



LIVE WELL SCHOOLS

PARTNERSHIPS FOR HEALTHY SCHOOLS

Pam Smith, Senior Advisor
County of San Diego – Health and Human Services Agency

Monday, October 28, 2019
2019 Live Well Advance: *Uniting for Impact*





Health and Human Services Agency (HHSA) relationships -
Community connections and activities with schools

- All HHSA Divisions involved
- First Five
- San Diego County Childhood Obesity Initiative (COI)

But often not coordinated, communicated nor strategically planned

Live Well Schools Team mapped this activity and shared with
HHSA divisions and schools

LIVE WELL SCHOOLS: STRATEGIES FOR ENGAGEMENT



Let school districts set the direction

- Use data to connect wellness to School District Priorities
- Utilize San Diego County Office of Education (SDCOE) / District infrastructure to meet and spread the message
- Bench marking progress and measure outcomes

Personalize the approach and build relationships

- Focus efforts on Policymakers, Superintendents and Key Leaders
- Connect schools to existing resources and other relevant efforts
- Work toward schools institutionalizing *Live Well San Diego*



- Live Well Schools Team
- Regions are the “face,” taking the lead with school districts
- Behavioral Health Services (BHS)
- Public Health Services (PHS)
- Eligibility
- Child Welfare
- Steering Committee: HHSA Executives, COI, SDCOE, First Five, and Key Superintendents



LIVE WELL
SAN DIEGO

TOP 10 ACTIONS & ACCOMPLISHMENTS



Build Live Well Partnerships

- Started with **Zero** *Live Well San Diego* school district partners
- Now, **38 out of 42** districts are *Live Well San Diego* partners

Why it matters:

- District/County public handshake to work together on *Live Well San Diego*
- Sets a collaborative tone for an ongoing discussion and partnership

2 | LISTEN & EDUCATE



Educate schools about *Live Well San Diego* and the importance of **place**

Coordinate with existing school administration and wellness efforts

- Focus group meeting with ALL Superintendents
- **Regional** Superintendent focus group meetings
- **Small District** Superintendent focus group meetings
- Present updates at regular Superintendent meetings
- Educate Governing Boards





United Front: Co-lead with SDCOE

- Schools are accustomed to following SDCOE lead
- SDCOE has oversight of Districts and understands their issues needs and concerns

San Diego County Childhood Obesity Initiative (COI)

- Coordinated efforts and eliminated duplication



4 | TOOLS FOR SCHOOLS



In conversation with schools and partners:

- Developed **Tools for Schools Toolkit** to provide schools access to information about available resources, programs, and partners

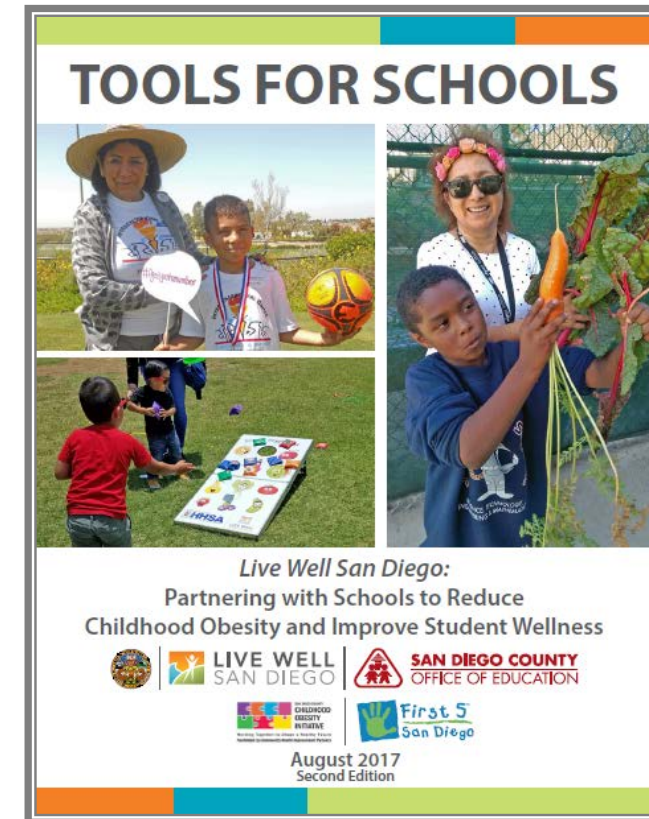
After feedback from schools, communities, and county staff:

- A 2nd edition improved overall accessibility and comprehensiveness
- Includes discussion of policy best practices and a range of behavioral health programs and resources schools requested

4 | TOOLS FOR SCHOOLS: WHY IT'S IMPORTANT



- Provides schools with background, context, and practical help
- Importance of strong Wellness Policy to set the course
- Shares best practice programs and community resources
- “You are not alone” - links schools with vital partnerships
- Available in both online and print versions





Summit on Student Engagement & Attendance

- Presented Regional Workshops to build relationships, train on Toolkit and improve relations with schools, such as improving referral process
- Established Provider Fair where schools could meet and learn about local not-for-profit providers
- HHSA participation was very well-received
- Summit grew and HHSA became co-sponsor
- This year, annual School Summit combined with Live Well Advance





