

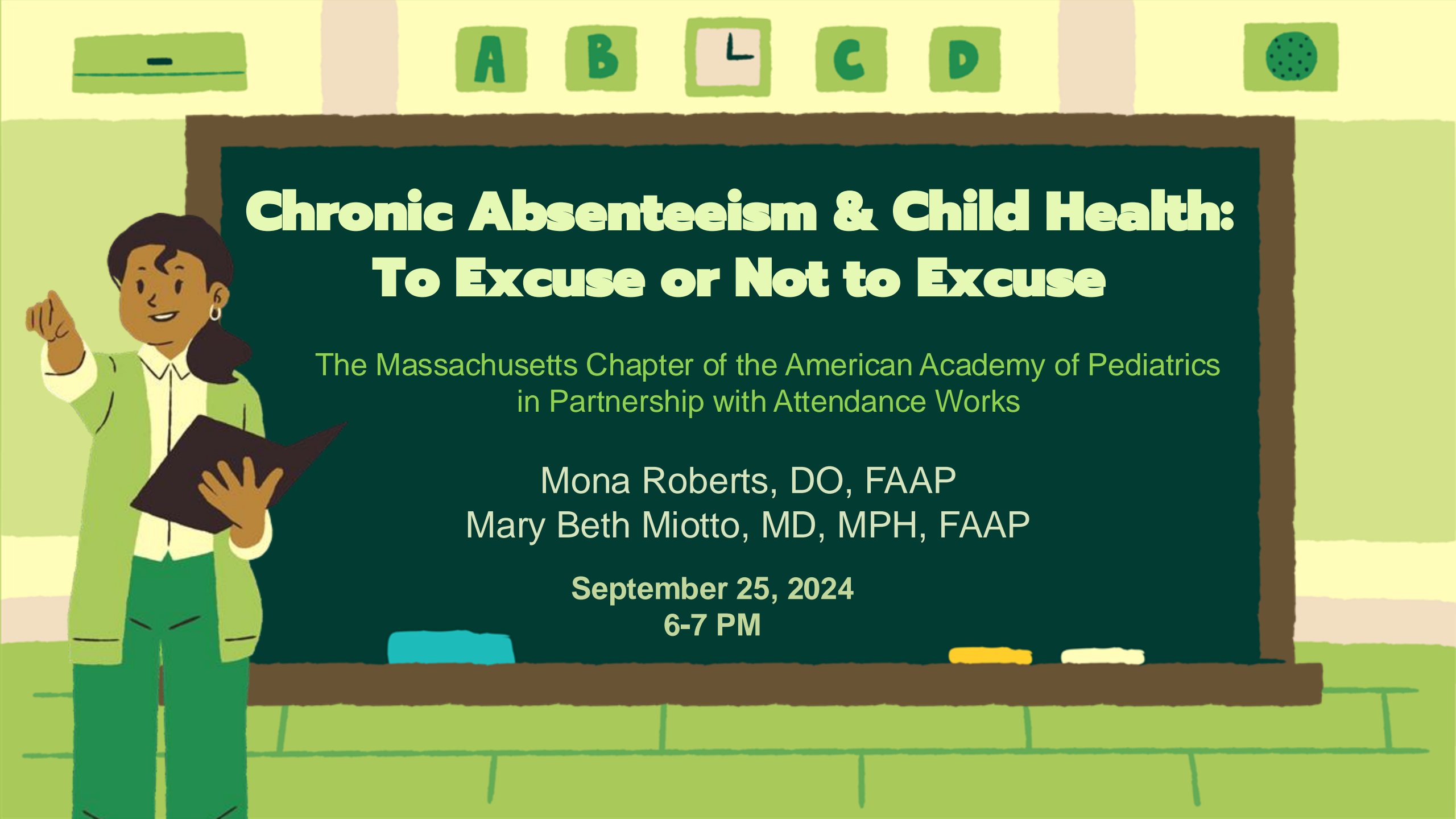


Chronic Absenteeism & Child Health: To Excuse or Not to Excuse

The Massachusetts Chapter of the American Academy of Pediatrics
in Partnership with Attendance Works

Mona Roberts, DO, FAAP
Mary Beth Miotto, MD, MPH, FAAP

September 25, 2024
6-7 PM





Housekeeping

Stay on mute but use the chat function to make your “voice” heard

CME/MOC2 Credit

MOC 4 Credit

Opportunity:

Contact

chaggerty@mcaap.org

Recording and Slide Deck will be posted



Dr. Roberts and Dr. Miotto have no relevant actual or potential conflicts of interest or financial relationships with the manufacturers or providers of any commercial product to disclose.

No off-label use of medications will be discussed.

Disclosures

Learning Outcomes

- Understand current data around chronic absenteeism and why it matters
- Describe health-related causes and implications of chronic absenteeism for well-being
- Identify evidence-based physical and mental health interventions that can improve attendance and reduce inequities
- Discuss how schools and healthcare providers can collaborate to promote school attendance



I feel that we can't educate children who are not healthy, and we can't keep them healthy if they're not educated. There has to be a marriage between health and education. You can't learn if your mind is full of unhealthy images from daily life and confusion about right and wrong.

— Joycelyn Elders —

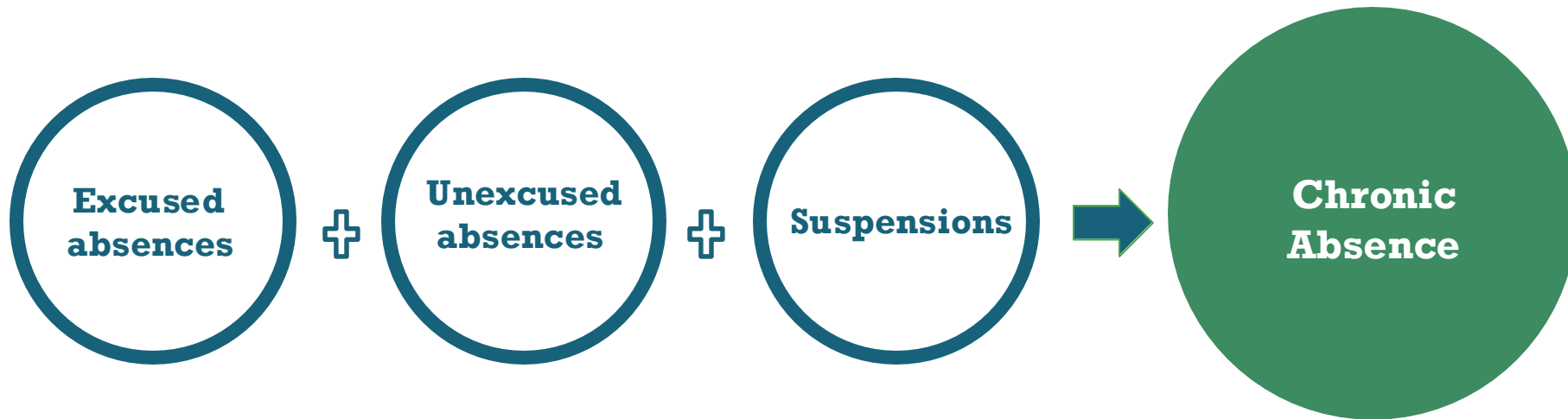
AZ QUOTES



What is chronic absence?

