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Testimony Before the District of Columbia Council
Committee of the Whole
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Public Hearing:
B26-278 "Education Reports Simplification Amendment Act of 2025"
B26-430 "Education Code Adjustments Amendment Act of 2025"

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Introduction

Good morning, Chairman Mendelson, members of the Committee, and staff. My name is Danielle Robinette, and I am a Senior Policy Attorney at Children's Law Center. Children's Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Thank you for the opportunity to testify today regarding proposed changes to reporting requirements in DC's education sector. As we prepare for seasons of lean budgets, it will be ever more important to ensure that schools are able to dedicate as much time as possible to directly serving students. Reporting requirements must strike a careful balance between public transparency and administrative burden. We appreciate the Committee's close attention to detail in the extensive list of reporting requirements in the DC Code. We support the goal of removing or amending reporting requirements that are not serving students, schools, or the education sector. We do not want reporting compliance to interfere with schools' ability to serve students. However, there must be

sufficient transparency for the Council and the public to trust that the education sector is addressing concerns. While the bills before the Committee today address a wide range of education reports, our testimony focuses on the proposed changes to attendance reporting and the Healthy Schools Act profiles. Specifically, we recommend that the Committee reflect not only how the Council uses these reports, but also how the data are used by schools and families to make decisions for their students.

Proposed Changes to Attendance Reporting Will Expand Understanding of Attendance Concerns but Timeliness Issues Remain

Among the various changes proposed in the Education Code Adjustments Amendment Act of 2025 are small but important changes to reporting of school absenteeism data. First, the bill broadens reporting on the work of school-based student support teams (SSTs) to cover both excused and unexcused absences.[1] This change will ensure that reporting on the work of SSTs does not ignore students who accumulate significant excused absences.

At last year's roundtable on student attendance, we urged the Committee and the education sector to monitor students missing significant number of school days for excused reasons. [2] Perhaps a student has chronic illness that flares up intermittently and results in 25 excused absences during the school year. This student has missed extensive instructional time; but, because all the absences were excused, there is no required process to identify potential supports. This student would likely benefit from home or hospital instruction – the provision of which is often not meaningfully available to

students who need it.[3] Similarly, a student who is chronically absent related to uncontrolled asthma might need assistance addressing unhealthy housing conditions, such as mold or other allergens in their home. Like students who are truant due to unexcused absences, these chronically absent students need support so they can stay on track academically. We are glad to see the Committee broaden attendance data reporting in this way.

B26-430 also changes the due date for the Office of the State Superintendent's (OSSE) annual attendance report.[4] We have repeatedly sought the publication of more timely attendance data so that schools, families, and communities can respond to changing trends. Moving the annual report deadline from November 30 to October 1 is a step in the right direction. However, at this Committee's hearing on attendance last month, school leaders testified that they would like to have historic attendance data before the start of the school year so they can prepare to support students having demonstrated attendance concerns in the past.[5] Schools do much of their annual planning over the summer. As such, if they need to hire additional support staff or budget for new or different attendance interventions, they need to know that as soon as possible. Understandably, OSSE wants to ensure that data are validated and that student privacy is adequately protected prior to public reporting, and those processes take time. However, the demands of the school year calendar are not forgiving. An October 1 deadline may be sufficient for the Council and the public, but we urge the Committee to

work with OSSE and school leaders to ensure that historic attendance data are available to schools by the start of the school year.

Additional Changes Are Needed to Make School Health Profile Information More Accessible to Students and Families

Both bills before the Committee today propose changes to the Healthy Schools Act of 2010. Current law requires OSSE to post school health profile information on its website within 30 days of receiving that information from schools.[6] B26-278 would require OSSE to publish school health profiles by March 15 of each year.[7] B26-430 would require quarterly publication.[8] In order to determine the appropriate cadence for the publication, it is necessary to reflect on the purpose of gathering and publishing school health profiles. In 2010, the Council's Committee on Government Operations and the Environment noted that "one of the challenges with addressing the childhood health issues is that information about the programs offered by schools is not often shared with parents."[9] To address this concern, the Healthy Schools Act requires that schools provide OSSE information about their health, wellness, and nutrition program offerings and requires schools and OSSE to publish that information on their website.[10] This legislative history reminds us that the purpose of school health profiles was not an accountability tool for government, but an informational tool for students and families.

School health profiles include a wide range of information about the health and wellness programming and support offered by a school. They include demographic information about the school population as well as indications of whether the school

offers various wellness programs. Easy access to this information allows families to seek out programs offered by the student's school and may be used by parents in choosing which DC school may best serve their student's needs.

As the Committee considers changes to school health profile reporting requirements, we urge you to ensure that families continue to have ready access to up-to-date information about the health programming offered in DC Schools. Notably, the school health profile must also include the name and contact information for the school nurse, whether the school has a school-based mental health program, and whether there is a certified or highly qualified health teacher on staff. Given the significant staffing turnover and program changes that occur throughout a school year, it will be necessary for school health profiles to be update more than once per year. Therefore, we support the quarterly reporting requirement proposed in B26-430. An annual publication in March of each year, as proposed by B26-278, will not ensure accurate information for the coming school year. The name and contact information for a school nurse may change over the Summer. A school may start a new mental health partnership for the coming school year that was not in place by the March reporting deadline. As a result, the school health profile may be inaccurate for most of the school year.