2015: Analyzed SD county School Wellness Policies using **WellSAT**

- Reports with details and context distributed to every Superintendent
- Created a **model SWP** for use as a template for revisions

Completed 2nd analysis on **31** Wellness Policies **updated** after 2015

- District reports with full breakdown and comparative data are available



School Wellness Policy Trends

Districts with revised wellness policies increased *Comprehensiveness* an average of 55% and *Language Strength* an average of 59%

- Overall county average *Comprehensiveness* score increased 20 pts (40%) and average *Language Strength* score increased 13 pts (42%)
- Districts made the largest improvements in the domain of *Implementation, Evaluation, and Communication*, followed by Nutrition Standards for *School Meals and Competitive Foods*

6 | SCHOOL WELLNESS POLICY: SAMPLE DISTRICT ANALYSIS



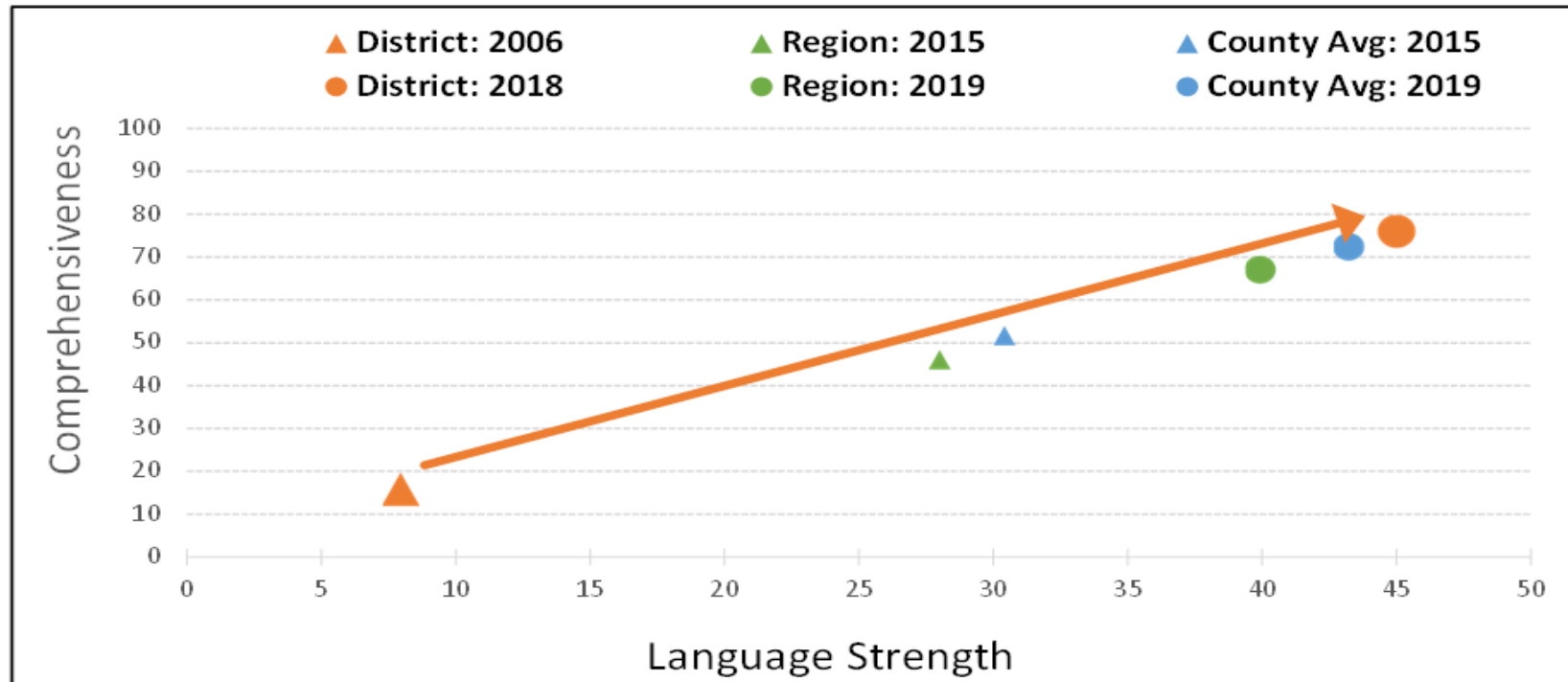
- Previously analyzed version written in 2006 and was among lowest scoring
- Impressive revision sees one of the largest score improvements in the county
- Updated version utilizes a standard state policy template as a foundation, but improved significantly upon it after feedback and multiple revisions
- A recommendation for all districts is to detail actions and programs that the district already does, but are not yet mentioned in the School Wellness Policy

Comparison Category	2006	2018	Difference	% Change
Overall Comprehensiveness:	15	70	+ 55	+ 367%
Overall Language Strength:	06	31	+ 25	+ 417%

6 | SCHOOL WELLNESS POLICY: SAMPLE COUNTY AND REGION COMPARISON



	District: 2006	District: 2018	Region: 2015	Region: 2019	County: 2015	County: 2019
Overall Comprehensiveness:	16	76	46	67	52	72
Overall Language Strength:	08	45	28	40	30	43





Local Control & Accountability Plan (LCAP)