Chronic absence is missing so much school for any reason that a student is academically at risk.

Chronic absence is defined as **missing 10 percent or more of school for any reason.**



Chronic absence is different from **truancy** (unexcused absences only) or **average daily attendance** (how many students show up to school each day).

What's the difference between ADA, truancy & chronic absence?

Average Daily Attendance (ADA)

- School level measure (not student level)
- Notices aggregate attendance at certain point in time (e.g., half-days, holidays, bad weather)
- Masks individual student chronic absences

Truancy

- ▲ Counts ONLY unexcused absences
- ▲ Emphasizes individual compliance with school rules
- ▲ Uses legal, typically more blaming and punitive, solutions

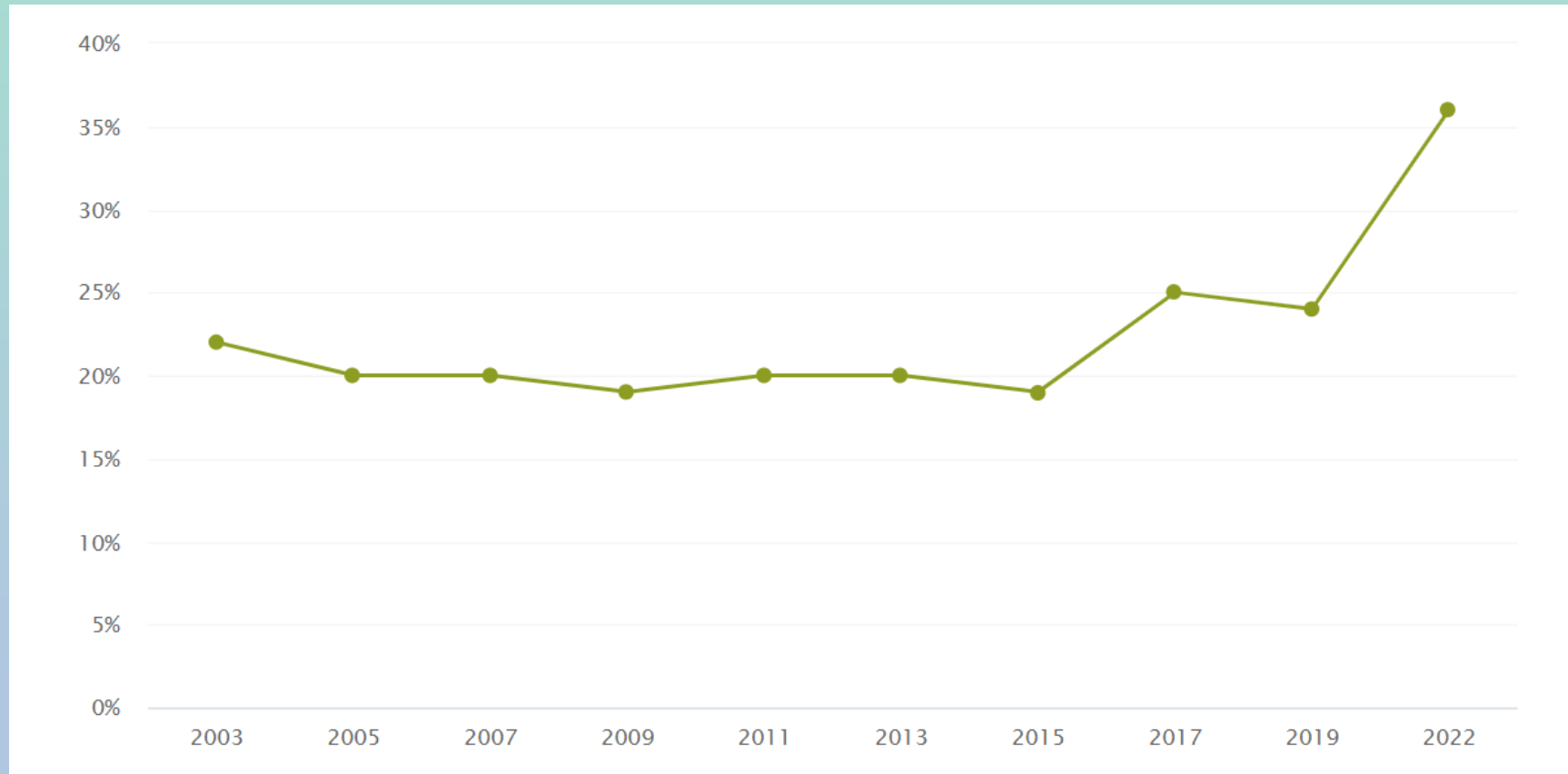
Chronic Absence

- Missing 10% counts ALL absences (*excused, unexcused, & suspensions*)
- Emphasizes impact of missed days and the benefits of being present
- Uses preventative, problem-solving, trauma-sensitive strategies
- Cultivates family and student engagement

The United States Faces an Attendance Crisis

- **Pre-pandemic: 8 million (1 out of 6) students were chronically absent** (*missing 10% or more of school for any reason: excused, unexcused, suspension*)
- **Chronic absence is higher than ever**, especially in early elementary and all throughout high school. By the end of school year (SY) 2021-22, data from multiple states showed chronic absence often doubled and affected more than 1 out of 4 students. Early district and state SY 2022-23 data show rates remain high.
- **Economically disadvantaged students and families as well as Native American, Black, Latino/Hispanic, and Pacific Islander students are disproportionately affected.**

