



INTERNATIONAL
RESCUE
COMMITTEE

H.B. 230: Refugee and Immigrant Student Policies Amendments

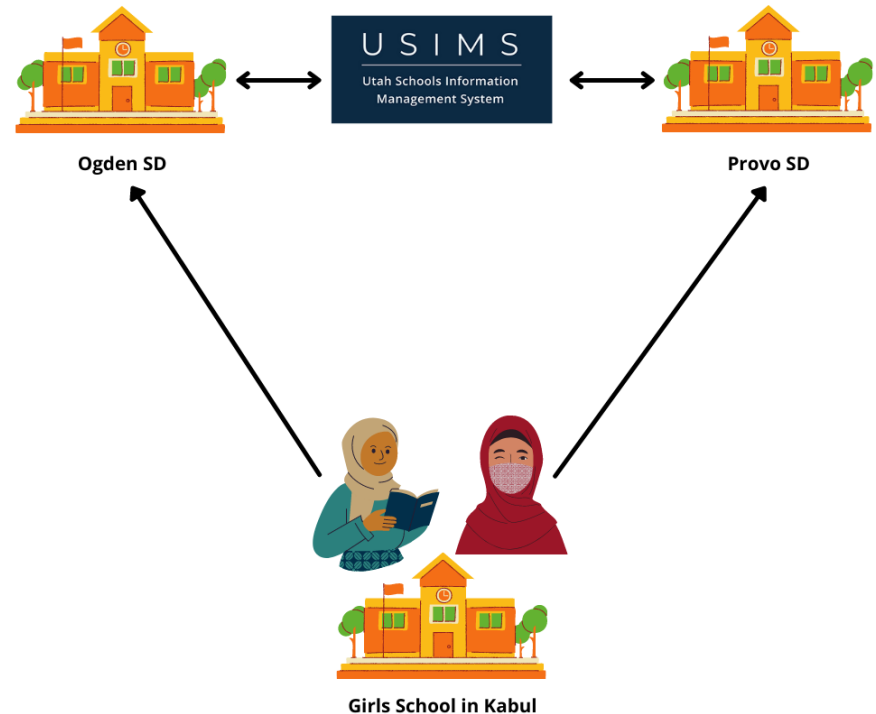
Sponsored by Representative Dan Johnson

H.B. 230 Provisions

1. Newcomer Student and Foreign Exchange Student Transcript Repository
2. Newcomer Age Documentation & Recognition
3. Conditional Enrollment Extension Clarification

Newcomer Transcript Repository

- Best practices for **linguistic interpretation**
- Interpretation of **educational experiences**
- **Placement** of newcomer students

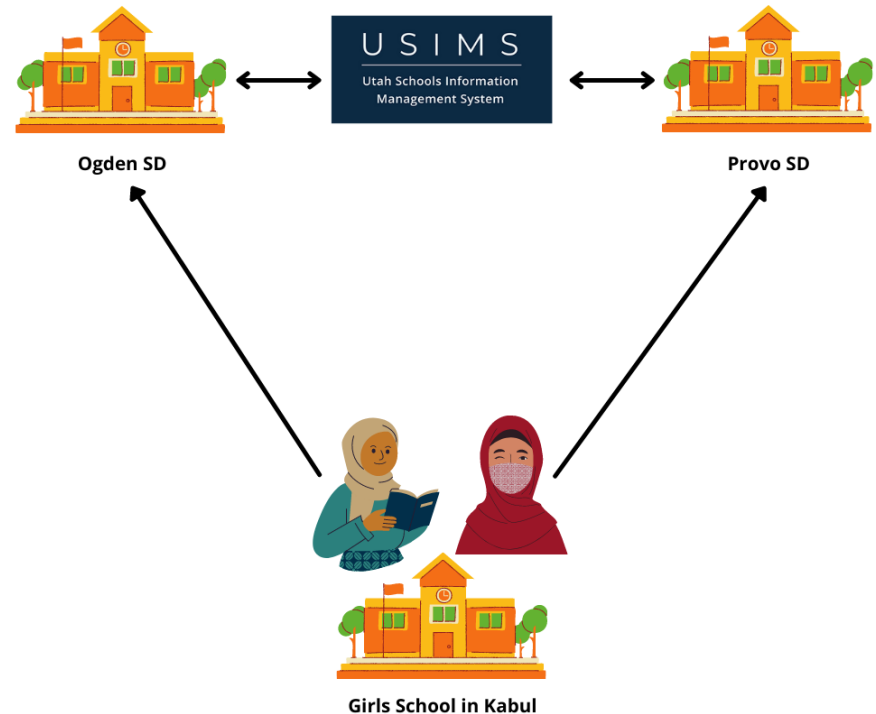


“The Legislature shall make laws for the establishment and maintenance of a system of public schools, which shall be open to all the children of the State and be free from sectarian control.”