- Analyzed LCAP plans for every school district from FY 16/17 to FY 18/19, identifying spending dedicated to health and wellness
- Major health and wellness spending subcategories identified and spending further categorized using textual analysis
- Presented superintendents with data and context about trends
- PHS & SDCOE sent joint letter to all districts encouraging health spending in LCAPs

7 | LCAP SPENDING: HEALTH AND WELLNESS



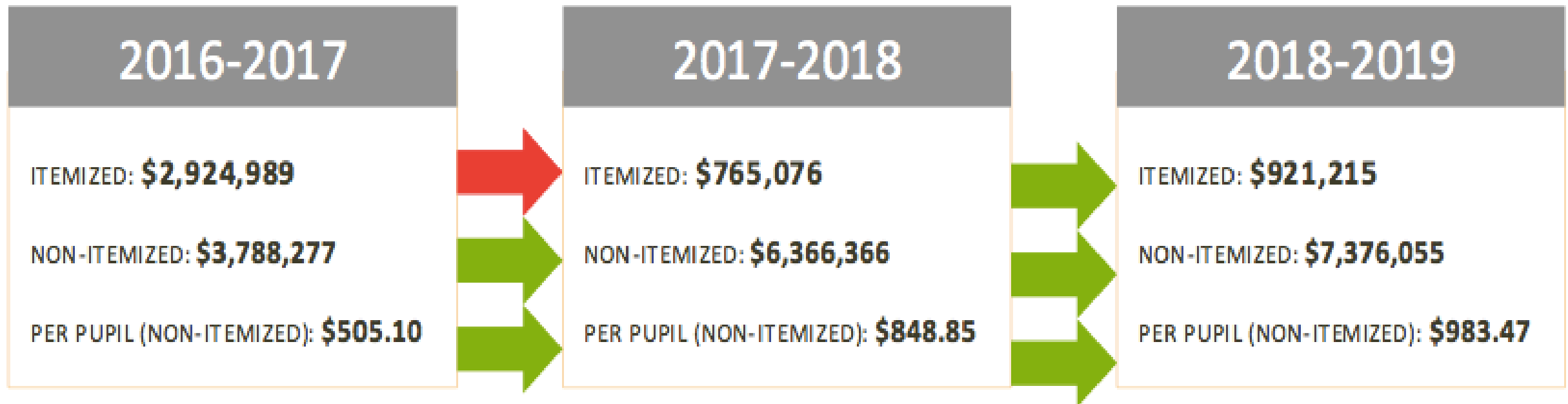
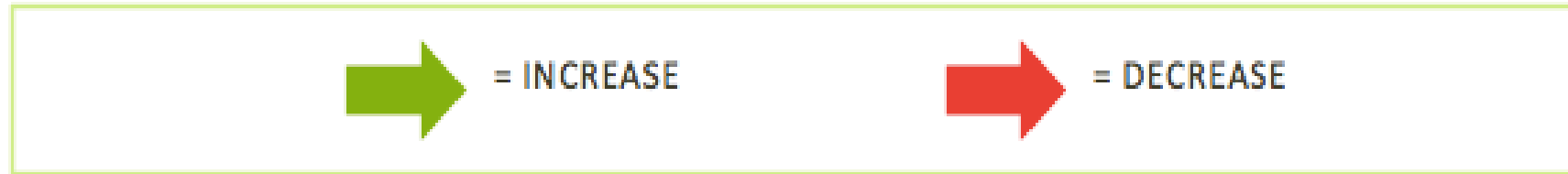
- Investments in student health and wellness in San Diego districts have **increased** notably
- **Itemizing:** More districts are itemizing specific LCAP Actions rather than presenting ambiguous lump sum totals, enabling more transparency and clarity in budget planning and communication
- Investments in *Mental Health* saw the largest proportion of growth in LCAPs countywide, while *Health Education* continues to receive the fewest LCAP investments

7 | LCAP SPENDING: HEALTH AND WELLNESS



- Smaller districts are developing creative and meaningful ways to use limited funds, even when unable to invest large dollar amounts in health and wellness
- The new LCAP template asks districts to propose fiscal allocations three years into the future. As a result, most districts did not change the language in their Actions from 2017-2018 to 2018-2019

7 | LCAP SPENDING: SAMPLE DISTRICT TRENDS



7 | LCAP SPENDING: SAMPLE DISTRICT BREAKDOWN



Health and wellness subcategories that the district invested in are highlighted:

Non-Itemized Actions by Subtopic



PHYSICAL HEALTH	
\$ --	Nutrition
\$ --	Safety
\$ --	Physical Education
\$ --	Physical Activity
\$760,215	Health Education
MENTAL HEALTH	
\$6,454,840	Counseling
\$ --	Connectedness
\$161,000	Professional Development
MEDICAL RESOURCES	
\$ --	Nursing

8 | CHRONIC ABSENTEEISM



- Chronic Absenteeism is defined as a student missing 10% or more of enrolled school days, whether excused or not (typically, ~18 days)
- **FY 16/17** - First year chronic absenteeism data tracked statewide
- Districts required to report and address chronic absenteeism in LCAP
- Reviewed and analyzed FY 16/17 chronic absenteeism data for all Districts in SD County and compared to FY 17/18 to determine trends

8 | CHRONIC ABSENTEEISM



Why does Chronic Absenteeism matter?