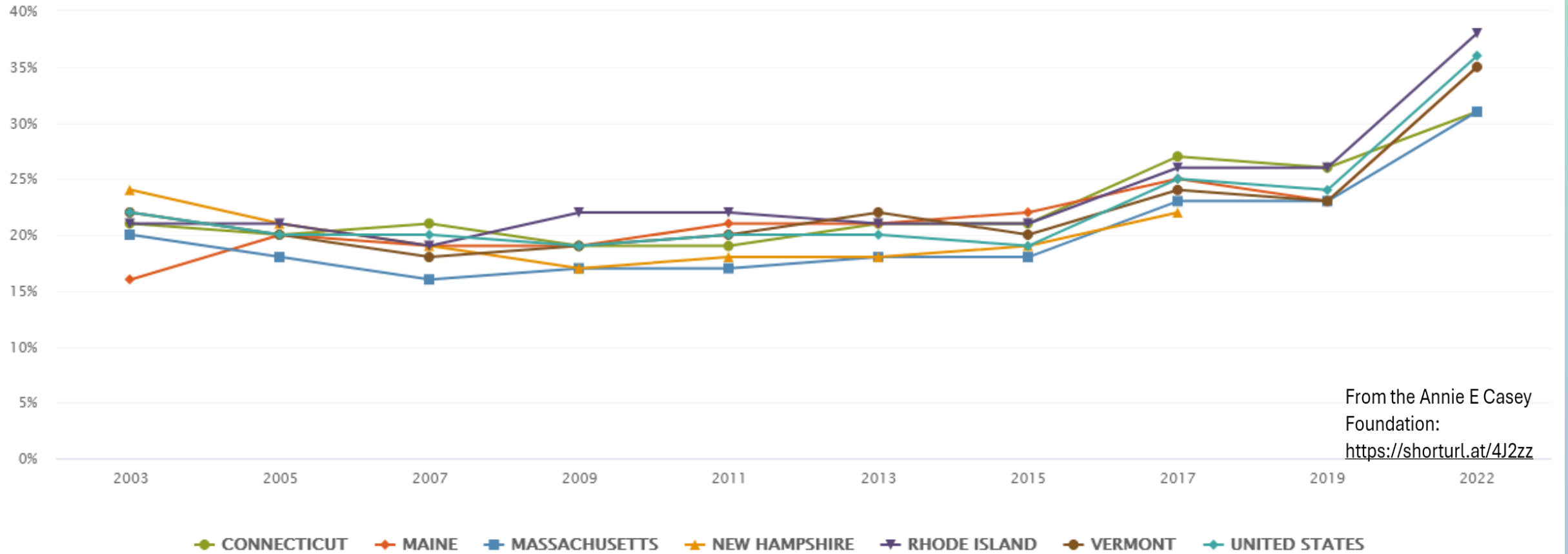
American Fourth Graders Who Are Chronically Absent From School



**Tracking the Nationwide Trends
from 2003-2022**

From the Annie E Casey
Foundation:
<https://shorturl.at/4J2zz>

FOURTH GRADERS WHO ARE CHRONICALLY ABSENT FROM SCHOOL (PERCENT)

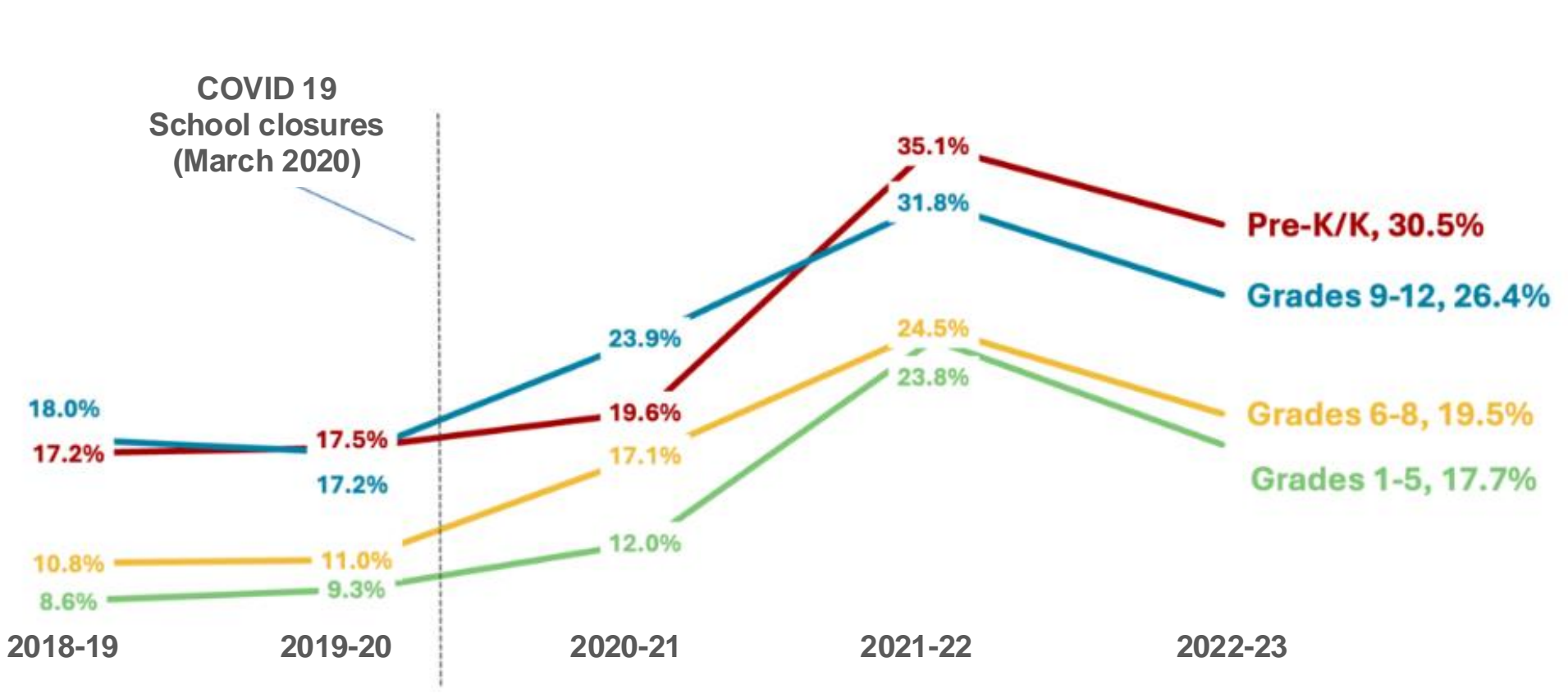


How Are We Doing: The New England States and the Nation 2003-2022

From Annie E Casey Foundation

Massachusetts Data Trends by Grade Span

Chronic absenteeism is highest in PreK/K and high school



Additional Insights

Chronically absent kindergarteners have lower attendance and lower achievement in future grades.

More than half of students who drop out were chronically absent 3 years prior.

Students in classrooms with high chronic absence feel a **spillover effect**; for example, lower test scores.

Do We See Disparities in Chronic Absenteeism?