Article III of the Utah Constitution

Newcomer Transcript Repository

- Best practices for **linguistic interpretation**
- Interpretation of **educational experiences**
- **Placement** of newcomer students



Age Documentation

Discrepancies:

- Linguistic or calendar translation errors may occur
- Documentation may be lost in flight
- Birthdates/calendars have less cultural significance
- Birthdates do not mean “day of birth”
- Jan. 1st assigned birthdates

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

Welcome to the United States
I-94 Arrival/Departure Record
Instructions

This form must be completed by all persons except U.S. Citizens, returning resident aliens, aliens with immigrant visas, and Canadian Citizens visiting or in transit.

Type or print legibly with pen in ALL CAPITAL LETTERS. Use English. Do not write on the back of this form.

This form is in two parts. Please complete both the Arrival Record (Items 1 through 17) and the Departure Record (Items 18 through 21).

When all items are completed, present this form to the CBP Officer.

Item 9 - If you are entering the United States by land, enter LAND in this space. If you are entering the United States by air, enter SEA in this space.

U.S.C. 552(a)(7) Privacy Act Notice: Information collected on this form is required by Title 5 of the U.S. Code including the INA (9 U.S.C. 1105, 1187, and 1205) and 42 CFR 205.1, 206, and 1205.1. The purpose for this collection is to give the name of admission and document for arrival and departure of nonimmigrant aliens in the U.S. The information collected on this form may be made available to other government agencies for law enforcement purposes or to assist CBP in maintaining your admissibility. All nonimmigrant alien entering into the U.S. unless otherwise exempt, must provide this information. Failure to provide this information may delay the entry of the United States abroad in your record.

CBP Form I-94 (05/08)
OMB No. 1651-0111

Arrival Record

Admission Number
00000000
00

1. Family Name
2. First (Given) Name
3. Birth Date (DD/M/YY)
4. Country of Citizenship
5. Sex (Male or Female)
6. Passport Issue Date (DD/M/YY)
7. Passport Expiration Date (DD/M/YY)
8. Passport Number
9. Arrival and Flight Number
10. Country Where Born
11. Country Where Born (Postal Code)
12. City Where You Were Born
13. Date Issued (DD/M/YY)
14. Address While in the United States (Number and Street)
15. City and State
16. Telephone Number in the U.S. Where You Were Born
17. Email Address

CBP Form I-94 (05/08)
OMB No. 1651-0111

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

Departure Record

Admission Number
00000000
00

18. Family Name
19. First (Given) Name
20. Birth Date (DD/M/YY)
21. Country of Citizenship

CBP Form I-94 (05/08)
OMB No. 1651-0111

See Other Side STAPLE HERE

I-94 Arrival Record

Impact of Age Recognition



Placement



Health Screenings



Graduation

Remedial Procedure for No Documentation

53G-6-603-1 (Existing)

(1) Upon enrollment of a student for the first time in a particular school, that school shall notify in writing the person enrolling the student that within 30 days he must provide either a certified copy of the student's birth certificate, or **other reliable proof of the student's identity and age**, together with an **affidavit explaining** the inability to produce a copy of the birth certificate.

Remedial Procedures for *Incorrect* Documentation

Paper Procedure:

1. An affidavit
2. Supporting documentation

Supporting documentation may include:

- A religious, hospital, or physician certificate
- A family religious text
- An adoption record
- A school record
- An immunization record
- Social services documentation
- Legal documentation

Remedial Procedures for *Incorrect* Documentation

Review Team

Procedure: work with the enroller to determine the student's biological age for LEA use

The Review Team may include:

- A district administrator
- A teacher/teachers
- The Principal
- A Counselor
- A school social worker
- A school psychologist
- A community representative
- A school nurse
- An interpreter
- An Ed Equity Administrator

Updated Child Protection Policies

- Team member must complete **child sexual abuse** prevention instruction
- Suspected **child abuse and neglect** mandatory reporting
- Physical or **sexual abuse by an educator** mandatory reporting
- **Child trafficking** reporting

Conditional Enrollment

53G-9-308-1

Conditional Enrollment allows a student for whom a school has not received a complete immunization record to attend the school for **21 calendar days** (or 30 days for students of military families) after providing notice to the student's family.

