
OSSE Did Not Obtain Compliance with the Access to Emergency Medications Amendment Act of 2023

August 21, 2026

A management alert from the Office of the D.C. Auditor



July 20, 2026

Antoinette S. Mitchell, Ph.D.
State Superintendent of Education
Office of the State Superintendent of Education
1050 First Street, NE
Washington, DC 20002

Management Alert: OSSE Did Not Obtain Compliance with the Access to Emergency Medications Amendment Act of 2023.

Dear Dr. Mitchell:

The Office of the District of Columbia Auditor (ODCA) writes this Management Alert Report (MAR) to inform you that the Office of the State Superintendent of Education (OSSE) did not obtain compliance with the Access to Emergency Medications Amendment Act of 2023 (Act), as amended.¹ As of April 22, 2026, OSSE had approved only 113 schools' Undesignated Emergency Medications Action (UEMA) Plans for School Year 2025–2026. The Act, among other requirements, requires schools to store emergency medications and to ensure that on-site school employees are trained and certified by the D.C. Department of Health (DC Health) to administer them.

This report was drafted, reviewed, and approved in accordance with the standards outlined in ODCA's Policies and Procedures.

Overview

According to OSSE, in school year (SY) 2025-26 a total of 246 District of Columbia public schools (both D.C. Public Schools [DCPS] and public charter schools²) should have had a UEMA plan that was reviewed

1 [B25-0226, Access to Emergency Albuterol and Glucagon Amendment Act of 2023 \(now known as "Access to Emergency Medications Amendment Act of 2023"\)](#), Law 25-0124, effective from Feb. 15, 2024. The provisions of this Act are codified at D.C. Official Code § 38-651.01 et seq.

2 All District public and public charter schools are required to participate in the UEM program. Parochial schools and private schools are excluded. See D.C. Official Code § 38-651.01(3B). Also, per DC Health, "adult public charter schools are not currently eligible to participate in the UEM program." See "Frequently Asked Questions: Undesignated Emergency Medications (UEM) Program," November 2025, <https://dchealth.dc.gov/sites/default/files/dc/sites/doh/DC%20Health-OSSE%20UEM%20FAQ%202025%2010.30.25%20Final.pdf>.

and approved by OSSE³ to ensure student access to needed medications.

As of April 22, 2026, 245 of 246 schools had submitted a UEMA plan to OSSE but many schools' plans were not complete: only 113 plans had been approved by OSSE; another 120 plans were in an OSSE-assigned status of "approved pending AOM [administration of medication]" training and certification; and the remaining 12 plans were not approved yet because they were with their respective Local Education Agency (LEA)/school after having been reviewed by OSSE and returned for revision. One school, Washington Latin PCS – The Anna Julia Cooper Campus High School, did not submit a plan.

Figure 1 shows the total number of UEMA plans in each status, by type of school, as of April 22, 2026. Appendix A lists each school and the status of its plan as of April 22, 2026.

Figure 1: Status of UEMA Plans, by Type of School, as of April 22, 2026

Type of School	Number of Approved UEMA Plans	Number of Plans "Approved Pending AOM" Training and Certification	Number of UEMA Plans Not Approved	Total Number of Plans
District of Columbia Public School (DCPS)	52	58	7	117
District of Columbia Public Charter School	61	62	5	128
Total	113	120	12	245

Source: ODCA Analysis of OSSE data

Some 49% still had the status of "approved pending AOM" training and certification on April 22, 2026, when the school year was largely complete. Unless a school has a fully approved UEMA plan, which includes having at least two employees or agents of the school trained and certified as AOMs, only the school's DC Health-deployed health suite staff should be administering emergency medications to students. **Therefore, any school not meeting the AOM staff training and certification requirement is in violation of D.C. Code which hinders its capability to respond to students experiencing a health emergency.**

3 As we conducted our analysis, ODCA asked OSSE about several schools that have multiple campuses but submitted only one UEMA plan. Those schools were: Briya PCS, Goodwill Excel Center PCS, Mary McLeod Bethune Day Academy PCS, Meridian PCS, Oyster-Adams Bilingual School, and Two Rivers PCS. In response, OSSE explained there were "reportable" schools and "non-reportable schools." OSSE stated: "A local education agency (LEA) can create a non-reportable school for a variety of reasons. For example, a school may serve grades PK3-8 but operate at two locations: one for PK-3 and another for grades 4-8. When reporting the school to OSSE, as in the case of DCPS and Oyster-Adams Bilingual School, there are two facilities where students receive instruction, but the school is considered one entity, so the 'reportable' school will display all grades served. These schools were appropriately excluded from the Quickbase application [the software application OSSE uses to receive and track UEMA plans] in accordance with the established criteria for reportable schools." These "non-reportable" schools are identified separately in Appendix A.

Criteria relevant to the UEM program

Access to Emergency Medications Amendment Act of 2023

In 2023, the Council of the District of Columbia passed the Access to Emergency Medications Amendment Act of 2023 (Act). The Act authorizes DCPS and public charter schools (together referred to hereafter as schools) to maintain undesignated emergency albuterol, glucagon, and any other medication designated by DC Health⁴ that would be administered in emergency circumstances to a student without a prescription for that medication on file with the school.⁵

The Act assigns various responsibilities to OSSE, schools, and DC Health.

OSSE’s responsibilities under the Act – OSSE is responsible for managing Undesignated Emergency Medications (UEM) program compliance, providing resources to schools, and maintaining records regarding compliance.

The Act states: “OSSE shall:

1. Require written proof of compliance...from each public school on an annual basis;
2. Require any public school not in compliance to submit a plan outlining the steps the school shall take to address the noncompliance;
3. Provide public schools with resources to implement the requirements of [the relevant portions of this act]; and
4. Maintain records regarding each public school’s compliance with [relevant portions of this act] for 3 years.”⁶

Schools’ responsibility under the Act – Among other requirements, each public school must “[d]esignate at least 2 employees or agents of the school to be certified in the use of undesignated emergency medications who are available to administer medications during all hours of the school day.” Per DC Health, a school’s health suite staff do not count toward a school’s AOM requirement.⁷

DC Health’s responsibilities under the Act – In addition to procuring, distributing, monitoring, and maintaining records regarding undesignated emergency medications to schools, DC Health plays a central role in the training and certification of school employees referenced above. The Act states: “the term ‘certified’ means an individual who has obtained a certificate of completion of the Department’s [DC Health] medication administration training program.”⁸

4 Access to and administration of emergency epinephrine is also available to students in public schools via earlier legislation.