Attendance is key to academic success

- Absenteeism can be better predictor of dropout than grades or test scores

Strong link between education and health

- Education can be a strong environmental factor for better health

Absenteeism can contribute to lifelong negative health and life outcomes



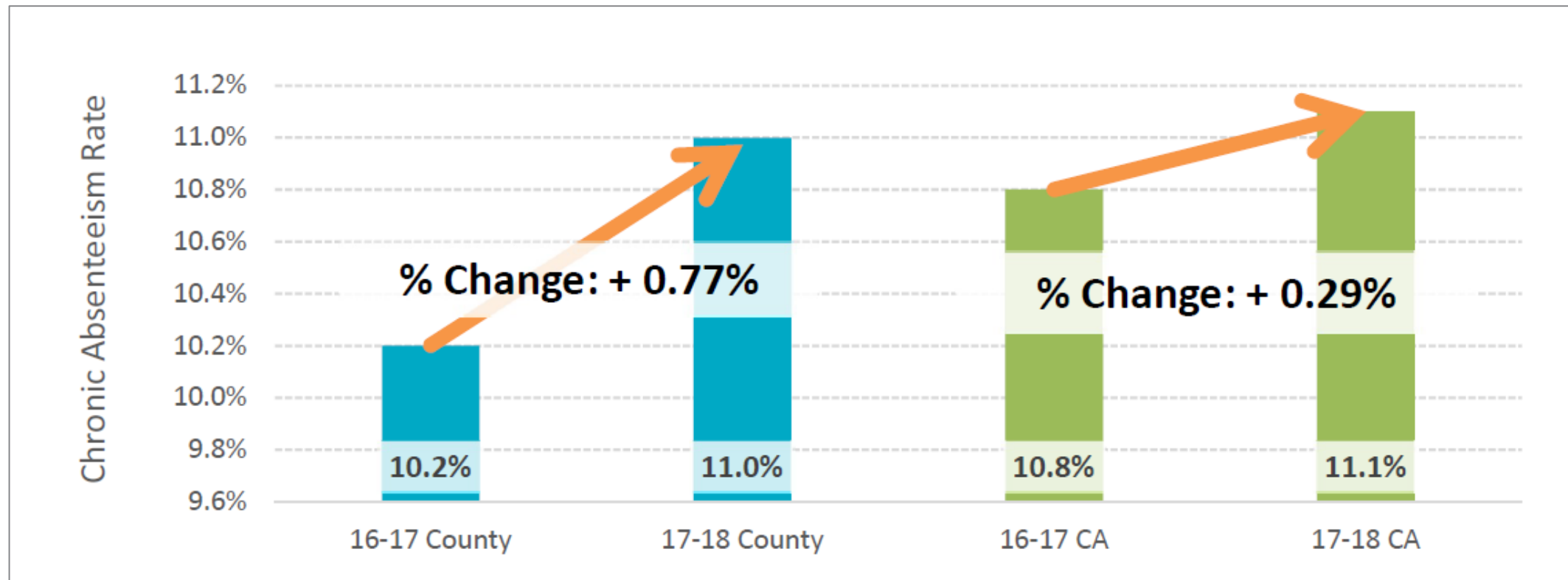
Health Status Significantly Influences Attendance

- Approximately 50% of SD County 7th/ 9th/ 11th graders self-reported missing school in last 30 days for illness/physical health reasons in 2017 (California Healthy Kid Survey)
- Studies find that asthma may account for up to one third of all days of missed instruction, for an estimated 1.6 million days of missed school by California students in 2007