R396-100-7

“...To be conditionally enrolled, a student **must have received at least one dose** of each required vaccine and **be on schedule** for subsequent immunizations...”

Mandatory Medical Examination Overseas



Photo	U. S. Department of State			OMB No. 1405-0113		
	REPORT OF MEDICAL EXAMINATION BY PANEL PHYSICIAN			EXPIRATION DATE: XX/XX/XXXX ESTIMATED BURDEN: 10 minutes (See Page 2 - Back of Form)		
	Surnames		Given Names		Birth Date (mm-dd-yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
	U.S. Consulate/Embassy		Document Type	Document Number	Case or Alien Number	
Birthplace (City, Country)		Present Country of Residence		Prior Country of Residence		
Present Address of Residence		Present City of Residence		Present Postal Code of Residence		
Intended US Address			Intended US City			
Intended US State		Intended US Postal Code		Country of Nationality		
Phone Number		E-mail Address				
Date of Medical Exam (Date of physical exam or date of final TB culture results, if cultures performed) (mm-dd-yyyy)						
Date Exam Expires (3 months if Class B0 or B1 TB, otherwise 6 months) (mm-dd-yyyy)						
Exam Place of Current Exam (City, Country)			Date of Prior Exam, if any (mm-dd-yyyy)			
Panel Physician Performing Exam		Panel Site		Radiology Facility		
Sputum Collection Site		Sputum Smear and Culture Laboratory		Syphilis Laboratory		
Drug Susceptibility Test Laboratory		TB DOT Facility		Gonorrhea Laboratory		
Applicant Category (Mark One)	<input type="checkbox"/> Immigrant Visa <input type="checkbox"/> Special Immigrant (SIV) <input type="checkbox"/> Adoptee	<input type="checkbox"/> Refugee <input type="checkbox"/> Follow to join refugee	<input type="checkbox"/> Asylee <input type="checkbox"/> Follow to join asylee	<input type="checkbox"/> Non-Immigrant Visa (NIV) <input type="checkbox"/> K-Visa <input type="checkbox"/> Other NIV _____	<input type="checkbox"/> Parolee <input type="checkbox"/> Parolee	
1. Classification (Check all boxes that apply)						
<input type="checkbox"/> No apparent defect, disease, or disability (See Worksheets DS-3025, DS-3026, DS-3030)						
<input type="checkbox"/> Class A Conditions (See Worksheets DS-3025, DS-3026, DS-3030)						
<input type="checkbox"/> Tuberculosis disease (1A1)		<input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorders) with harmful behavior or history of such behavior likely to recur (1A3)				
<input type="checkbox"/> Syphilis, untreated (1A1)		<input type="checkbox"/> Addition or abuse of specific substance on the Controlled Substances Act (1A4)				
<input type="checkbox"/> Gonorrhea, untreated (1A1)		<input type="checkbox"/> Immigrant visa applicant refuses vaccinations (1A2)				
<input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary (1A1)						

DS-2054
03-2020 Page 1 of 2

Refugee Enhanced Vaccinations/Screenings

Centers for Disease Control and Prevention, 2021

Vaccines administered:

Hepatitis B (HepB); Haemophilus influenzae type B (Hib); pneumococcal conjugate vaccine (PCV); diphtheria, tetanus, pertussis (DTP); oral polio vaccine (OPV); inactivated polio vaccine (IPV); tetanus, diphtheria (Td); meningococcal conjugate vaccine with protection against serogroups A, C, W, and Y (MenACWY); measles, mumps, and rubella (MMR)

Diseases Screened:

Gonorrhea, leprosy, syphilis, tuberculosis, cholera, diphtheria, measles, plague, smallpox, yellow fever, viral hemorrhagic fevers, severe acute respiratory syndromes, pandemic flu, polio, and other public health emergencies of international concern

Waivers for Vaccinations

Immigration and Nationality Act, Section 212

1. “Not Medically appropriate” – Panel Physician

2. “Contrary to the alien's religious beliefs or moral convictions” – U.S. Attorney General

