, schools must plan to provide full time in-person education for all interested students with the following mandatory mitigation measures: [face coverings](#), [ventilation](#), [cleaning and disinfecting](#), details of how schools will [respond to cases of COVID-19](#), and [meet the reporting requirements](#) to public health.**

In addition to the required mitigation measures above, physical distancing is recommended and schools must have a plan that factors in [physical distancing](#) (3 feet physical distancing in classrooms and 6 feet elsewhere), to the greatest extent possible. Physical distancing recommendations should not prevent a school from offering full-time, in person learning to all students/families in the Fall.

**Schools should also have a contingency plan that does not include physical distancing.** It is likely that schools will need to continue current physical distancing requirements over the summer, however, this requirement may be relaxed prior to the start of the fall.

## Face Coverings

Universal and correct use of cloth face coverings or masks helps prevent the spread of COVID-19 and is required for all school personnel, students, and visitors. There are specific exceptions based on age, development, or disability outlined below. See the [Washington State Department of Health Guidance on Cloth Face Coverings](#) and [CDC Recommendation Regarding the Use of Cloth Face Coverings](#) for more information. All students, school personnel, volunteers, and visitors must wear cloth face coverings or an acceptable alternative (e.g., surgical mask) at school when indoors, as well as when outdoors where a minimum of six feet distancing cannot be maintained. In some circumstances, staff may require a higher level of protection.

Face coverings or masks with ear loops are preferred over ones that tie around the neck or behind the head during physical activity to reduce the risk of injury. Schools must provide face coverings or masks, as appropriate, for staff and students who do not have them.

A cloth face covering is anything that completely covers the mouth and nose and fits securely on the sides of the face and under the chin. It should be made of two or more layers of tightly woven fabric with ties or straps that go around a person's head or behind their ears. A face shield with a drape can be used by people with developmental, behavioral, or medical conditions that prevent them from wearing a face covering. A face shield with a drape may also be used by children with similar conditions in childcare, day camp, and K-12 settings.

For school personnel and volunteers, at least a cloth face coverings must be worn by every individual (except as described below) working or learning in shared, indoor airspace at the location. Certain situations may require a higher level of protection under Washington State Department of Labor & Industries (L&I) safety and health rules and guidance. Refer to [Employer Health & Safety Requirements for School Scenarios](#) and [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

- Face coverings should not be worn by:
  - Those under 2 years of age.
  - Those with a disability that prevents them from comfortably wearing or removing a face covering.
  - Those with certain respiratory conditions.
  - Those who are deaf or hard of hearing, and those who provide instruction to such people, and use facial and mouth movements as part of communication.
  - Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person.
- In rare circumstances when a cloth face covering cannot be worn, students and staff may use a clear face covering or a face shield with a drape or wrap as an alternative to a cloth face covering. If used, face shields should extend below the chin, wrap around to the ears, and have no gap at the forehead.

- Younger students must be supervised when wearing a face covering or face shield. These students may need help with their masks and getting used to wearing them.
- Continue practicing physical distancing while wearing cloth face coverings.
- Students may remove face coverings to eat and drink, and when they can be physically distanced outside.
- The school is responsible for providing appropriate PPE for all staff, including those who provide assistance to students who have special needs. Refer to [Employer Health & Safety Requirements for School Scenarios](#).

## Ventilation

Good ventilation and indoor air quality are important in reducing airborne exposure to respiratory pathogens, chemicals, and odors. Offer more outside time, open windows often, and adjust the HVAC system to allow the maximum amount of outside air to enter the program space and increase air filtration. Because each building and its existing HVAC systems will be different, a professional engineer or HVAC specialist should be consulted to determine the best way to maximize the system's ventilation and air filtration capabilities for each area in the building.