8 | CHRONIC ABSENTEEISM: STATE AND COUNTY RATES



Chronic Absenteeism – 2016-2018 State & County Rates



8 | CHRONIC ABSENTEEISM: STATE AND COUNTY RATES



Chronic Absenteeism – A Closer Look at State & County Rates

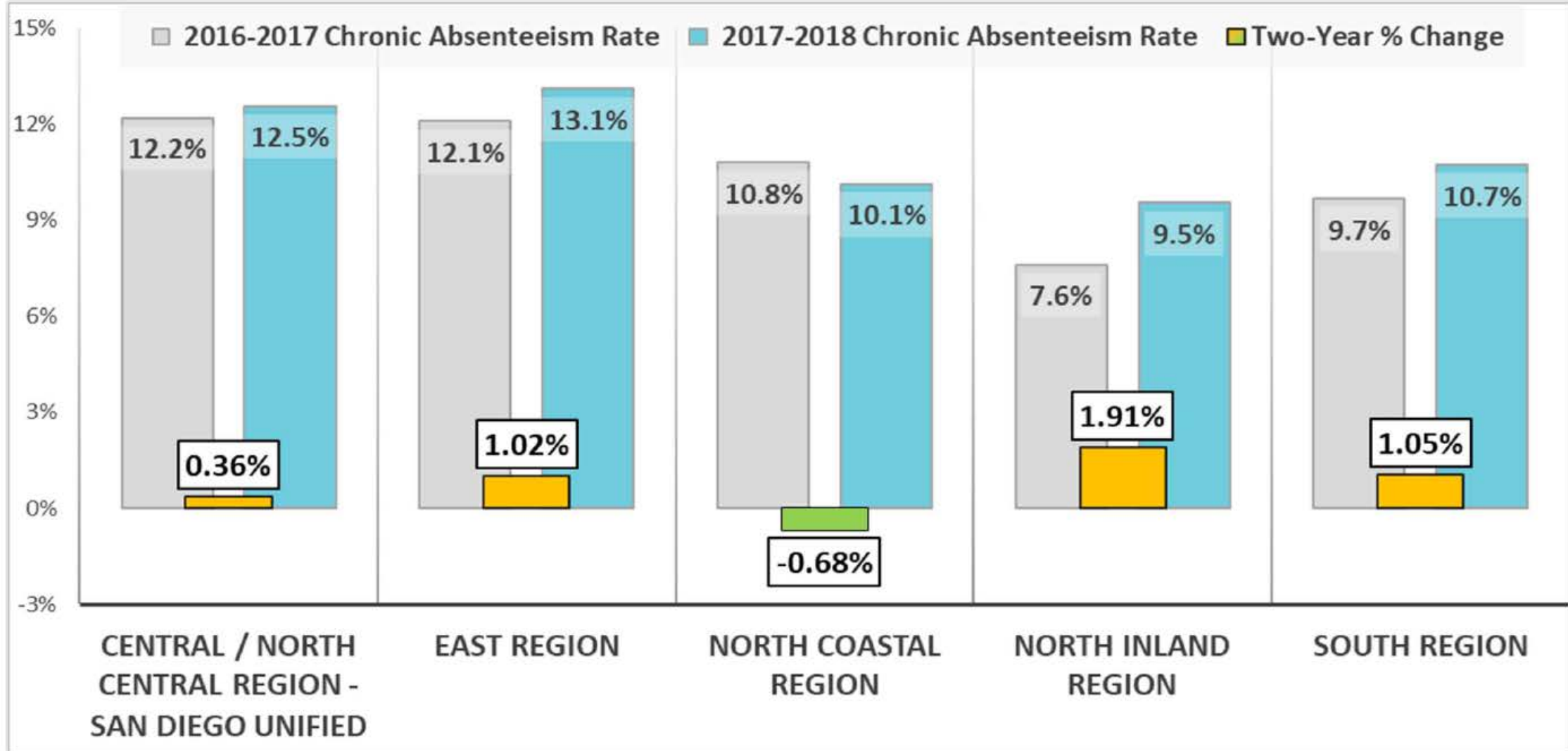
	2016-2017 School Year			2017-2018 School Year			Two-Year % Change (2016-2018)
	Cumulative Enrollment*	Chronically Absent Student Count	Chronic Absenteeism Rate	Cumulative Enrollment*	Chronically Absent Student Count	Chronic Absenteeism Rate	
SD County**	521,270	53,183	10.20%	524,803	57,576	10.97%	+ 0.77%
California**	6,335,748	686,409	10.83%	6,315,131	702,531	11.12%	+ 0.29%

*Every student enrolled for more than 30 instructional days in the given school year

**Data represents ALL students in these populations, including attendees of charter and virtual schools.

- At least partly attributable to more accurate data reporting from school districts
- Suggests districts are actively working to measure and address chronic absenteeism

8 | CHRONIC ABSENTEEISM: REGIONAL BREAKDOWN



8 | CHRONIC ABSENTEEISM: SAMPLE DISTRICT TRENDS



	Cumulative Enrollment*	Chronically Absent Student Count	Chronic Absenteeism Rate
2016-2017	7838	859	10.96%
2017-2018	7796	858	11.01%

*Every student enrolled for more than 30 instructional days in the given school year

Two Year % Change: + 0.05%

Nearly 900 students, or 11% of total enrollment, in Sample District X were chronically absent in the 2017-2018 school year. The district's absenteeism rate remained generally stable over the two years with an overall change of 0.05%

8 | CHRONIC ABSENTEEISM: SAMPLE SCHOOLS BREAKDOWN



Chronic Absenteeism Rates	16-17 # of Schools	17-18 # of Schools
# Schools Exceeding County Average	4	2
Total # of Schools in the District	5	5
% Schools Exceeding County Average	80%	40%

In the 2017-2018 school year, 2 out of the 5 schools in Sample District X had chronic absenteeism rates that exceeded the County's average rate of 11%. This represents a decrease from the 4 schools that exceeded the 2016-2017 County average of 10.2%. A detailed breakdown by school is available upon request.

8 | CHRONIC ABSENTEEISM: SUBGROUP BREAKDOWN



Absenteeism Rates by Subgroup*	District		County
	#	%	Avg
Foster	12	52%	41%
Homeless	34	27%	25%
Students with Disabilities	208	21%	18%
English Learners	208	16%	13%
Socioeconomically Disadvantaged	695	12%	15%
Migrant	1	5%	9%

*Note: Due to overlapping subgroups and reporting variations, numbers may not exactly sum to total

Bolded populations indicate a district chronic absenteeism rate exceeding county averages

Absenteeism Rates by Race/Ethnicity	District		County
	#	%	Avg
African American	23	14%	15%
Hispanic or Latino	649	11%	13%
White	152	11%	9%
Filipino	12	7%	5%
Two or More Races	2	7%	9%
Asian	10	4%	4%

Note: "#" refers to number of students who are chronically absent

SCHOOL REPORT INFOGRAPHIC



TO COMBAT CHRONIC ABSENTEEISM...