Black students

Students with Disabilities

Students Experiencing Housing Instability

Native American and Pacific Islander

LatinX students

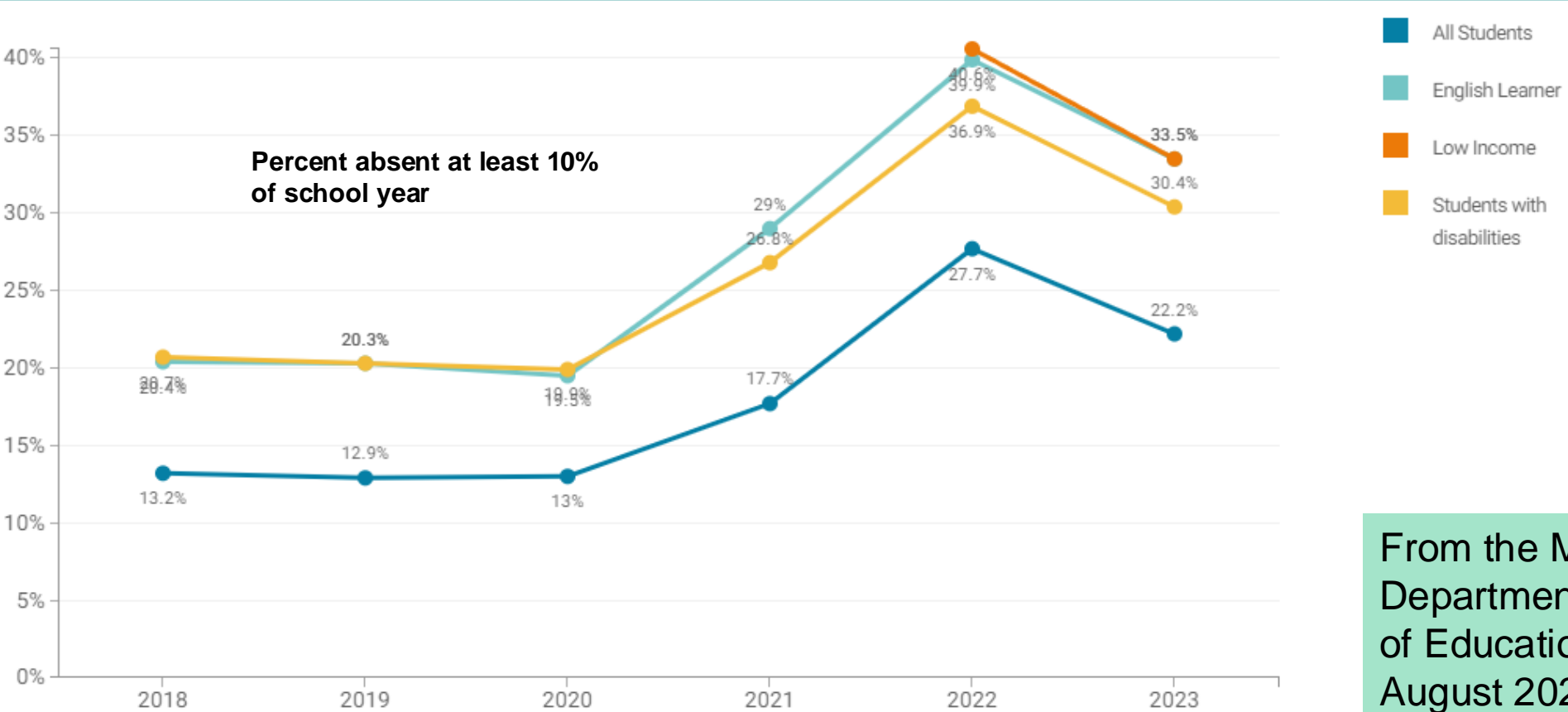
New Residents

Low Income Students

English Language Learners

Massachusetts Trends by Specific Student Groups

Chronic absenteeism rates are higher for English learners, low-income students, and students with disabilities



Additional Insights

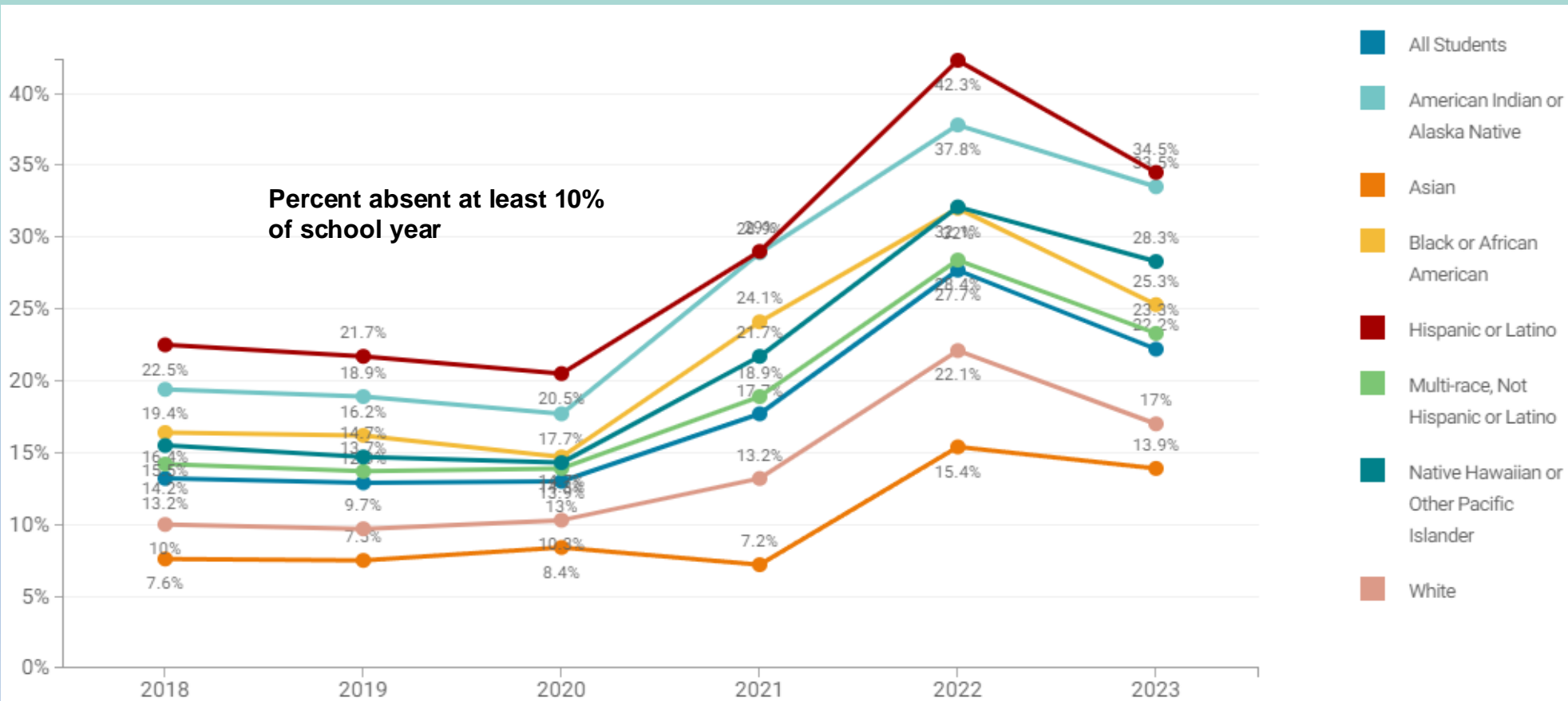
National research shows the negative effects of school absences are larger for low-performing, low-income, and English learner students.

Almost half (47%) of high school English Learners missed 10% of school in 2022-2023.