### Basic Requirements:

- Change filters as needed (clogged filters decrease HVAC operation, stress the fan motors, and decrease ability to improve indoor air quality). Visually check the filter for a tight fit within the frame, and ensure there are no rips or tears.
- Inspect and clean the entire system at least as often as recommended by the manufacturer or installer. Make repairs quickly to prevent more serious issues.
- Reduce recirculation of air; increase/maximize outside air.
- Increase filtration to the highest level possible. MERV 13 is recommended, if possible.
- Bring in outside air continuously from two hours prior to occupancy and for two hours after occupancy, including while cleaning and disinfection is occurring.
- Inspect and maintain local exhaust ventilation in restrooms, kitchens, cooking areas, labs, etc. Increase exhaust ventilation from restrooms above code minimums.
- Work with building engineer or HVAC specialist to generate air movement that goes from clean-to-less-clean air.
- Do not use ozone generators, electrostatic precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products. Portable HEPA air cleaners can supplement ventilation and are most critical in rooms with poorer ventilation or in isolation areas.

For more information and options related to ventilation, see DOH's recommendations for [Ventilation and Air Quality for Reducing Transmission of COVID-19](#) or [CDC's guidance for improving ventilation and increasing filtration](#) in schools as well as the [Association for Heating, Ventilating and Air-Conditioning Engineers \(ASHRAE\) guidance on ventilation](#)

[during COVID-19.](#)

## Cleaning and Disinfecting

Schools should have infection control plans updated to reflect what is known about COVID-19. These are basic cleaning definitions:

- Cleaning removes germs, dirt, food, body fluids, and other material.
- Sanitizing reduces germs on surfaces to safe levels.
- Disinfecting kills germs on surfaces of a clean object.
- The U.S. Environmental Protection Agency (EPA) regulates sanitizer and disinfectant chemicals. If you sanitize or disinfect without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.

Current CDC [guidance for cleaning and disinfection for COVID-19](#) states that disinfectants should be registered by the EPA for use against COVID-19. Find the current list here: [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#). Disinfectants based on hydrogen peroxide or alcohol are safer disinfectants. The University of Washington has a handout with options for [safer cleaning and disinfecting products](#) that work well against COVID-19. A good resource for standard infection control and school cleaning is available on the [Toxics Use Reduction Institute website](#).

If you use a bleach and water mixture for disinfection, mix it at a concentration of 4 teaspoons of 6% bleach per quart (or liter) of cool water or 5 tablespoons of 6% bleach per gallon (or 4L) of cool water (1,000 parts per million). Thoroughly clean surfaces with soap and water and remove the soap with water before applying the bleach solution. Keep the surface wet for with bleach solution at least one minute. An emergency eye wash station is required at the location where bleach is mixed from concentrate.

Find more information about cleaning, disinfecting, and choosing safer cleaning products on the [DOH COVID-19 website](#). Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, and restrooms. Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics. Wash hands after you clean. Outdoor areas generally require normal routine cleaning and do not require disinfection. Drinking fountains and bottle fillers do not need to be disabled, but buttons or levers should be cleaned regularly.

If groups of students are moving from one area to another in shifts, cleaning desks with soap and water is sufficient during the day. Clean and disinfect frequently touched surfaces each night after students leave and when [someone is sick](#) in the room (vomit, blood, feces, urine).

Do not use electrostatic devices, ionization, fogging, fumigation, or wide-area spraying to control the spread of COVID-19. These methods are not effective, do not clean contaminated surfaces, and are hazardous to human health.

When disinfecting surfaces, always follow the disinfectant instructions on the label:

- Use disinfectants in a ventilated space. *Heavy use of disinfectant products should be done when children are not present. The facility should have enough time to air out before individuals return.*
- Use the proper concentration of disinfectant.
- Preclean surfaces before applying disinfection.
- Keep the disinfectant on the surface for the required amount of wet contact time.
- Follow the product label warnings and instructions for PPE such as gloves, eye protection, and ventilation.
- Keep all chemicals out of reach of children. Children under 18 years of age cannot use EPA registered sanitizers and disinfectants.
- Facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
- Parents, teachers, and staff should not supply disinfectants and sanitizers.

## Physical Distancing

**Physical distancing recommendations should not prevent a school from offering full-time, in person learning to all students/families in the Fall.**

Practice physical distancing of at least three feet or more between students in classroom settings, and at least six feet or more in certain circumstances to the degree possible and reasonable that allows for full-time, in person learning for all students. Your ability to do this will depend on students' ages and developmental and physical abilities. Select strategies to increase physical distancing that will work for your school and the space available. There may be brief moments, such as passing by others in the hallway or during play at recess when students are not fully physically distanced from each other. Maximize opportunities to increase physical space between students during all scheduled activities and limit interactions in large group settings. Create one-way flow of foot traffic in indoor settings that historically are associated with crowding (e.g., hallways, administrative office).