OVER
50,000
SD COUNTY STUDENTS
MISSED 10% OR MORE
OF SCHOOL DAYS IN
2017-2018

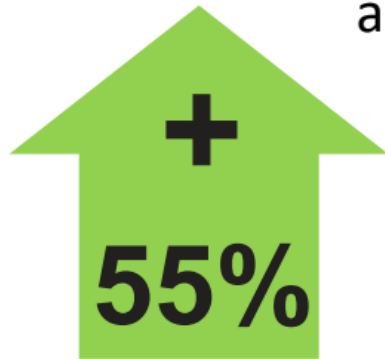
In 2017, about **50%** of San Diego 7th, 9th, and 11th graders reported missing school in the last 30 days because of an illness or health reason.



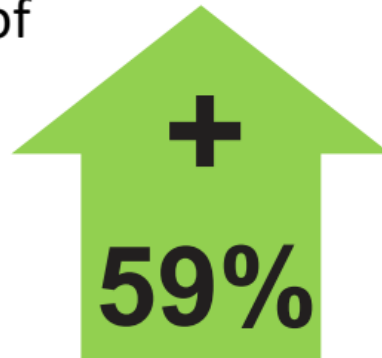


...DISTRICTS NEED STRONG WELLNESS POLICIES...

Revised policies **improved**
an average of



COMPREHENSIVENESS



**LANGUAGE
STRENGTH**



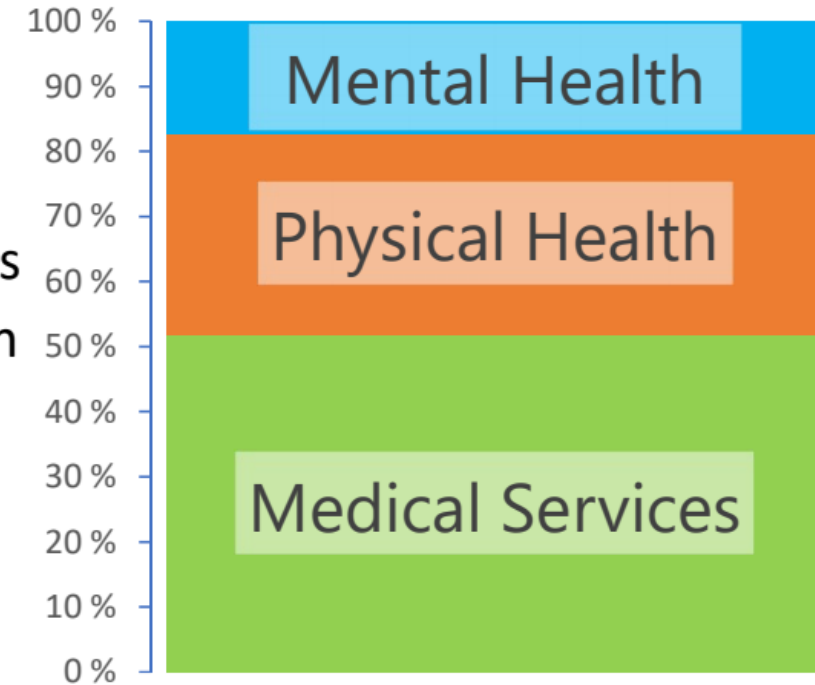
SCHOOL REPORT INFOGRAPHIC



...SUPPORTED BY CONSISTENT LCAP FUNDING.

INVESTMENTS IN
HEALTH/WELLNESS
INCREASED BY
\$13.4 MILLION
IN 2018-2019

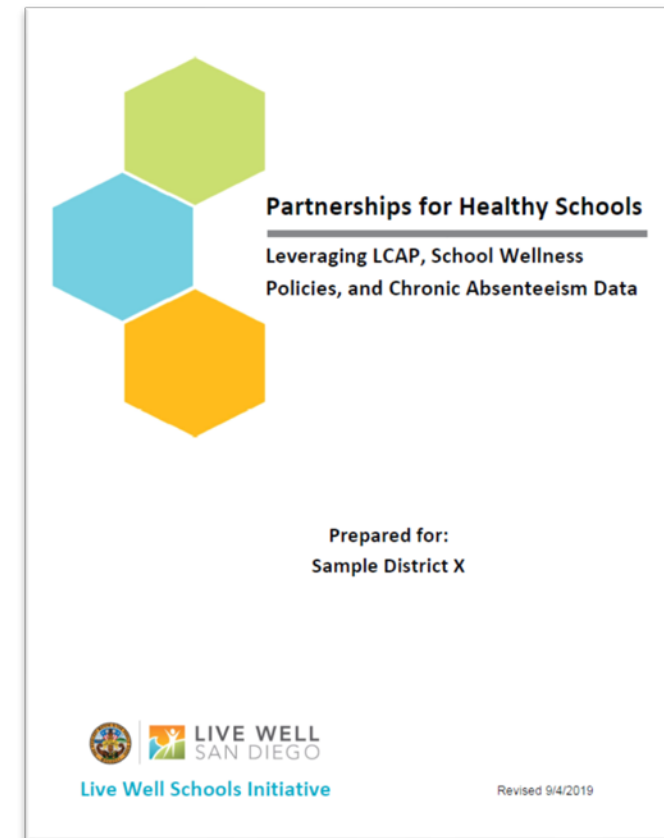
In 2018-2019, San Diego school districts collectively invested **\$794 Million**, or an average of **10%** of total budgets, on Health and Wellness actions. These include Physical Health (Safety, Nutrition, Physical Activity etc.), Mental and Behavioral Health (Counseling, Connectedness, etc.) and Medical Services (Nursing).