5 See D.C. Official Code § 38-651.01(5B) and § 38-651.04a.

6 B25-0226, Access to Emergency Albuterol and Glucagon Amendment Act of 2023 (now known as “Access to Emergency Medications Amendment Act of 2023”), Law 25-0124 Effective from Feb 15, 2024, p.2.

7 Undesignated Emergency Medications Program Technical Assistance Webinar September 24, 2025, page 17. See [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Undesignated Emergency Medications Program - Technical Assistance Webinar 09-24-2025.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Undesignated%20Emergency%20Medications%20Program%20-%20Technical%20Assistance%20Webinar%2009-24-2025.pdf).

8 B25-0226, Access to Emergency Albuterol and Glucagon Amendment Act of 2023 (now known as “Access to Emergency Medications Amendment Act of 2023”), Law 25-0124 Effective from Feb 15, 2024, p.2. Codified at D.C. Official Code § 38-651.06(d)(2).

DC Health/OSSE “Student Access to Undesignated Emergency Medications Plan” and supporting guidance

OSSE and DC Health created the DC Health Student Access to Undesignated Emergency Medications Plan to “assist District public school officials in understanding the requirements of UEMs in District public schools. The plan provides information for District public schools regarding their mandated responsibilities for UEM acquisition, storage, monitoring, reporting, training, and administration.”⁹

The DC Health/OSSE plan states: “Each District public school is required to have an approved UEMA plan,”¹⁰ a requirement that was also communicated to schools through technical assistance webinars and supporting guidance starting in May 2025.

OSSE and DC Health Technical Assistance Webinars – The May 29, 2025, webinar first established the deadline by which schools were required to submit their SY 2025-26 plans. Slides presented during the May 2025 webinar (and a June 12, 2025, session also hosted by OSSE and DC Health personnel) state: “All District public and public charter schools will be required to... submit an Undesignated Emergency Medication Action Plan (UEMA) annually to OSSE for review and approval.... OSSE developed an UEMA Plan template that schools must fill out to comply with the UEMA Plan requirement.... The UEMA Plan must be submitted between **August 1 and August 22, 2025.**”¹¹

Observations regarding OSSE’s review/approval of schools’ plans

According to a technical assistance webinar, OSSE anticipated reviewing UEMA plans “on a rolling basis within 1-2 business weeks of submission to determine whether plans meet minimum requirements.”¹² OSSE guidance delivered during the technical assistance webinars explained what would happen after schools submitted their plans to OSSE.

- “If UEMA Plans meet minimum requirements, schools should keep a copy of the UEMA Plan by the undesignated emergency medications and share with school staff and health suite personnel.
- OSSE will provide detailed feedback to school’s Health [points of contact] and/or UEM Program liaisons if plans do not meet minimum requirements and schools will need to re-submit for review and approval.”¹³

After reviewing a school’s plan, OSSE generally took one of three actions: it “approved” the plan; assigned a status of “approval pending AOM [Administration of Medication]” training and certification; or did not approve the plan and returned it to the school for “major revisions”¹⁴ because required elements of the plan had not been addressed appropriately.

9 DC Health Student Access to Emergency Medications Plan, September 18, 2025. p.5. See https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DCH-OSSE UEM State Plan_FINAL 9.18.25.pdf.

10 Ibid., p.7.

11 Undesignated Emergency Medications In Schools Program – OSSE & DC Health Technical Assistance Webinar, May 29, 2025, pp. 6-7. See <https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Undesignated%20Emergency%20Medications%20-%20Technical%20Assistance%20Webinar%2005-29-2025.pdf>.

12 Ibid., p.7.

13 Ibid.

14 OSSE Undesignated Emergency Medications Program Webinar, September 25, 2025, p.5.

If a school's UEMA plan was "approved pending AOM" training and certification, the school was responsible for ensuring that at least two employees or agents of the school completed free AOM training, which is offered online by DC Health,¹⁵ and passed a "skills check." After successful completion of the online training, each AOM-trained staff member must then register for an in-person skills check. "This check ensures that trained staff are evaluated by a medical professional before being cleared up [sic] to support students' health needs... Staff who successfully complete the online training modules and attend the in-person skills check will receive their AOM certification immediately upon completion of the training."¹⁶

Schools' timeliness in submitting their plans for OSSE review – ODCA analyzed schools' compliance with OSSE's August 22, 2025, deadline for submitting their UEMA plans for approval. Of 246 schools, 245 eventually submitted plans to OSSE for review. Some 85 schools (35%) submitted their plan for review on or before August 22, 2025, 40 schools (16%) submitted their plan between 1 and 9 days after the deadline, and 120 schools (49%) submitted their plan for review 10 or more days after OSSE's deadline.

Time between plan submission and plan approval – According to the approval dates OSSE provided to ODCA, the average number of days between plan submission and plan approval was 168 days and the median number of days was 195.

Our objective for this project did not include identifying causes for non-compliance with UEM program requirements. Because OSSE is responsible for monitoring schools' compliance with the Act, ODCA makes these observations regarding the SY 2025-26 UEMA plan review/approval process for OSSE to consider as it works to improve the program before the start of SY 2026-27 in order to increase schools' compliance.

OSSE's deadline for schools to submit UEM plans was August 22, 2025, only *three days before* the first day of school for DCPS students, August 25, 2025 (K-12). Public charter school start dates varied in SY 2025-26: several schools started on July 1, 2025, but most charter schools started classes between August 18 and August 27, 2025.¹⁷

Given OSSE's stated goal of reviewing plans on a rolling basis within one to two weeks of submission to determine whether plans met minimum requirements, OSSE did not build in enough time to review plans and provide feedback to schools before students arrived in classrooms. And in several instances, students in charter schools started classes several weeks before OSSE's August 22, 2025, deadline for schools to submit their UEMA plans.