Maintain three feet of distance between students in classroom settings to the degree possible.

Maintain six feet of distance between students to the degree possible for the following circumstances:

- Between adults/staff in the school building and between adults and students.
- For all staff and student in common areas, such as school lobbies and auditoriums.
- For all staff and students when masks can't be worn, such as when eating lunch.
- For all staff and students during activities when increased exhalation occurs, such as PE, exercise, or shouting. These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.
- For all staff and students, in community settings outside of the classroom.

The CDC has resources to help schools distance students including a [K-12 Operational Strategy](#) and [Modifying School Spaces during Meal Times](#).

## Handwashing and Respiratory Etiquette

Through ongoing health education units and lessons, teach children proper handwashing and reinforce behaviors, and provide adequate supplies. Ensure that teachers and staff use proper handwashing and respiratory etiquette.

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students, teachers, and staff. If handwashing is not possible, hand sanitizer containing at least 60% alcohol should be used.
- Encourage students and staff to cover coughs and sneezes with a tissue when not wearing a mask and immediately wash their hands after blowing their nose, coughing, or sneezing.
- Some students with disabilities might need assistance with handwashing and respiratory etiquette behaviors.
- Adequate supplies: Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, face masks (as feasible), and no-touch/foot-pedal trash cans. If soap and water are not readily available, schools can provide alcohol-based hand sanitizer that contains at least 60% alcohol (for staff and older children who can safely use hand sanitizer).

## Responding to Cases or Suspected Cases of COVID-19

To prepare for the potential of students or staff infectious with COVID-19 while at school, schools must have a response and communication plan in place that includes communication with staff, families, their school district, and their local health jurisdiction. Schools should prepare for instructing students who are excluded from school due to illness or quarantine.

### What to Do if Someone Develops Symptoms of COVID-19 While at School

Any student, teacher, or staff who reports [COVID-19-like symptoms](#) must be immediately [isolated](#) from others and sent home as soon as feasible. Close contacts of a person diagnosed with COVID-19 must [quarantine](#).

While waiting to leave school, the individual with symptoms must be isolated in a designated isolation space. They must continue to wear a cloth face covering or mask. Anyone providing care or evaluation to the isolated individual must wear appropriate PPE. Refer to DOH, OSPI, and Washington State Department of Labor & Industries [Employer Health & Safety Requirements for School Scenarios](#) for PPE requirements.

The designated isolation space for individuals with suspect COVID-19 symptoms must be separated from the space used for those requiring general first aid or medicine distribution. If the nurse's office has an exam room designed with a negative air flow and directly exhausted air, this room should be given priority as an isolation space. If this is not available, the isolation space would ideally be a room with a door that can close and a window that can be opened to improve ventilation. A properly sized HEPA air filter could be used to increase filtration (see [DOH ventilation guidance](#) for more information). If no appropriate indoor space is available (e.g., already occupied) and the child can be supervised and made comfortable, an outdoor

setting is an acceptable emergency alternative (weather and privacy permitting).

## Reporting Cases and Outbreaks and Working with Public Health

### Reporting Requirements

Schools play an important role to identify COVID-19 cases and close contacts, and limit spread of COVID-19. All cases of COVID-19 and outbreaks in schools must be reported to the local health jurisdiction per Washington State law ([WAC 246-101](#)). In addition, schools and the general public must cooperate with public health authorities in the investigation of cases and outbreaks that may be associated with the school ([WAC 246-101](#)).

A COVID-19 outbreak in a school is considered when the following have been met:

- There are two or more COVID-19 cases among students or staff.
- The cases have a symptom onset or positive test result within a 14-day period of each other.
- The cases are epidemiologically linked.
- The cases do not share a household.
- The cases are not identified as close contacts of each other in another setting during the investigation.