Live Well Schools Report

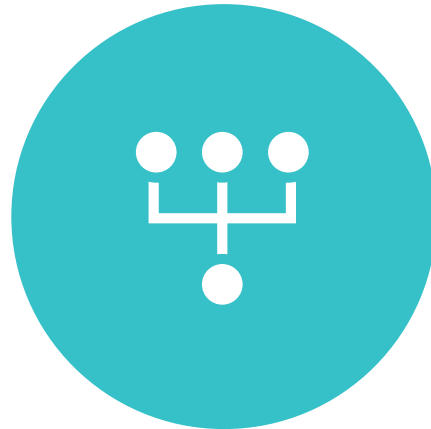
- Comprehensive packet for each District to show data and trends for Wellness Policy, health and wellness LCAP spending, and Chronic Absenteeism
- Regions (and SDCOE) will receive copies of this District data for future meetings and work with Districts in their Regions



10 | DEVELOP JOINT HHSA / DISTRICT GOALS



Use data to develop specific goals and action plans



Combine resources to focus efforts in coordinated work



Measure progress and outcomes



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Promising Practices Panel



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Questions?



Interested in more information and follow up?
Please text your **Name, District, and Email** to
(619) 818-1080



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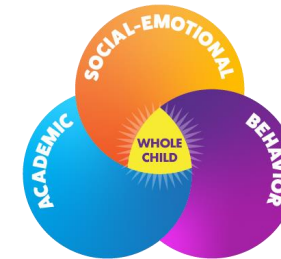


CHULA VISTA ELEMENTARY SCHOOL DISTRICT

October 28, 2019

Lisa Parker, Executive Director

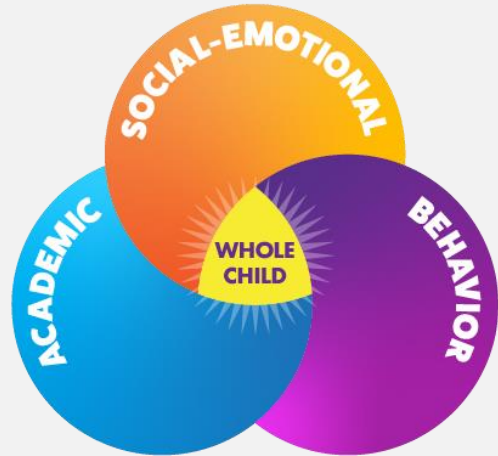
Student, Family, Community, and Instruction
Services and Support





MTSS

Multi-Tiered System of Supports



THREE-TIERED SYSTEM FOR ACADEMICS, BEHAVIOR, AND SOCIAL EMOTIONAL LEARNING

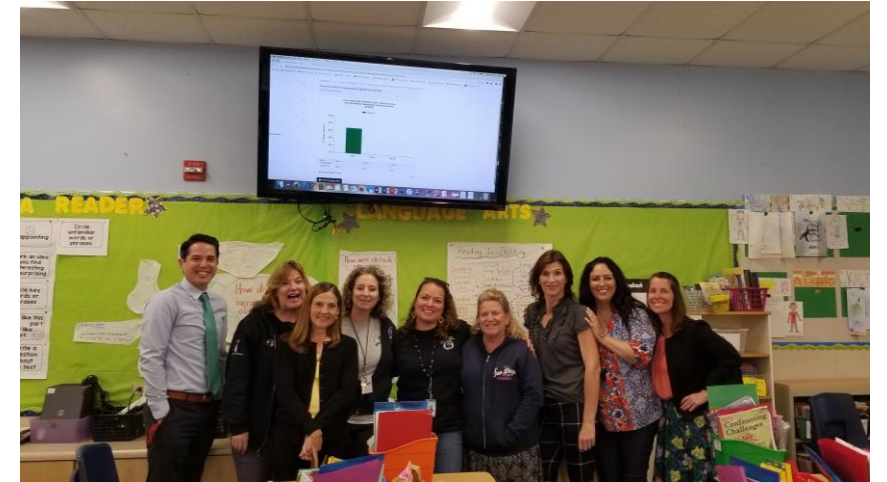
- Tier I- First, best instruction in academics, behavior, and social-emotional
- Tier II- Supplemental academic, behavior, and/or social emotional supports
- Tier III- Intensified academic, behavior, and/or social emotional supports

FIVE-YEAR PLAN

		Measures		
	Overall Goal	Academic	Behavior	Social-Emotional
Year 1: 2018-2019	Schools will begin implementing Tier I of MTSS: Behavior and Social-Emotional	<ul style="list-style-type: none"> □ At least 5 schools begin Branching Minds pilot 	<ul style="list-style-type: none"> □ School PBIS teams receive training on Tier I of PBIS □ Each school establishes a PBIS committee/team □ All schools complete the TFI in Tier I 	<ul style="list-style-type: none"> □ Schools receive training on SEL curriculum □ All classrooms begin to provide 15 minutes per day of SEL