From the MA Department of Education August 2024 presentation

Massachusetts Trends by Race/Ethnicity

Chronic absenteeism varies by race/ethnicity



Additional Insights

2 out of 5 Hispanic high school students miss 10% of school or more

More MA districts impacted:

- March 2024: 338 districts and 1486 schools (10%+)
- 2018-19: 198 districts and 913 schools (10%+)

From MA Department of Education August 2024 presentation

Health-Related Barriers to Learning



The Link Between Chronic Absence and Health

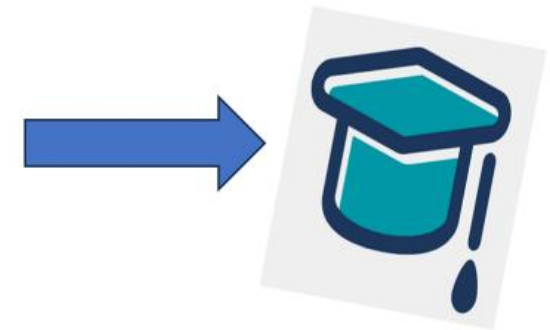
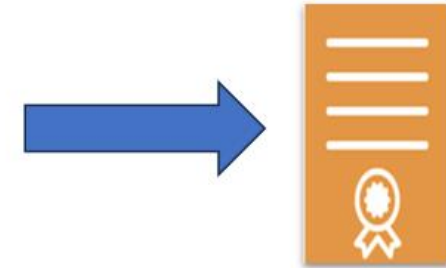
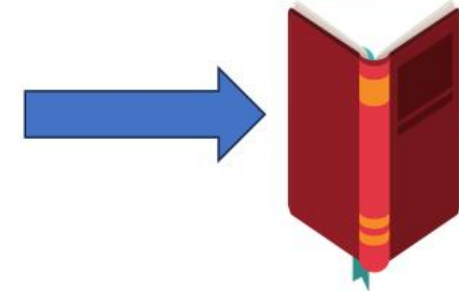
- Chronic absence is a warning sign that a health-related condition or a social determinant of health may need to be addressed.
- Children with acute and chronic health conditions are more likely to be absent from school.
- Students who are chronically absent from school are more likely to display behavior and discipline problems and engage in unhealthy activities.
- Chronic absence is an early warning sign that students are off track for reading by the end of third grade, completing middle school, and graduating from high school.

[Addressing the Health-Related Causes of Chronic Absenteeism: A Toolkit for Action](#)
[Vital Signs for Pediatric Health: Chronic Absenteeism](#)
[Associations of health risk behaviors with school absenteeism](#)
[Chronic Absenteeism Among Kindergarten Students](#)

[The Importance of Being in School: A Report on Absenteeism in the Nation's Public Schools](#)
[Present, Engaged, and Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades](#)
[Preschool Attendance in Chicago Public Schools: Relationships with Learning Outcomes and Reasons for Absences](#)
[Chronic Absenteeism in Utah Public Schools](#)

Why Chronic Absenteeism?

- Chronic absenteeism in early grades can **lead to below grade-level reading in 3rd grade, which in turn impacts high school graduation rates**
- By high school, irregular **attendance is a better predictor of school dropout than test scores**
- Not earning a high school diploma is **associated with increased mortality risk or lower life expectancy**



Vital Signs for Pediatric Health: Chronic Absenteeism

A National Academy of Medicine
Discussion Paper

nam.edu/Perspectives



**Absenteeism:
A vital sign for
both
individual
youth and the
health of the
educational
system?**

<https://nam.edu/wp-content/uploads/2023/06/Pediatric-Vital-Signs-Series-17.png>

An illustration of a woman with dark hair, wearing a green cardigan over a white collared shirt and green pants. She is holding a dark folder in her left hand and pointing with her right index finger towards the word 'Poll' on a chalkboard. The chalkboard is dark green with a brown frame and is set against a light green brick wall. On the ledge below the chalkboard, there are two pieces of chalk, one yellow and one white. The word 'Poll' is written in a large, white, sans-serif font.

Poll

Reducing Chronic Absence Requires Addressing Underlying Causes of Absenteeism *Including Health Challenges and Social Determinants of Health*

Barriers

- **Chronic and acute illness**
- Family responsibilities or home situation
- Trauma
- Poor transportation
- Housing and food insecurity
- **Inequitable access to needed services (including health)**
- System involvement
- Lack of predictable schedules for learning
- Lack of access to technology
- Community violence

Aversion

- Struggling academically and/or behaviorally
- Unwelcoming school climate
- Social and peer challenges
- **Anxiety**
- Biased disciplinary and suspension practices
- **Undiagnosed disability and/or lack of disability accommodations**
- Caregivers had negative educational experiences