U.S. Department of State
OMB No. 1405-0113
EXPIRATION DATE: XX/XX/XXXX
ESTIMATED BURDEN: 20 minutes
(See Page 2 of 2)

VACCINATION DOCUMENTATION WORKSHEET
To Be Completed by Panel Physician Only
For US Vaccination Requirements
GIVE COPY TO APPLICANT

Photo

Surnames	Given Names	Birth Date (mm-dd-yyyy)	Exam Date (mm-dd-yyyy)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate.
Document Type	Document Number	Case or Alien Number		

1. Vaccination Record
Vaccine History Transferred From a Written Record
List Chronologically from Left to Right. Provide date as mm-dd-yyyy

Vaccine	Date	Date	Date	Date	Date	Date	Date	Date	Indicate reason below. Mark all that apply (see legend):
Diphtheria, tetanus, pertussis									A, B, C*, D, F, H
<input type="checkbox"/> DTP, DTap									
<input type="checkbox"/> DT									
<input type="checkbox"/> Td									
<input type="checkbox"/> Tdap									
<input type="checkbox"/> TT									
Polio									
<input type="checkbox"/> OPV									
<input type="checkbox"/> IPV									
Measles, mumps, rubella									
<input type="checkbox"/> MMR									
<input type="checkbox"/> Measles									
<input type="checkbox"/> Mumps									
<input type="checkbox"/> Rubella									
Rotavirus									
<input type="checkbox"/> RotaTeq (RV5)									
<input type="checkbox"/> Rotarix (RV1)									
Hib									
Hepatitis A									
Hepatitis B									
Meningococcal MenACWY Conjugate (specify brand in remarks)									
Varicella									
<input type="checkbox"/> Vaccine <input type="checkbox"/> Varicella History									
Pneumococcal									
<input type="checkbox"/> PCV 10									
<input type="checkbox"/> PCV 13									
<input type="checkbox"/> PPSV 23									
Influenza									
Other									

Blanket waiver legend: A Not age appropriate B Insufficient time interval to complete series C* Contraindications (C1-C6, see below) D Not available in-country F Flu vaccine not available H Known chronic hepatitis B virus infection

Contraindications (record in blanketwaiver column): C1 Current pregnancy; C2 Immune compromised; C3 History of severe allergic reaction to vaccine or vaccine component; C4 Other severe reaction to vaccine; C5 Current moderate to severe illness; C6 Other, specify in remarks

DS-3025 03-2020 Please complete Page 2 Page 1 of 2

Medical Inadmissibility

Immigration and Nationality Act, Section 212(a)(1)(A)

Any alien-

(i) who is determined (in accordance with regulations prescribed by the Secretary of Health and Human Services) to have a **communicable disease of public health significance;**



Domestic Health Screenings

- 30-90 days following arrival
- Physical Exams
- Tests & Screenings
- Complete Vaccinations
 - School Enrollment
 - Green Card Requirements
- Connect to long-term care

Attachment 2

Utah REFUGEE HEALTH SCREENING FORM

Date of Arrival: ___/___/___ Screening Clinic: _____ Screen Date: ___/___/___

Last Name: _____ First Name: _____ Foster Care:

Address: _____ DOB: ___/___/___ Sex: M F Alien ID: _____ Resettlement Agency: _____

Place of Birth: _____ Arrive From: _____ Nativity/Culture: _____ Language: _____ USPHS Class: B1 B2

PHYSICAL EXAM:

Weight	Height	BP	BMI	Visual Acuity	Y N	Referral needed	Y N	Tobacco user	Y N
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TB SCREENING:

TB Test	PPD	QFT	Tspot	Date	/ /	Results	mm	Neg	Pos	Indeterminate	Date	/ /	Xray Results	Normal	Abnormal	Date	/ /
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LAB TESTS:

Hemoglobin	Hd	MCV	Diabetes Screened (high risk)	Y N	Results:	Urine Analysis	Y N	Findings:			
HIV (≥13 yrs)	o Negative	o Positive	o Indeterminate	Syphilis (≥15 years)	o Negative	o Positive	o Indeterminate	Gonorrhea	o Negative	o Positive	o Indeterminate
HIV Confirm	o Negative	o Positive	o Indeterminate	Syphilis Confirm	o Negative	o Positive	o Indeterminate	Chlamydia	o Negative	o Positive	o Indeterminate
VLD (high risk) Results:	Blood Lead (6mo-16yrs) Results: _____ µg/dl		B 12 Tested (B12/urine) Results:		Hep C (1945-1965) Results:						
HBsAg (All) Results:	HBsAb (All) Results:										