### Notify Public Health

When a school learns of a student or staff with COVID-19 or an outbreak of COVID-19 on the school premises, the School COVID-19 Coordinator must immediately notify the school district and local health jurisdiction of the school. A list of [local health jurisdiction](#) (LHJ) contacts can be found on the DOH website. Be prepared to provide LHJs with information for all students or staff with COVID-19. Schools, per [WAC 246-101](#) and [Governor Inslee's emergency proclamation 20-64.5 "Public Information Act – Contact Tracing – Personal Information,"](#) must release information about COVID-19 cases to local public health as part of a case or outbreak investigation, which may include:

- Name
- Date of birth
- Role (student, staff, teacher)
- Parent or guardian name
- Home phone number, or home phone number of parent or guardian
- Home address
- Classroom/Grade
- Type of COVID-19 Test
- Date of positive test
- Date of symptom onset
- Preferred language spoken
- Information about any close contacts of the student or staff with COVID-19

The School COVID-19 Coordinator must also gather information about everyone the student or

staff with COVID-19 may have been in close contact with at the school during their infectious period. A close contact is someone who was within six feet of the student or staff with COVID-19 for at least 15 cumulative minutes over a 24-hour period during the time the student or staff with COVID-19 was infectious. A close contact may vary in some situations (i.e., less time spent in close proximity to an unmasked person who is coughing, direct cough/sneeze spray, or other contact that is more intense [e.g., sharing drinks, eating utensils, etc.]). The ultimate determination of close contact is made in cooperation with local public. The infectious period of someone with COVID-19 starts two days before the start of symptoms or is estimated as two days before the test date if a student or staff with COVID-19 did not exhibit symptoms.

## Extracurricular Activities

School related and sponsored activities, including field trips, must follow all relevant [Healthy Washington: Roadmap to Recovery](#) guidance. This includes, but is not limited to:

- [Sporting Activities](#)
- [Overnight Camps](#)
- [Performing Arts](#)
- Fundraisers, parent or science nights, or any other school events should follow the [special events guidance](#).

## Testing and Vaccination

While [COVID-19 testing programs](#) and vaccinations are not a requirement for providing in-person learning, these measures can help reduce the risk of COVID-19 transmission in the school environment and the broader community.

Schools or districts who would like more information about COVID-19 testing programs should contact [schools@healthcommonsproject.org](mailto:schools@healthcommonsproject.org).

Vaccines are not yet authorized for use in children under 12 years old. For these reasons, we must continue to implement a layered strategy. Schools should actively promote vaccination among all eligible students, staff, and volunteers.

All prevention strategies provide some level of protection, and layered strategies implemented at the same time provide the greatest level of protection.

## More COVID-19 Information and Resources

### Additional COVID-19 K-12 Resources

[COVID-19 guidance and resources for schools](#) can also be found on the Washington Office of Superintendent of Public Instruction (OSPI) website.

[CDC: Schools and Child Care](#) webpage links to a number of national public health recommendation documents for K-12 schools and childcare providers.

### General COVID-19 Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share only accurate information to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Jurisdiction](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

**Have more questions?** Call our COVID-19 Information hotline: **1-800-525-0127**

Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and [observed state holidays](#), 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

# Returning to School in Fall 2021: Frequently Asked Questions

On May 13, the Washington State Department of Health (DOH) published [K-12 COVID-19 health and safety guidance for summer 2021 and the 2021–22 school year](#). This frequently asked questions (FAQ) document details what students, their families, educators, and school staff can expect for school in the 2021–22 school year.

## In-Person Learning

### What will school look like next year?

The Office of Superintendent of Public Instruction, Department of Health, and Governor's Office share the expectation that **all** students will have the opportunity to attend school in-person full-time (five days per week) in the 2021–22 school year. School districts will not have the option to provide solely hybrid or remote learning.

### Will all school buildings be required to reopen fully?

Yes. Every school must provide every student with the opportunity to learn in-person full-time (five days per week).

### Will students have the option to attend school remotely?

Some school districts do not have the resources to provide *both* a fully in-person and fully remote learning experience for their students. Districts are required to provide a fully in-person option, but they are not required to provide a remote option. If a district is not offering a remote learning option and a student and their family want one, they may request to transfer to an alternative learning experience (ALE) program offered by a school outside their resident district.