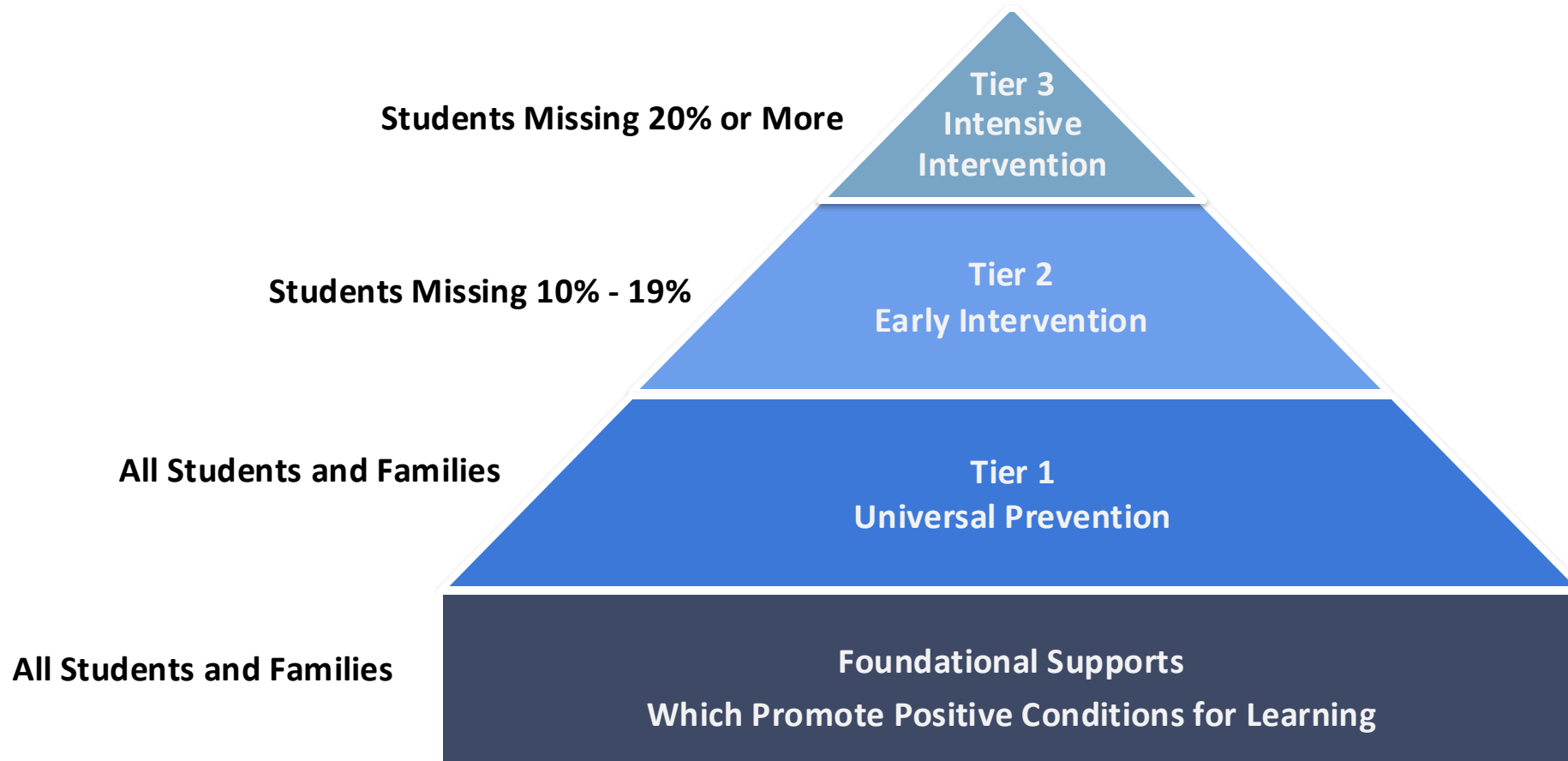
Disengagements

- Lack of challenging, culturally responsive instruction
- Bored
- No meaningful relationships to adults in the school (especially given staff shortages)
- Lack of enrichment opportunities
- Lack of academic and behavioral support
- Failure to earn credits
- Need to work conflicts with being in high school

Misconceptions

- Absences are only a problem if they are unexcused
- Missing 2 days per month doesn't affect learning
- Lose track and underestimate TOTAL absences
- Assume students must stay home for any symptom of illness
- Attendance only matters in the older grades
- Suspensions don't count as absence

Improving Attendance Requires A Multi-tiered System of Support



Evidence-Based Health Interventions Across Multiple Tiers That Improve School Attendance

School Policies

- Improving school climate and student connectedness can lead to improved attendance and a decrease in risky behaviors.
- A Whole School, Whole Community, Whole Child approach can help promote student health and improve academic performance.

Infection Prevention and Screenings

- Support hygiene practices, school-based vaccination programs, and more.
- Implement screenings for vision, dental, behavioral health, chronic health issues, food/housing insecurity, etc.

School Nurses

- Have one full time nurse in every school! 95% of students who see a school nurse are able to return to class.

School-Based Health Centers

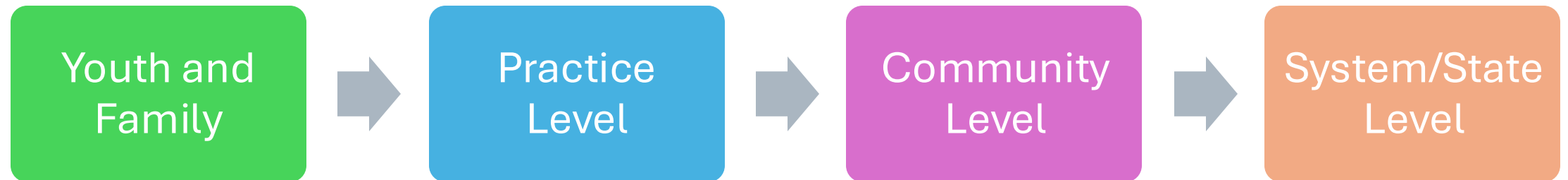
- There is a 25% decrease in tardiness and 50% decrease in absenteeism for HS students who received school-based mental health services.

22

Mental Health Services

- A trauma informed approach in schools can help decrease suspensions and improve attendance and school performance.

What can I do as a primary care pediatrician, family physician, or nurse practitioner?



Raise Office Staff and Parent Awareness

- Staff Awareness (“excuse notes”)
- Family Awareness
- Start in PreK and K
- Tie topics like sleep, hygiene, and symptoms to school attendance.



**Strong School
Attendance
Starts Young**



**Chronic
Absenteeism
Starts Early**

**Lay the Right Foundations from
the Beginning:
Healthy Habits**

Make the Case for Daily Attendance to Families

Attendance Is How Kids Learn

Call Our Office so We Can Support You

When is sick too sick for school?

A regular attendance routine is important for your child's well-being and learning. These tips can help you decide when to keep your child home when they don't feel well.

Send me to school if

- I have a runny nose or just a little cough, but no other symptoms.
- I haven't had a fever overnight and haven't taken fever reducing medicine during that time.
- I have a mild stomach ache.
- I haven't thrown up overnight and can drink liquids without throwing up.
- I have a mild rash and no other symptoms.
- I have eye drainage without fever, eye pain or eyelid redness.

Keep me at home if

- I have a temperature higher than 100.4
- I have thrown up two or more times in the past 24 hours.
- My stool is watery and I may not make it to the bathroom in time.

Seek medical care if

- I have a temperature higher than 100.4 and any of the following: ear pain, sore throat, rash, stomachache, headache or tooth pain.
- I have stomach pain and fever, I have bloody or black stool, or I am dehydrated (tired and sleepy, dry mouth) and/or I have not urinated in the last 8 hours.
- I have a persistent cough or trouble breathing, or have a fever with the cough.
- I have eye swelling, eye pain or an eye injury.
- I have a rash that has blisters, is draining, is painful, looks like bruises, and/or I have a fever with the rash.

If you don't know whether to send your child to school, have specific concerns regarding your child's physical or mental health, or are worried your child will spread illness, contact your child's health care provider, a local urgent care or the school nurse.

Please note: These tips are not meant to take the place of local health department/school district health guidance including about contagious illnesses such as Covid-19 and the flu.

Find tips about how to keep your child healthy and in school on the Attendance Works website:
<https://www.attendanceworks.org/resources/health-handouts-for-families/>





Give Parents Tools and Skills



- Handouts from Attendance Works and AAP
- Waiting Room Video at <https://www.attendanceworks.org/resources/videos/bringing-attendance-home-video/>

Raise Awareness and Prevent Illness during Well Child Visits, Urgent Visits, and with Chronic Condition Management



Help Your Child Succeed in Preschool and Kindergarten Build the Habit of Good Attendance

DID YOU KNOW...

Showing up on time every day is important to your child's success and learning from preschool forward. Missing 10% of school (1 or 2 days every few weeks) can make it harder to:

- Gain early reading and math skills.
- Build relationships.
- Develop good attendance habits.

High quality preschool and kindergarten has many benefits!

- The routines your child develops will continue throughout school.
- Make the most of early grades by encouraging your child to attend every day.

WHAT YOU CAN DO

Work with your child and his/her teacher to develop your child's strong attendance.

Talk about it – sing about it – make it an adventure!

- Set a regular bedtime and morning routine.
- Lay out clothes and pack backpacks the night before.
- Share ideas with other parents for getting to school on time.