PARASITES

Soil Transmitted Helminths: Treated overseas: Y N Screened at HS: Y N Results: (+/-) Albendazole at HS: Y N Dose:	Schistosomiasis: Treated overseas: Y N Screened at HS: Y N Results: (+/-) Praziquantel at HS: Y N Dose:	Strongyloides: Treated overseas: Y N Screened at HS: Y N Results: (+/-) Ivermectin at HS: Y N Dose:
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IMMUNIZATIONS:

Vaccines (date given)

DTaP/DTaP	IPV	HIB	Meningococcal	Hepatitis B	MMR	Varicella	Pneumococcal	Hepatitis A	HPV	Influenza
/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /

Serology (+/-)

/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
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MENTAL HEALTH:

≥ 14 yrs: RHS-15 Score 1: _____ (≥12 = positive)	Torture/Violence: Y N	All ages: Anxiety: Y N
< 14 yrs: Ask parent: "Do you think your child has difficulties with their emotions, concentration, behavior, or getting on with other people?" Y N	"In this clinic we see many patients who have been forced to flee their homes because of violence or threats to their health and safety. Were you (or any of your family) a victim of violence and/or torture in your home country?"	Depression: Y N
How was the RHS-15 administered? Check all that apply <input type="checkbox"/> Self-administered <input type="checkbox"/> Provider assisted <input type="checkbox"/> Interpreter assisted	MH Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	MH Referral Accepted: Y N

OTHER HEALTH CONDITIONS: check category if PRESENT, circle condition or write in space

<input type="checkbox"/> Cardiovascular:	HTN	1 BP without HTN	Heart Murmur				
<input type="checkbox"/> Dental:	Caries	Calculus	Decay	Pain			
<input type="checkbox"/> Dermatology:	Dermatitis	Scabies	Tinea				
<input type="checkbox"/> Endocrinology:	Diabetes	Thyroid					
<input type="checkbox"/> ENT:	Impacted Cerumen	Perforated TM	<Hearing				
<input type="checkbox"/> Genitourinary:	Dysuria/BPH	Nocturia	UTI				
<input type="checkbox"/> GI:	Abdominal Pain	Constipation	Diarrhea				
<input type="checkbox"/> Hematology:	Eosinophilia	Macrocytic anemia	Microcytic anemia				
<input type="checkbox"/> Musculoskeletal:	Arthritis	Low back pain	Loss of Limb	Other Pain			
<input type="checkbox"/> Neurology:	Headaches	Neuropathy	Seizures				
<input type="checkbox"/> Nutrition:	Short stature	Underweight	Overweight	Obesity			
<input type="checkbox"/> Obstetrics/GYN:	Dysmenorrhea	Menorrhagia	Depo due _____				
<input type="checkbox"/> Ophthalmology:	Corneal opacity	<Vision					
<input type="checkbox"/> Pulmonology:	Asthma	COPD	Hx of TB				

COMMENTS:

Screening Physician: _____ Physician Signature: _____

Original: Utah Department of Health, Prevention, Treatment & Care Program, Box 142104, Salt Lake City, UT 84114-2104 Fax: (801) 237-0770 Canary, Resettlement Agency HSF entered _____ (8/2018)

53G-9-308 Amendments

Goal: Clarity for teachers, administrators, and social service providers

Amendments:

- Line 201: Standard 30-day timeline->Same timeline as optimal domestic health screening and Utah's military students
- Lines 205-206: Notice in preferred language->Enable compliance
- Lines 237-238: Clarify that refugees are eligible for extended conditional enrollment timelines, under the phrase "extenuating circumstance," with administrator or principal's discretion
- Lines 227-237: Allows administrators or principals to consult with social services providers-> Appropriate individuals to determine likelihood of compliance

Challenges Overcome for Vaccinations



Salt Lake City Health Access (H...



Hannah

Health Empowerment Coord...
Salt Lake City, UT USA



Annie :

APA Health Access Assista...
Salt Lake City, UT USA



Hailee

APA Health Access Assista...
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Kaitlin

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Maha

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Sofia :

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Jen

Health Access Assistant
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Questions?

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