Schools with plans in "Approved pending AOM" training and certification status may not have designated their AOM staff, or they designated at least two employees or agents of the school to be trained but these individuals did not receive their certifications. Or, the requisite staff members and/or agents of the school may have received their certifications, but the schools never updated and resubmitted their UEMA plans to

15 See <https://learning.schoolhealth.dc.gov/content/administration-medication-training-aom#group-tabs-node-course-default1>.

16 Frequently Asked Questions: Undesignated Emergency Medications (UEM) Program, November 2025. Page 7, #42 and #43. See [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/DC Health-OSSE UEM FAQ 2025 10.30.25 Final.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/DC%20Health-OSSE%20UEM%20FAQ%202025%2010.30.25%20Final.pdf).

17 See dcpsb.org/2025-26-first-day-school.

OSSE. ODCA reviewed various OSSE/DC Health guidance documents¹⁸ and found no language explaining how schools should inform OSSE that staff members or agents obtained the necessary AOM certification.

Risks posed by unapproved UEMA plans

The purpose of the UEM program is to “ensure students with medical emergency needs (e.g., asthma, diabetes, and severe allergies) have timely access to emergency medications during the school day. [Its] goals are to improve student safety and reduce absenteeism.”¹⁹

The DC Health/OSSE “state plan” document dated September 2025 emphasizes: “Each District public school is required to have an approved UEMA plan and shall identify at least two school employees or agents of the school to take DC Health’s training and be certified as an AOM. **Undesignated emergency medications cannot be administered without meeting both requirements**.... Only certified AOMs and DC Health deployed health suite staff may administer undesignated medications.”²⁰

DC Health FAQs further note that while DC Health nurses and health technicians are already certified to administer UEMs, they cannot count toward the school AOM count. **“This allows the District to achieve the goal of increasing the number of individuals at a school who can respond to an emergency by administering the UEMs.”** [emphasis added]²¹

Unless a school has a fully approved UEMA plan, which means having at least two trained and certified AOMs, only school health suite staff should be administering emergency medications. **Therefore, any school not meeting the AOM staff training and certification requirement is in violation of D.C. Code which hinders its capability to respond to a student experiencing a health emergency.**

June 2025 changes to school health suite staffing model emphasize need for AOMs in schools – DC Health implemented changes to how school health suites are staffed prior to the start of SY 2025-26 to underscore the importance of schools having trained and certified AOMs. As of June 30, 2025, DC Health began directly managing the school health services program which includes overseeing nurse staffing. Health suite personnel work in “cluster-based” teams, with a cluster consisting of schools within close proximity. “Staffing will be guided by school need and staff availability.... Schools with greater needs will receive more support.... Health suites will have between 20 to 40 hours of coverage each week.”²²

18 These documents include: Student Access to Emergency Medications Plan of 09/18/25, Undesignated Emergency Medications Program Technical Assistance Webinar of 09/24/25, Undesignated Medications in Schools Program Technical Assistance Webinar of 05/29/25, and Frequently Asked Questions: Undesignated Emergency Medications (UEM) Program – November 2025.

19 Undesignated Emergency Medications in various Schools Program - OSSE and DC Health Technical Assistance Webinar, May 29, 2025, p.7.

20 Student Access to Emergency Medications Plan, September 18, 2025, p.7.

21 OSSE Frequently Asked Questions: Undesignated Emergency Medications (UEM) Program, November 2025, p.6.

22 School Health Services Transition School Year 2025–2026 For DCPS and PCS Families, DC Health, p.2. See [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/School Health Services Transition FAQ-Families 10.30.25_English.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/School%20Health%20Services%20Transition%20FAQ-Families%2010.30.25_English.pdf).

In announcing the changes in school health suite staffing, DC Health cited the role of AOMs in schools in an FAQ document posted to its website:

“What happens if health suite staff is unavailable? DC Health will make sure a health suite staff is available by phone to cover the health suite. If no one is available, schools have trained staff certified Administrators of Medication (AOM) who [are] trained to give over the counter and [prescription] medications to students as well as administer emergency medications.”²³

For schools that do not have a fully approved UEMA plan, their personnel may not know how to properly respond to a health emergency. This places the school’s students and school personnel at risk in the event that untrained school personnel administer emergency medications or when other deviations from established UEMA protocols go unreported or unaddressed if a school does not follow the after-action procedures detailed in their UEMA plan.

Recommendations

OSSE should immediately act to implement UEM program changes to ensure schools comply with the Act in SY 2026-27. To that end:

1. OSSE should consider moving the deadline for UEMA plan submission earlier in the year.
2. OSSE should identify the root causes for why so many schools’ plans remained in “Approved pending AOM” training and certification status as of April 22, 2026, and address those causes now.
3. OSSE should provide guidance on how schools should inform OSSE that they obtained the necessary AOM certifications.
4. OSSE should determine whether additional sanction authorities are required to secure compliance with the Act and recommend amendments to the Access to Emergency Medications Amendment Act of 2023, in addition to updated regulations, if needed.

Consistent with ODCA Policies and Procedures, we are submitting this MAR to you prior to our publication. Please provide a written response indicating whether you concur with these recommendations and when and how you plan to implement them.

This MAR and any written responses to its recommendations will be made public upon receipt of your responses or on **July 27, 2026**, whichever occurs first.

²³ Ibid.

Thank you very much for your consideration.

Sincerely yours,



Kathleen Patterson
District of Columbia Auditor

cc: The Hon. Muriel Bowser, Mayor, District of Columbia
The Hon. Phil Mendelson, Chairman, Council of the District of Columbia
Paul Kihn, Deputy Mayor for Education, EOM
Betsy Cavendish, General Counsel, EOM
Dr. Kim Jackson, Interim Chancellor, DCPS
Shukurat Adamoh-Faniyan, Chairperson, DC Public Charter School Board
Dr. Ayana Bennett, Director, DC Health
Emily Gargiulo, Deputy Chief of Staff, Strategy and Partnerships, OSSE
Rachel Sadlon, Interim Asst. Superintendent, Health and Wellness, OSSE

Agency Comments

On July 20, 2026, we sent a draft copy of this report to the Office of the State Superintendent of Education (OSSE) for its review and written comment. We asked that OSSE send their response by July 27, 2026. On July 27, 2026, OSSE requested, and was granted, a two-week extension, to August 14, 2026. OSSE responded with comments on August 14, 2026; they are included here in their entirety.