Before the school year starts


- Find out what day school starts and begin a countdown!
- Make sure your child has the required shots.
- Attend orientation with your child to meet teachers and classmates and find out about health and safety procedures.

Ready, Set, GO!

- If you are concerned your child may have a contagious illness, call your school or health care provider for advice. Ask for resources to continue learning at home if needed.
- Ask family members or neighbors for assistance if you need help.
- Try to schedule non-urgent medical appointments and extended trips when school is not in session.
- If your child seems anxious about going to preschool, talk to the program director, teacher, your doctor or other parents for advice. Make sure the program is a good fit for your child.



Revised April 2024
Visit Attendance Works at www.attendanceworks.org for free downloadable resources and tools!



Health Guidance for Going to School

Showing up to school every day is critical for children's well-being, engagement and learning.

Make sure to send children to school if they are:




- Generally healthy and well.
- Participating in usual day-to-day activities.
- Children can even go to school if they:
 - Have a mild cold, which may include a runny nose and/or cough.
 - Have eye drainage without fever, eye pain or eyelid redness.
 - Have a mild stomachache.
 - Have a mild rash with no other symptoms.
 - Have head lice. Though they are annoying and should be treated, lice are not a reason to exclude a child from school.
 - Haven't had a fever overnight and they have not taken fever-reducing medicine during that time.

Avoid keeping children at home unless they are too sick to participate. Please see the back of this handout for details. Note that in most situations, a health-care provider's note is not needed to return.

Children may also avoid school due to anxiety (symptoms may include decreased appetite, feeling tired, stomachache, headache etc). If you are worried that your child may be suffering from anxiety, talk with your teacher, the school nurse, social worker or other school staff to discuss the challenge and identify what can help your child stay in school.

If your child has a compromised immune system or is at high risk for complications from common illnesses, please talk to your school (school nurse if available) about developing a plan with you and your child's health-care provider to keep your child healthy and safe while attending school.

Please note: This document is not meant to take the place of local health department/school district guidance including about contagious illnesses such as Covid-19 and the flu.



<https://www.attendanceworks.org/resources/health-handouts-for-families/>





Parent Handout on Anxiety

This handout provides answers to key questions:

- ❖ What are the symptoms?
- ❖ When does anxiety become a problem?
- ❖ What can families do to support their child?
- ❖ How can schools and health providers help?
- ❖ Where can I find additional information?

<https://www.attendanceworks.org/take-action/community-and-agency-partners/health-care-providers/>




Is your child missing school due to anxiety?

Definition of anxiety: Feeling of fear and uneasiness about everyday situations.

If your child is suffering from anxiety, you are not alone. The good news is that in most situations, anxiety is normal and temporary. Anxiety becomes a concern if it persists - it can impact relationships with family, peers and teachers, contribute to academic challenges, and lead to school avoidance/refusal. Addressing anxiety is important for a child's overall well-being, not just attendance.

In addition, if your child starts to complain of symptoms like a headache or stomach ache, it is important to **quickly determine** if this is related to anxiety or a physical illness which might require missing school. If the challenge is anxiety, then staying home may worsen the situation.



What are the symptoms of anxiety?

Persistent anxiety can present in many ways, making it difficult to recognize. Symptoms may vary depending on the age of the child, and some children may keep worries to themselves or have difficulty explaining their feelings making it hard to identify symptoms. Anxiety symptoms can include, but aren't limited to, the following:

- Feeling tired, irritable or easily tearful
- Having trouble separating from parents
- Difficulty sleeping or frequent nightmares
- Trouble getting out of bed or dressed for school
- Lack of appetite
- Trouble concentrating which may lead to difficulty starting tasks, problems with homework and falling behind in school
- Physical symptoms, including stomachaches and headaches
- Avoiding activities they previously enjoyed
- Negative or continuous thoughts that something bad is going to happen

School Avoidance: Tips for Concerned Parents

School avoidance (sometimes called *school refusal* or *school phobia*) occurs in as many as 5% of children. Kids may outright refuse to attend school or create reasons why they should not go. They may miss a lot of school, complaining of not feeling well, with vague, unexplainable symptoms.



Many children who try to avoid going to school have anxiety-related symptoms over which they have no conscious control. They may experience headaches, stomachaches, hyperventilation, nausea or dizziness—symptoms that happen most often on school days, and are usually absent on weekends. When these children are examined by a doctor, no physical illnesses ([/English/ages-stages/gradeschool/school/Pages/When-to-Keep-Your-Child-Home-from-School.aspx#%3a-%3atext=As%20general%20guidelines%2c%20keep%20your%2cenough%20to%20participate%20in%20class](#)) are detected or diagnosed.

Here's what else to know about school avoidance and how to work with your child to help solve it.

School-related anxiety

Most often, school-avoiding children do not know exactly why they feel sick. They may have a hard time telling you what is causing their discomfort or upset.

When school-related anxiety ([/English/family-life/family-dynamics/Pages/help-your-child-manage-fears-and-anxieties.aspx](#)) is causing school avoidance, the symptoms may be ways to communicate emotional struggle with issues like:

- Fear of failure
- Increase in academic struggles
- Problems with other children (for instance, being teased)
- Anxieties over toileting in a public bathroom
- A teacher's perceived "meanness"
- Online bullying ([/English/family-life/Media/Pages/Cyberbullying.aspx](#)) outside of school hours
- Threats of physical harm (as from a school bully) or actual physical harm

What to do when your child doesn't want to go to school

1st step, an examination by your child's doctor can rule out physical illness. The doctor also can help you explore reasons your child may be feeling and create a plan to help them get back to school.

The Challenge of School Avoidance

<https://shorturl.at/JN4x7>

Explain to Parents Why Attendance Matters in PreK through First Grade

- Across the nation, one in four kindergartners are chronically absent.
- 17% of children with chronic absenteeism in kindergarten AND first grade were reading at grade level in third grade.



Champion Strong Attendance and Health in Early Childhood Education

- Work with your local Head Start and other early education partners even if they don't have an official school nurse
- Build awareness that your office is on the “back to school” team
- Advocate for bidirectional communication. Reach out to the programs with questions about “return to school” protocols.
 - Offer education or handouts on safe return to school for infectious diseases.
- Be a resource for school nurse or teacher health questions.



Managing Infectious Diseases in Child Care and Schools

A Quick Reference Guide, 3rd Edition



Editors

Susan S. Aronson, MD, FAAP Timothy R. Shope, MD, MPH, FAAP

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Pediatricians can treat students AND educate our partners in education

Hand-Foot-and-Mouth Disease

What is hand-foot-and-mouth disease?

A common set of symptoms associated with viral infections that are most frequently seen in the summer and fall. Despite its scary name, this illness is generally mild.

What are the signs or symptoms?

- Tiny blisters in the mouth and on the fingers, palms of hands, buttocks, and soles of feet that last a little longer than a week (see box), or all of these body sites may be involved with the blisters.
- May see common cold signs or symptoms with fever, sore throat, runny nose, and cough. The most troublesome finding is blisters in the mouth, which make it difficult for the child to eat or drink. Other signs or symptoms, such as vomiting and diarrhea, are severe but are less frequent.
- Hand-foot-and-mouth disease may cause nonspecific symptoms.