### Will there still be health and safety measures in place next year?

Yes. The following mandatory measures will still be in place in the 2021–22 school year: face coverings for all students, staff, and visitors; ventilation; regular cleaning and disinfecting; and processes for responding to and reporting cases of COVID-19. Physical distancing is still recommended by DOH at this time – please see the next question for more information.

### What physical distancing requirements will be in place?

DOH recommends 3 feet of physical distancing in classrooms and 6 feet elsewhere to the greatest extent possible. Flexible language in the guidance related to physical distancing (i.e., "to the greatest extent possible" and "to the degree possible and reasonable") ensures schools are able to provide full-time in-person instruction to every student and family who wants it. If a school needs to distance at less than 6 feet in common areas and less than 3 feet in classrooms to accommodate all students and staff, it is allowable within the guidance.



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

## **If a student or staff member is fully vaccinated, do they still need to wear a face covering?**

Yes. The guidance related to face coverings for vaccinated individuals released on May 13 does not apply to school settings given that children under 12 are not yet eligible for the COVID-19 vaccine.

## **Will schools still be required to screen all students, staff, and visitors for symptoms?**

No. For summer 2021 and the 2021–22 school year, DOH removed the requirement that schools need to screen students, staff, and visitors at entry to school buildings. However, schools should continue monitoring their students, staff, and visitors for symptoms, and follow the protocols included in the guidance for responding to someone who shows symptoms of COVID-19.

## **Is full-time in-person learning necessary when we are still in a pandemic?**

Yes. Schools are fundamental to child and adolescent development and well-being. Most students are more successful in a comprehensive, in-person learning environment surrounded by their peers and caring adults. In March of 2021, Governor Inslee issued an emergency order to support the mental and behavioral health of young people in Washington after seeing data showing that Washington's young people were calling crisis hotlines and receiving urgent mental health care in hospitals at rates much higher than usual.

Extended time in remote learning has had academic impacts on students, too. In the 2020–21 school year, the percentage of students disengaging from school has increased significantly. In addition, at the high school level, more students than ever are receiving grades of F, Incomplete, or No Credit. We know most students learn and perform their best when they are in the classroom with their educators and peers.

## **Is there data on the number of COVID-19 cases in schools?**

Yes. Each month, the Department of Health [publishes a report](#) detailing the number of "outbreaks" (defined as two or more cases) within our school buildings. The report includes information about the outbreaks, including county, number of cases, demographics of those infected, and the learning modality of the school (fully in-person, hybrid, or remote).

## **Vaccines for Students**

### **Will the COVID-19 vaccine be required for eligible students in fall 2021?**

No. The State Board of Health, who has the sole authority to set immunization requirements for students, has not discussed requiring the COVID-19 vaccine for children in school settings. However, we encourage vaccination among all eligible students, staff, and volunteers.

## **What is the process for requiring the COVID-19 vaccine for students?**

The State Board of Health (SBOH) may formally consider requiring the COVID-19 vaccine for children in schools if a vaccine is licensed and recommended by federal authorities. The SBOH reviews vaccines that are fully licensed by the Food and Drug Administration (FDA) and recommended by the Advisory Committee on Immunization Practices (ACIP).

Once fully licensed COVID-19 vaccine(s) are recommended by the ACIP, the SBOH could convene a technical advisory committee to review the vaccine(s) against the state's immunization criteria. If the vaccine(s) passed the criteria and recommendations of the committee, the SBOH would consider adding it to the state's list of required immunizations through a formal action to begin rulemaking at a future Board meeting.

## **Can a local school district decide to mandate the vaccine for students, even if the state doesn't?**

No. State law ([RCW 28A.210.140](#)) provides full authority to the State Board of Health to establish the procedural and substantive requirements for immunizations for students.

## **Can school districts offer COVID-19 vaccination clinics for eligible students?**

Yes. School districts are encouraged to offer COVID-19 vaccination clinics for eligible students and their families, likely through a partnership with a local health provider.

## **Is the vaccine safe for students?**

Yes. In Pfizer's most recent vaccine trial, they found the vaccine to be safe and 100% effective for kids as young as 12.