OFFICE OF THE STATE
SUPERINTENDENT OF EDUCATION

August 14, 2026

Kathleen Patterson, D.C. Auditor
Office of the District of Columbia Auditor
1331 Pennsylvania Avenue NW
Washington, DC 20004

RE: ODCA Management Alert Report – *OSSE Did Not Obtain Compliance with the Access to Emergency Medications Amendment Act of 2023*

Dear Ms. Patterson:

Thank you for the opportunity to respond to the Office of the District of Columbia Auditor's (ODCA's) July 20, 2026 draft Management Alert Report (MAR), "OSSE Did Not Obtain Compliance with the Access to Emergency Medications Amendments Act of 2023." The Office of the State Superintendent of Education (OSSE) agrees with the urgency of complying with the Access to Emergency Medications Amendments Act of 2023 (the Act) and the importance of supporting schools in responding to students experiencing a health emergency.

From March through June 2026, OSSE provided ODCA with copious and detailed information demonstrating that it did in fact comply with its statutory requirements.¹ Based on our demonstrated compliance, we respectfully disagree with the report's title and conclusions. OSSE's response below outlines the factual and regulatory basis for our position.

In this letter, we highlight OSSE's key accomplishments in meeting its responsibilities under the Act and express our concerns that the report does not fully capture the shared operations of the program with our sister agency, the D.C. Department of Health (DC Health), resulting in conclusions that are incomplete or misrepresentative of OSSE's role. We conclude by responding to each of the recommendations for OSSE.

OSSE's Responsibilities Under the Act and Actions Taken to Fulfill Its Responsibilities

The Act divides Undesignated Emergency Medications (UEM) program responsibilities among OSSE, DC Health, and public schools. This division of authority intentionally assigns clinical healthcare responsibilities² to DC Health, administrative responsibilities to OSSE, and school-level supply management and personnel actions to public schools. The draft MAR does not accurately acknowledge this division of duties and conflates OSSE's authority to manage the entirety of the UEM program compliance with OSSE's specified responsibilities.

¹ D.C. Official Code § 38–651.06(e)

² For purposes of this letter, the term *clinical healthcare responsibilities* refers to the professional duties and tasks carried out by health providers that require the use of clinical judgment and expertise for direct patient care.

To comply with all statutory responsibilities, and as shared with ODCA, OSSE executed the following actions in this first year of implementing the portfolio (see Table 1):

Table 1: OSSE’s Statutory Requirements and Actions Taken to Fulfill Its Responsibilities

Statutory Requirement	Action Taken
OSSE shall require written proof of compliance with subsection (d) of this section from each public school on an annual basis (D.C. Official Code § 38–651.06(e)(1)). Subsection (d): Each public school shall: (A) Designate at least 2 employees or agents of the school to be certified in the use of undesignated emergency medications who are available to administer medications during all hours of the school day; (B) Store undesignated emergency medications in a secure but easily accessible location in accordance with the manufacturer's instructions; and (C) Communicate the contact information of the school's certified employees or agents to all staff and personnel at the school (D.C. Official Code § 38–651.06(d)).	OSSE developed the Undesignated Emergency Medications Action (UEMA) plan template and QuickBase application for each public school to complete and digitally submit written proof of compliance with the Act to OSSE on an annual basis. OSSE reviewed all UEMA plans submitted to OSSE in a timely manner. Each approved UEMA plan included, but was not limited to: (A) The contact information of at least two employees or agents of the school to be certified in the use of undesignated emergency medications who are available to administer medications during all hours of the school day (the term “certified” means an individual who has obtained a certificate of completion from DC Health’s administration of medication program); (B) Details on the location and storage of UEMs in a secure but easily accessible location in accordance with the manufacturer’s instructions; and (C) Details on the posting of the school’s emergency response information and dissemination of the school’s UEMA plan so that it is accessible to all staff and personnel at the school.
OSSE shall require any public school not in compliance to submit a plan outlining the steps the school shall take to address the noncompliance (D.C. Official Code § 38–651.06(e)(2)).	OSSE developed a UEM Enforcement Plan for noncompliant public schools that requires them to submit a plan outlining the steps they will take to address noncompliance. See also: OSSE’s response to Recommendation 4.
OSSE shall provide public schools with resources to implement the requirements under subsection (d) of this section (D.C. Official Code § 38–651.06(e)(3)).	OSSE collaborated with DC Health to develop a program webpage, conduct multiple webinars, disseminate multiple guidance documents, and provide multiple reminders and opportunities for office hours to ensure public schools understood and could comply with their statutory requirements.
Maintain records regarding each public school's compliance with subsection (d) of this section for 3 years (D.C. Official Code § 38–651.06(e)(4)).	OSSE’s written record retention schedule maintains each public school’s compliance with subsection (d) records for 3 years.

In the first year of the program, OSSE achieved a plan submission rate of 99.6% (from 245 of 246 schools). In partnership with DC Health, and in collaboration with LEAs/schools, OSSE aims to increase this to 100% of schools and with all plans fully approved upon completion of the required AOM training component.

No OSSE Responsibility for AOM Training Under the Act

While the draft MAR provides a brief summary of some of DC Health’s responsibilities under the Act, it fails to acknowledge DC Health’s legislatively mandated authority for the Administration of Medication (AOM) training and certification, and the impact this has on OSSE’s full approval of public schools’ UEMA plans.

Per D.C. Official Code § 38–651.04, § 38–651.06(d)(2), and Mayors Order 2008-85,³ AOM training and certification is delegated to DC Health as the District’s public health authority. Because AOM training and certification are a clinical healthcare responsibility involving medical training and certification, it is outside of OSSE’s purview. While OSSE does require each public school to identify at least two employees or agents of the school *to be certified*, as the Act mandates, the final attainment of AOM certification of the two employees identified in the UEMA plan is the responsibility of the local education agency (LEA)/school. AOM training and certification are within DC Health and each public school’s responsibilities to schedule and complete.