Focusing on the public utility of school health profiles also highlights opportunities to improve the current publication system. Currently, OSSE complies with the Healthy Schools Act's publication requirements by posting the survey results for each

school on their website.[11] The data are technically available but are not easily accessible to students and families. Imagine a parent seeking the name of the person at their child's school who can administer medication. While this information is included in the school health profile, the parent would have to know to search for the Healthy Schools Act page on OSSE's website, find the landing page for school health profiles, find their child's school, and then scroll through the relevant pdf document until they find the relevant contact information. The current publication platform is not conducive to students or families finding the information they want or need about their school.

However, the District has the infrastructure to make school health profile information more user-friendly. For example, DC Health operates LinkU, a referral platform that is powered by findhelp.org.[12] This platform is also used by the Child and Family Services Agency (CFSA) as part of their 211 Warmline initiative.[13] Most recently, the Council passed and funded[14] the Child Behavioral Health Services Dashboard Act of 2024 through which DC Health, in consultation with the Department of Behavioral Health (DBH), will use the LinkU platform to "create a publicly accessible and searchable online directory of available behavioral health services in the District."[15] This same platform could also be leveraged to publish the school health profile information in a much more user-friendly manner than OSSE's current system. OSSE would continue to gather the information from schools and then partner with DC Health to publish school health profiles on LinkU. This could finally fulfill the Healthy Schools Act's original goal

of ensuring that DC families are aware of the wellness programming and supports in their schools.

Moreover, expanding cross-agency integration of this platform could improve resource coordination across government. For example, OSSE's school health profile questionnaire includes several questions about behavioral health programming and staffing.[16] Through thoughtful partnership with DBH, the data gathered for school health profiles could provide crucial landscaping of the current state of behavioral health resources across DC schools. OSSE's Healthy Schools Act survey is an important tool that has the potential to unlock key insights into behavioral health programming across DC schools. Combined with the ongoing work to create a Child Behavioral Health Dashboard, the Healthy Schools Act reporting requirements create an opportunity to ensure efficient and effective communication of the behavioral health supports available to DC students and families.

Thank you for this opportunity to testify and I welcome any questions.

[1] B26-0430, *Education Code Adjustments Amendment Act of 2025*, lines 33-34.
[2] Judith Sandalow, Children's Law Center, Testimony Before the Council of the District of Columbia, Committee of the Whole, Public Roundtable on Student Absenteeism and Discipline (May 13, 2024), p. 4-11, available at: https://childrenslawcenter.org/resources/committee-of-the-whole-public-roundtable-student-absenteeism-and-discipline/
[3] See Danielle Robinette, Testimony before the DC Council Committee of the Whole, (November 30, 2023), available at: https://childrenslawcenter.org/resources/testimony-committee-of-the-whole-public-hearing/
[4] B26-0430, *Education Code Adjustments Amendment Act of 2025*, lines 44-45.
[5] *See* Nicole Travers, DC Charter School Alliance, Testimony Before the Council of the District of Columbia, Committee of the Whole, Public Oversight Hearing on Chronic Absenteeism and Truancy (October 15, 2025), p. 4, available for download at: https://lims.dccouncil.gov/Hearings/hearings/946.
[6] D.C. Code § 38-826.02(d)
[7] B26-0278, *Education Reports Simplification Amendment Act of 2025*, lines 58-60.
[8] B26-0430, *Education Code Adjustments Amendment Act of 2025*, lines 74-76.
[9] Council of the District of Columbia, Committee on Government Operations and the Environment, Committee Report on Bill 18-564, the "Health Schools Act of 2010," (April 19,2010), p. 34, available at: https://lims.dccouncil.gov/downloads/LIMS/22719/Committee_Report/B18-0564-CommitteeReport1.pdf?Id=59794
[10] D.C. Code § 38-826.02(a), (c), (d).
[11] *See* DC Office of the State Superintendent of Education, "Health Schools Act School Health Profiles," available at: https://osse.dc.gov/service/healthy-schools-act-school-health-profiles (last visited Nov. 10, 2025).
[12] *See* DC Health, LinkU, available at: https://linkudmv.org/.
[13] 211 Warmline, which soft launched in October 2023, is a partnership between CFSA and the Office of Unified Communications (OUC) to serve as the District's unified social service resource and referral line. The 211 Warmline and Community Response Model will voluntarily connect children, families, and community members to DC government systems of care and community-based services, and through this support, prevent unnecessary calls to the Child Protective Services (CPS) Hotline. See FY2023 Child and Family Services Agency, responses to Q113(c) and Q114(b), available at: https://lims.dccouncil.gov/Hearings/hearings/253.
[14] *See* FY26 Department of Health Budget, District's Approved Budget Enhance, p. E-53 ("111,599 and 1.0 FTE to support the Child Behavioral Health Services Dashboard Amendment Act of 2024.").
[15] L25-0279, *Child Behavioral Health Services Dashboard Act of 2024*.
[16] *See* DC Office of the State Superintendent of Education, "2024-25 School Year: School Health Profiles Form," available at: https://osse.dc.gov/sites/default/files/dc/sites/osse/service_content/attachments/SHP%20Questionnaire%20SY%202024-25_Final%20%281%29.pdf (last visited Nov. 10, 2025).