What are the incubation and contagious periods?

- Incubation period: 3 to 6 days.
- Contagious period: Virus may be shed for weeks to months in the stool after the infection clears; respiratory shedding of the virus is usually limited to 1 to 2 weeks.

How is it spread?

- Respiratory (droplet) route: Contact with large droplets that form when a child talks, sneezes, or sneezes. These droplets can land on or be inhaled into the eyes, nose, or mouth. The droplets do not stay in the air; they usually land no more than 3 feet and fall onto the ground.
- Contact with the respiratory secretions from or objects contaminated by children who carry these viruses.
- Fecal-oral route: Contact with feces of children who are infected. This generally involves an infected child contaminating their own fingers and then touching an object that another child touches. The child who touched the contaminated surface then puts their fingers into their own mouth or another person's mouth.



Close-up of blisters inside the lips.



Close-up of blisters on hands and feet.

How do you control it?

- Prevent contact with respiratory secretions. Teach children oral education to cover their noses and mouths when sneezing or coughing with a disposable facial tissue, if possible, or with an upper arm sleeve or elbow. If no facial tissue is available in the room, teach everyone to remove any mucus or debris on skin or other surfaces and perform hand hygiene.

right after using facial tissues or having contact with mucus to prevent the spread of disease by contaminated hands. Change or cover clothing with mucus on it.

- Degree of facial tissues that contain nasal secretions after each use.
- Use good hand hygiene technique at all the times listed in Chapter 2, especially after diaper changing.

What are the roles of the educator and the family?

- Report the infection to the staff member designated by the early childhood education program or school for decision-making and action related to care of ill children. That person, in turn, alerts possibly exposed family and staff members to watch for symptoms.
- Encourage the family to seek medical advice if the child is very uncomfortable with signs of illness from the infection, such as an inability to drink or eat, or if the child seems very ill.

Exclude from educational setting?

No, unless

- The child is unable to participate and staff members determine they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group. Extensive drooling from mouth areas might be a problem that staff members will find difficult to manage for some children with this disease.
- The child meets other exclusion criteria (see *Classroom Reporting Temporary Exclusions* in Chapter 4).

Readmit to educational setting?

Yes, when all the following criteria are met:

When exclusion criteria are resolved, the child is able to participate, and educators determine they can care for the child without compromising their ability to care for the health and safety of the other children in the group.

Notes: Exclusions will not reduce disease transmission because some children may shed the virus without becoming recognizably ill and other children who become ill may shed the virus for weeks in the stool.

In some cases, the local health department may require children with hand-foot-and-mouth disease to stay home to control an outbreak.



Build Partnerships with Schools and School Nurses

- Partner with school nurses on “get back to school” messages
- Educate yourself and school staff on and protocols (fever, emesis, pink eye).
- Utilize school health to administer acute and chronic medications.



- Respect FERPA and HIPAA while communicating with school health.
- Create workflows to keep school medication orders, school refills, and action plans updated.
- Offer help with IHPs & IEPs.

Understand What Absenteeism Looks Like in Your Community

2023-24 (March) Attendance Report (District) - All Students



This report includes several indicators that reflect attendance information collected on March 1st and at the end of the selected school year for students in grades PK-12. Click a district or school name to view its detailed report.

[More about the data.](#)

NOTE: This is a revised Attendance Report and now includes student group data. For attendance data reported in previous years, please see <http://profiles.doe.mass.edu/statereport/indicators.aspx>

Data was last updated on May 16, 2024.

Report Type: Year: Student Group:

District Name	District Code	Attendance Rate	Average # of Absences	Absent 10 or more days	Chronically Absent (10% or more)	Chronically Absent (20% or more)	Unexcused > 9 days
Abby Kelley Foster Charter Public (District)	04450000	95.8	5.0	14.8	9.6	1.3	0.0
Abington	00010000	93.4	7.4	24.2	16.6	4.0	10.2
Academy Of the Pacific Rim Charter Public (District)	04120000	92.0	8.5	33.5	31.2	7.8	0.0
Acton-Boxborough	06000000	94.8	5.7	16.4	12.0	2.3	0.0

<https://profiles.doe.mass.edu/statereport/attendance.aspx>



ADVOCACY

What Interventions Make Significant Differences?

School Nurses in the Building

95% of students who can see a school nurse get back to class. 83% of students who are in schools without a school nurse return to class on the same day.

Improvement? One Step At a Time



*School Attendance Is
a Necessary Driver
of School Success
and Health*

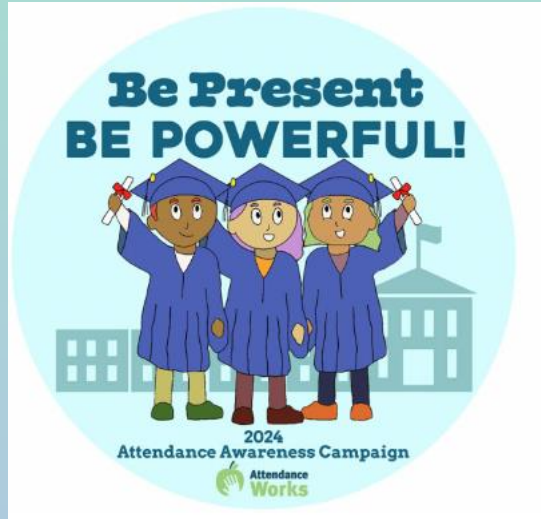
What's Your
First Step?

Just Start
Somewhere

*School Attendance Is
a Pediatric Vital Sign*

*Chronic Absenteeism
is a Health
Disparities Multiplier*

Resources



<https://www.attendanceworks.org/>

<https://nam.edu/vital-signs-for-pediatric-health-chronic-absenteeism/>

[The Link Between School Attendance and Good Health. AAP Policy Statement 2019.](#)

AAP Council on School Health: School Health Learning Burst Library:

<https://www.aap.org/en/patient-care/school-health/teams-enhancing-school-health-services/learning-burst-library-school-health/>

American Academy
of Pediatrics



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“Getting Credit”

Complete the evaluation and assessment for CME and MOC 2 credit.

If you are interested in participating in a simple 3-month MOC 4 activity, check that box on your evaluation form or contact Cathleen Haggerty

An illustration of a woman with dark hair, wearing a green cardigan over a white collared shirt and green pants. She is holding a dark folder in her left hand and pointing with her right index finger towards the word 'Poll' on a green chalkboard. The chalkboard is set against a light green brick wall. On the ledge below the chalkboard, there are two pieces of chalk, one yellow and one white. The word 'Poll' is written in a large, white, sans-serif font.

Poll

Please Contact Us With Questions or to Join Our MCAAP Task Force on Chronic Absenteeism

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Time for Questions and Observations