Acknowledging that not all public schools would have at least two employees or agents certified by DC Health at the time of submitting their first-ever UEMA plans, OSSE created the designation of “Approved Pending AOM Training and Certification.” This designation recognized that the public school met all requirements of a UEMA plan, but still needed to ensure their two employees completed the DC Health AOM certification. A completed AOM certification requires both online training and in-person skills checks. Personnel decisions, such as identifying in-service training hours/days and scheduling mandatory trainings, are solely within the public school’s control. OSSE supports this by providing frequent reminders of the AOM certification requirements. OSSE also communicates frequently with DC Health if public schools indicate there are barriers to completing the AOM training and certification.

The draft MAR concludes that OSSE did not obtain compliance with the Act because we designated 120 out of 245 public schools as “Approved Pending AOM Training and Certification” (as of April 22, 2026). While we agree all public schools must complete the AOM training and certification, we do not agree that this designation for those public schools rendered OSSE out of compliance with its statutory requirements.

Recommendations Responses

Below, we respond to each of the recommendations the draft MAR made to OSSE.

Recommendation 1. *OSSE should consider moving the deadline for UEMA plan submission earlier in the year.*

- **Response:** OSSE agrees with the intent of this recommendation. The timelines for SY 26-27 were already established and communicated to schools at the time that we received the Auditor’s

³ Delegation of Authority to the Student Access to Treatment Act of 2007, see Mayor’s Order 2008-85, June 11, 2008 (55 DCR 9362).

recommendations. Accordingly, we will take this recommendation into consideration when planning for SY 27-28.

To increase the number of UEMA plans that are fully approved by the start of SY 26-27, OSSE migrated the SY 25-26 UEMA plans in the UEM QuickBase application on July 27, 2026. Schools will view their prior school years' UEMA plan populated in the QuickBase application as a starting point for completing their annual plan. If the information in a school's prior year's plan remains current and applicable, schools may resubmit their plan for OSSE's review and approval. If any element of a school's UEMA plan requires updating, the school needs only to revise that element and then submit it for OSSE's review and approval. This year's migration allowed schools to immediately begin reviewing, revising, and submitting their UEMA plans as of July 2026. OSSE continues to communicate to public schools our availability to support them through this process.

Recommendation 2. *OSSE should identify the root causes for why so many schools' plans remained in "Approved pending AOM" training and certification status as of April 22, 2026, and address those causes now.*

- **Response:** OSSE disagrees with the basis of this recommendation. OSSE is aware that the "root cause" for schools remaining in this designation is due to the failure of two staff completing DC Health's AOM training and certification. Completion of the AOM training and certification portion of the portfolio is outside of OSSE's scope and authority. DC Health is best positioned to identify "root causes" for public schools' failure to complete the AOM training and certification in a timely manner.

The 120 UEMA plans identified by ODCA as "Approved Pending AOM Training and Certification" (as of April 22, 2026) were assigned this status because they met all OSSE's requirements for completing the UEMA plans, but the two staff members still needed to finish DC Health's AOM training and certification. After OSSE's approval, there are no additional actions within OSSE's control, authority, or responsibility to solve for the school staff scheduling and receiving DC Health's AOM training and certification. The AOM training and certification is solely within DC Health's purview (D.C. Official Code § 38–651.04, § 38–651.06(d)(2), and Mayors Order 2008-85) and any personnel actions are within schools' purview, such as scheduling and dedicating time for staff in-service and training. The designation of, "Approved Pending AOM Training and Certification" serves as a reminder to both the school and DC Health to complete the AOM training and certification.

Further, OSSE disagrees with the draft MAR's method for calculating the average number of days it took for OSSE to approve UEMA plans. According to the draft MAR, the average number of days between UEMA plan submission and plan approval was 168 days and the median number of days was 195. This calculation appears to fault OSSE for the time it takes between when OSSE designates a public school as "Approved Pending AOM Training and Certification" and when the public school staff receive the final AOM certification. Beyond reminding schools of this requirement and conducting the UEM Enforcement Plan for noncompliant schools, OSSE has no authority to affect the final attainment of DC Health's AOM certification. OSSE should not be faulted for any delays in final AOM training and certification that is outside our authority to approve.

OSSE suggests ODCA contact DC Health for any additional questions regarding AOM training and certification. DC Health is aware of barriers with schools completing the training and is taking steps to address them.

Recommendation 3: *OSSE should provide guidance on how schools should inform OSSE that they obtained the necessary AOM certifications.*

- **Response:** OSSE agrees and has implemented this recommendation since the program's launch and prior to receiving this recommendation. OSSE receives AOM certification lists from DC Health and we are aware of who is AOM certified within public schools. OSSE has also provided guidance to public schools that it is incumbent on them to update their UEMA plan when the staff become AOM certified. To update the UEMA plan, the school must notify OSSE and ask that their plan be reopened in the UEMA QuickBase application access for revision. OSSE is not positioned to edit or revise UEMA plans on behalf of schools.

OSSE is scheduled to provide annual guidance to all school UEM Liaisons by email and during its August 27, 2026 UEM Start-of-School virtual training. This guidance will include a reminder to schools of their responsibility to inform OSSE when their staff obtain AOM certification. When OSSE receives this information, we will reopen the school's UEMA QuickBase application access so the school can update the UEMA plan. Beginning in SY 26-27, OSSE will more closely monitor the AOM certification lists sent by DC Health so we can also proactively remind public schools to update their UEMA plan when we see their staff became AOM certified.

Recommendation 4. *OSSE should determine whether additional sanction authorities are required to secure compliance with the Act and recommend amendments to the Access to Emergency Medications Amendment Act of 2023, in addition to updated regulations, if needed.*

- **Response:** OSSE is committed to working collaboratively with DC Health and LEAs/schools to improve existing mechanisms for ensuring compliance, and for this reason we disagree with additional sanction authorities or amendments to the Act. Consistent with the statutory requirements, OSSE has a UEM Enforcement Plan that requires the following for noncompliance:
 - Schools that fail to submit their UEMA plan and revisions by the stated deadline shall identify in writing the steps they will take in the future to ensure that their UEMA plan and revisions are submitted by the deadline ("Corrective Action A").
 - Schools that respond to an emergency involving undesignated medication with staff other than those who are certified and identified in their school UEMA plan, or in a manner inconsistent with their school UEMA plan, shall submit an explanation in writing detailing to OSSE why they did not follow their UEMA plan ("Corrective Action B").
 - School leaders and school UEM Liaisons who fail to carry out Corrective Actions A or B satisfactorily shall attend in-person training at OSSE that includes:
 - The risk of not responding to an emergency that is consistent with their UEMA plan;
 - The steps that school staff must follow to submit and keep their plan up to date; and
 - The protocol for responding to an emergency.

SY 25-26 was the first full year of the District implementing the UEM program. As a rule, OSSE's first response to local education agency (LEA) and school program noncompliance is to offer technical assistance. This is particularly the case in the first year of a new and complex program such as the UEM program when schools need to assign staff in new roles, ensure that they are trained and certified, and manage the administration of several new emergency medications. Alongside technical assistance, OSSE will lean into our compliance role by utilizing our existing UEM Enforcement Plan, that we believe is sufficient in addressing noncompliance.

Thank you for the opportunity to respond to this draft MAR. Although OSSE strongly disagrees with the draft MAR's conclusion, we appreciate the attention to the important school health portfolios undertaken by OSSE on behalf of our District students, families, schools, and LEAs.

Sincerely,



Antoinette S. Mitchell, Ph.D.
State Superintendent of Education

ODCA Response to Agency Comments

ODCA appreciates the detailed comments provided by State Superintendent of Education Dr. Antoinette S. Mitchell as well as the detailed information provided to ODCA on which our findings and recommendations are based. We stand by those conclusions.

Significantly, while Dr. Mitchell concurs with the importance of effective implementation of the Access to Emergency Medications Amendment Act of 2023, the agency takes exception with our conclusion that OSSE failed to secure compliance with the Act. The OSSE comments emphasize the shared responsibility of the Department of Health — charged with developing the protocols on which medications are to be included in the plan and developing and providing staff training and certification — and with individual schools to develop plans, including identifying staff members with the required training and certification. But in addition to those respective roles, the law is clear as to OSSE's responsibility for compliance, stating that "OSSE shall ...require written proof of compliance...from each public school on an annual basis."

The legislative record is also clear. The Committee report states:

[T]he Committee Print requires that OSSE oversee school compliance with the Act, including obtaining written proof from each school on an annual basis, and requiring plans to come into compliance with the Act if a school is found to not be in compliance.²⁴

The OSSE response rejects the suggestion that additional enforcement tools are needed. OSSE states the agency "will lean into our compliance role by utilizing our existing UEM Enforcement Plan that we believe is sufficient in addressing noncompliance." Given the OSSE position, which we assume is the position of the Bowser Administration, the D.C. Council may wish to strengthen the language of the Act to provide additional clarity on where responsibility for compliance resides.

We look forward to a stronger performance in the school year just starting and will revisit the performance issues as part of our regular recommendation compliance process.

²⁴ See, https://lms.dccouncil.gov/downloads/LIMS/52721/Committee_Report/B25-0226-Committee_Report1.pdf?Id=178001, pp.3-4.

Appendix A

List of Schools and Plan Statuses as of April 22, 2026

District of Columbia Public Schools (DCPS) and Public Charter Schools (DCPCS): Undesignated Emergency Medications Action (UEMA) Plan Statuses as of April 22, 2026

According to OSSE, 246 schools should have submitted a UEMA plan for SY 2025–26.
245 schools submitted plans to OSSE.

DCPS Schools with an Approved UEMA Plan (52 Schools)

SCHOOL NAME	Grades Served
Anacostia High School	9th-12th
Ballou STAY High School	9th-12th; Adult
Bancroft Elementary School	PK3-5th
Barnard Elementary School	PK3-5th
Benjamin Banneker High School	9th-12th
Browne Education Campus	PK3-8th
Bruce-Monroe Elementary School @ Park View	PK3-5th
Bunker Hill Elementary School	PK3-5th
Burrville Elementary School	PK3-5th
Coolidge High School	9th-12th
Deal Middle School	6th-8th
Dorothy I. Height Elementary School	PK3-5th
Dunbar High School	9th-12th
Excel Academy	PK3-8th
Garfield Elementary School	PK3-5th
Garrison Elementary School	PK3-5th
Houston Elementary School	PK3-5th
Ida B. Wells Middle School	6th-8th
J.O. Wilson Elementary School	PK3-5th
Jackson-Reed High School	9th-12th
Janney Elementary School	PK4-5th
John Lewis Elementary School (West Education Campus)	PK3-5th
Johnson Middle School	6th-8th
Ketcham Elementary School	PK3-5th
Key Elementary School	PK4-5th
Lafayette Elementary School	PK4-5th
Langdon Elementary School	PK3-5th
Langley Elementary School	PK3-5th
LaSalle-Backus Education Campus	PK3-5th, 8th

Ludlow-Taylor Elementary School	PK3-5th
Luke C. Moore High School	9th-12th
Mann Elementary School	PK4-5th
Marie Reed Elementary School	PK3-5th
McKinley Technology High School	9th-12th
Military Road Early Learning Center	PK3-PK4
Murch Elementary School	PK4-5th
Nalle Elementary School	PK3-5th
Payne Elementary School	PK3-5th
Phelps Architecture, Construction and Engineering High School	9th-12th
Powell Elementary School	PK3-5th
Randle Highlands Elementary School	PK3-5th
Ross Elementary School	PK4-5th
Savoy Elementary School	PK3-5th
School Without Walls @ Francis-Stevens (John Francis Education Campus)	PK3-8th
School Without Walls High School	9th-12th
School-Within-School @ Goding	PK3-5th
Shirley Chisholm Elementary School	PK3-5th
Simon Elementary School	PK3-5th
Stanton Elementary School	PK3-5th
Thomas Elementary School	PK3-5th
Thomson Elementary School	PK3-5th
Tubman Elementary School	PK3-5th
Subtotal:	52

Public Charter Schools with an Approved UEMA Plan (61 Schools)

SCHOOL NAME	Grades Served
Appletree Early Learning Center PCS - Columbia Heights	PK3-PK4
Appletree Early Learning Center PCS - Douglas Knoll	PK3-PK4
Appletree Early Learning Center PCS - Lincoln Park	PK3-PK4
Appletree Early Learning Center PCS - Oklahoma Avenue	PK3-PK4
Appletree Early Learning Center PCS - Parklands at THEARC	PK3-PK4
Appletree Early Learning Center PCS - Southwest	PK3-PK4
Appletree Early Learning Center PCS - Spring Valley	PK3-PK4
Appletree Early Learning PCS - Waterfront Station	PK3-PK4
BASIS DC PCS	5th-12th
Capital City PCS - High School	9th-12th
Capital City PCS - Lower School	PK3-4th
Capital City PCS - Middle School	5th-8th
Cedar Tree Academy PCS	PK3-K
Center City PCS - Congress Heights	PK3-8th
Creative Minds International PCS	PK3-8th
DC Bilingual PCS	PK3-5th
DC Prep PCS - Benning Middle School	4th-8th
DC Prep PCS - Edgewood Elementary School	PK3-3rd
DC Scholars PCS	PK3-8th
District of Columbia International School	6th-12th
E.L. Haynes PCS - Elementary School	PK3-4th
E.L. Haynes PCS - High School	9th-12th
Elsie Whitlow Stokes Community Freedom PCS - Brookland	PK3-5th
Elsie Whitlow Stokes Community Freedom PCS - East End	PK3-2nd
Friendship PCS - Armstrong Elementary	PK3-3rd
Friendship PCS - Armstrong Middle	4th-8th
Friendship PCS - Blow Pierce Elementary School	PK3-3rd
Friendship PCS - Blow Pierce Middle School	4th-8th
Friendship PCS - Chamberlain Elementary School	PK3-3rd
Friendship PCS - Chamberlain Middle School	4th-8th
Friendship PCS - Collegiate Academy	9th-12th
Friendship PCS - Ideal Elementary	PK3-3rd
Friendship PCS - Ideal Middle School	4th-8th

Friendship PCS - Online	K-8th
Friendship PCS - Southeast Elementary School	PK3-3rd
Friendship PCS - Southeast Middle School	4th-8th
Friendship PCS - Technology Preparatory High School	9th-12th
Girls Global Academy PCS	9th-10th
Global Citizens PCS	PK3-PK4
Goodwill Excel Center PCS - G Street	9th-12th
Harmony DC PCS - School of Excellence	K-5th
IDEA PCS	9th-12th
Inspired Teaching Demonstration PCS	PK3-8th
Latin American Montessori Bilingual PCS - Kingsbury	PK3-5th
LAYC Career Academy PCS **	Adult
LEARN DC PCS	PK3-1st
Monument Academy PCS	5th-8th
Paul PCS - International High School	9th-12th
Paul PCS - Middle School	6th-8th
Perry Street Preparatory PCS	PK3-8th
Rocketship DC PCS - Infinity Community Prep	PK3-3rd
Rocketship DC PCS - Legacy Prep	PK3-5th
SEED PCS of Washington DC	8th-12th
Sela PCS	PK3-5th
Social Justice PCS	5th-7th
St. Coletta Special Education PCS	PK3-12th
Statesmen College Preparatory Academy for Boys PCS	4th-6th
The Sojourner Truth PCS	6th-8th
Two Rivers PCS - 4th Street Elementary	PK3-3rd
Two Rivers PCS - Young Elementary	PK3-5th
Two Rivers PCS - Young Middle	6th-8th
Subtotal:	61
Total Approved UEMA Plans	113

DCPS Schools with a UEMA Plan "Approved Pending AOM" Training & Certification (58 Schools)

SCHOOL NAME	Grades Served
Amidon-Bowen Elementary School	PK3-5th
Ballou High School	9th-12th
Bard High School Early College DC	9th-12th
Beers Elementary School	PK3-5th
Brightwood Education Campus	PK3-5th, 8th
Brookland Middle School	6th-8th
Burroughs Elementary School	PK3-5th
C.W. Harris Elementary School	PK3-5th
Capitol Hill Montessori School @ Logan	PK3-8th
Cardozo Education Campus	6th-12th
Cleveland Elementary School	PK3-5th
Columbia Heights Education Campus	6th-8th; 9th-12th
Drew Elementary School	PK3-5th
Duke Ellington School of the Arts	9th-12th
Eaton Elementary School	PK4-5th
Eliot-Hine Middle School	6th-8th
H.D. Cooke Elementary School	PK3-5th
H.D. Woodson High School	9th-12th
Hart Middle School	6th-8th
Hearst Elementary School	PK4-5th
Hendley Elementary School	PK3-5th
Hyde-Addison Elementary School	PK3-5th
Jefferson Middle School Academy	6th-8th
Kelly Miller Middle School	6th-8th
Kimball Elementary School	PK3-5th
King Elementary School	PK3-5th
Kramer Middle School	6th-8th
Lawrence E. Boone Elementary School	PK3-5th
Leckie Education Campus	PK3-8th
MacArthur High School	9th - 12th
MacFarland Middle School	6th-8th
Malcolm X Elementary School @ Green	PK3-5th

Maury Elementary School	PK3-5th
Moten Elementary School	PK3-5th
Noyes Elementary School	PK3-5th
Oyster-Adams Bilingual School - Adams	4th-8th
Patterson Elementary School	PK3-5th
Plummer Elementary School	PK3-5th
Raymond Education Campus	PK3-5th
River Terrace Education Campus	3rd-12th, Adult
Roosevelt High School	9th-12th
Roosevelt STAY High School at Garnet-Patterson	9th-12th
Seaton Elementary School	PK3-5th
Shepherd Elementary School	PK3-5th
Smothers Elementary School	PK3-5th
Sousa Middle School	6th-8th
Stevens Early Learning Center	PK3-PK4
Stoddert Elementary School	PK4-5th
Stuart-Hobson Middle School (Capitol Hill Cluster)	6th-8th
Takoma Education Campus	PK3-5th, 8th
Truesdell Education Campus	PK3-5th
Turner Elementary School	PK3-5th
Van Ness Elementary School	PK3-5th
McKinley Middle School	6th-8th
Walker-Jones Education Campus	PK3-8th
Watkins Elementary School (Capitol Hill Cluster)	1st-5th
Wheatley Education Campus	PK3-8th
Whittier Education Campus	PK3-5th, 8th
Subtotal:	58

DCPCS Schools with a UEMA Plan "Approved Pending AOM" Training & Certification (62 Schools)

SCHOOL NAME	Grades Served
Achievement Preparatory Academy PCS - Elementary School	PK3-3rd
Breakthrough Montessori PCS - Takoma Campus	PK3-2nd
Bridges PCS	PK3-5th
Briya PCS - Adams Morgan	PK3-PK4; Adult
Capital Village PCS	5th-7th
Center City PCS - Capitol Hill	PK3-8th
Center City PCS - Petworth	PK3-8th
Center City PCS - Shaw	PK3-8th
Cesar Chavez PCS for Public Policy	6th-7th, 9th-12th
DC Prep PCS - Anacostia Elementary School	PK3-3rd
DC Prep PCS - Anacostia Middle School	4th-5th
DC Prep PCS - Benning Elementary School	PK3-3rd
DC Prep PCS - Edgewood Middle School	4th-8th
DC Wildflower PCS - The Riverside School	PK3-PK4
Digital Pioneers Academy PCS - Capitol Hill	8th-10th
Digital Pioneers Academy PCS - Jochenning	6th-7th
E.L. Haynes PCS - Middle School	5th-8th
Early Childhood Academy PCS	PK3-3rd
Friendship PCS - Woodridge Elementary School	PK3-3rd
Friendship PCS - Woodridge Middle School	4th-8th
Howard University Middle School of Mathematics and Science PCS	6th-8th
Ingenuity Prep PCS	PK3-8th
Kingsman Academy PCS	6th-12th
KIPP DC - AIM Academy PCS at Douglass Campus	5th-8th
KIPP DC - Arts and Technology Academy PCS at Smilow Campus	PK3-K
KIPP DC - College Preparatory Academy PCS	9th-12th
KIPP DC - Connect Academy PCS at WEBB Campus	PK3-K
KIPP DC - Discover Academy PCS at Douglass Campus	PK3-K
KIPP DC - Grow Academy PCS at Shaw Campus	PK3-K
KIPP DC - Heights Academy PCS at Douglass Campus	1st-4th
KIPP DC - Honor Academy PCS at Wheeler Campus	4th-8th
KIPP DC - Inspire Academy PCS at Wheeler Campus	1st-3rd
KIPP DC - KEY Academy PCS at Benning Campus	5th-8th
KIPP DC - Lead Academy PCS at Shaw Campus	1st-4th

KIPP DC - LEAP Academy PCS at Benning Campus	PK3-PK4
KIPP DC - Legacy College Preparatory Academy PCS at Highlands Campus	9th-12th
KIPP DC - Northeast Academy PCS at WEBB Campus	5th-8th
KIPP DC - Pride Academy PCS at Wheeler Campus	PK3-K
KIPP DC - Promise Academy PCS at Benning Campus	K-4th
KIPP DC - Quest Academy PCS at Smilow Campus	1st-4th
KIPP DC - Spring Academy PCS at WEBB Campus	1st-4th
KIPP DC - Valor Academy PCS at Smilow Campus	5th-8th
KIPP DC - WILL Academy PCS at Shaw Campus	5th-8th
Lee Montessori PCS - Brookland	PK3-6th
Lee Montessori PCS - East End	PK3-K
Mary McLeod Bethune Day Academy PCS - 16th Street Campus	PK3-2nd
Maya Angelou PCS - High School	9th-12th
Maya Angelou PCS - Young Adult Learning Center**	Adult
Meridian PCS - Elementary	PK3-5th
Mundo Verde Bilingual PCS - Calle Ocho Campus	PK3-2nd
Mundo Verde Bilingual PCS - J.F. Cook Campus	PK3-5th
Richard Wright PCS for Journalism and Media Arts	8th-12th
Rocketship DC PCS - Rise Academy	PK3-5th
Roots PCS	PK3-5th
The Children's Guild PCS	K-8th
The Next Step El Proximo Paso PCS**	Adult
Thurgood Marshall Academy PCS	9th-12th
Washington Global PCS	6th-8th
Washington Latin PCS - Cooper Campus	5th-6th
Washington Latin PCS - Middle School	5th-8th
Washington Latin PCS - Upper School	9th-12th
Washington Leadership Academy PCS	9th-12th
Subtotal:	62
Total UEMA Plans "Approved Pending AOM" Training & Certification	120

DCPS Schools With an Unapproved UEMA Plan (7 Schools)

SCHOOL NAME	Grades Served
Brent Elementary School	PK3-5
Eastern High School	9th-12th
Hardy Middle School	6th-8th
Lorraine H. Whitlock ES	PK3-5
Miner Elementary School	PK3-5
Peabody Elementary School (Capitol Hill Cluster)	PK3-K
Ron Brown College Preparatory High School	9th-12th
Subtotal:	7

DCPCS Schools With An Unapproved UEMA Plan (5 Schools)

SCHOOL NAME	Grades Served
Center City PCS - Brightwood	PK3-8
Shining Stars Montessori Academy PCS	PK3-6
Washington Yu Ying PCS	PK3-5
YouthBuild PCS **	Adult
Center City PCS - Trinidad	PK3-8
Subtotal:	5
Total Unapproved UEMA Plans	12

DCPCS School that Required a UEMA Plan but Did Not Submit One

SCHOOL NAME	Grades Served
Washington Latin PCS - Cooper Campus High School	9th*
* As indicated in OSSE's State Longitudinal Education Database on June 30, 2026.	
Subtotal:	1
Total - All Schools Requiring Plans According to OSSE	246

**Certain schools classified as "Adult" also admit high-school age students, thus requiring them to have a UEMA plan.

"Non-Reportable" Schools - Unclear Whether They Require Their Own UEMA Plan

SCHOOL NAME	Grades Served
Briya PCS - Fort Totten	PK3-PK4; Adult
Briya PCS - Petworth North / Shepherd St	PK3-PK4; Adult
Briya PCS - Petworth South	PK3-PK4; Adult
Goodwill Excel Center PCS - Maryland Avenue	Not Provided
Mary McLeod Bethune Day Academy PCS - Brookland Campus	PK3-8th
Meridian PCS - Middle	6th-8th
Oyster-Adams Bilingual School - Adams	PK4-3rd
Two Rivers PCS - 4th Street Middle	4th-5th

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