TIERED FIDELITY INVENTORY

- April 2019
 - TFI responses with evidence
 - Classroom walkthroughs
 - Student and teacher interviews
- Results:
 - 19 schools scored 70% or higher
 - 14 schools scored between 40% and 69%
 - 9 schools scored less than 40%



MTSS PERCEPTION SURVEY

December 2018 & May 2019

Findings

- 35% can explain MTSS
- 45% can explain PBIS
- 17% reported monthly data sharing
- Additional training and support



FIVE-YEAR PLAN

		Measures		
	Overall Goal	Academic	Behavior	Social-Emotional
Year 2: 2019-2020	Schools will deepen their implementation of Tier I MTSS: Behavior and Social-Emotional. Schools will begin looking at MTSS: Academic practices.	<ul style="list-style-type: none"> <input type="checkbox"/> Schools identify universal screeners and cut points <input type="checkbox"/> Schools identify a schedule/block to provide interventions 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools adopt a referral system and system for data-based decision making <input type="checkbox"/> Schools progress monitor Tier I implementation <input type="checkbox"/> Schools score 70% or higher on Tier I of the TFI 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools implement intentional relationship building practices in Tier I <input type="checkbox"/> Schools provide SEL lessons to all students

DIFFERENTIATED TRAININGS



Number of Schools	TFI Tier I Score	Training Recommendations
9	Less than 40%	Tier I PBIS
14	Between 40 and 69%	Advanced Tier I PBIS
19	70% or higher	Tier II PBIS & SEL

DISTRICT-WIDE TRAINING

- Quarter 1: Intro to MTSS with a focus on PBIS
- Quarter 4: Choice
 - Trauma-Informed Care
 - Functions of Behavior
 - Self-Care
 - Zones of Regulation



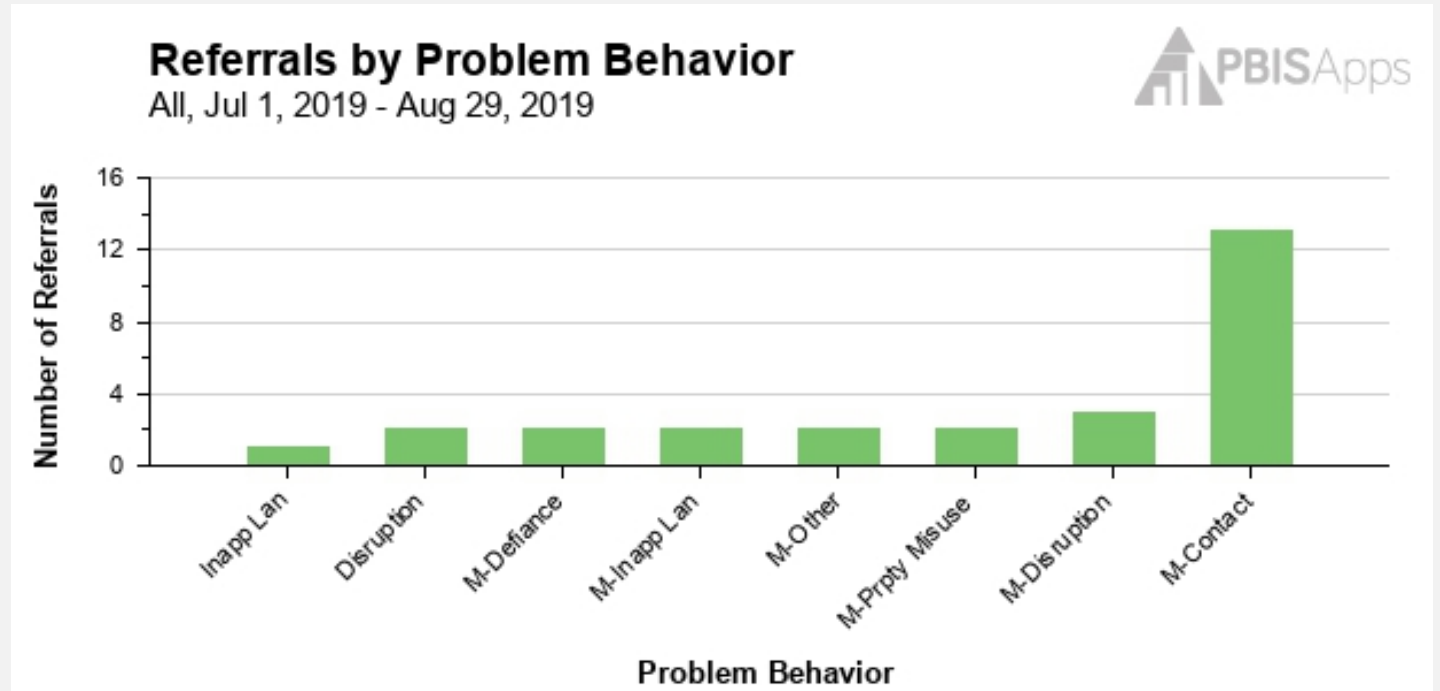
NOON DUTY TRAININGS

- I. Intro to PBIS and Restorative Practices
 - March 2019
 - July 2019
- II. Trauma-Informed Care
 - July 2019



SCHOOL-WIDE INFORMATION SYSTEM (SWIS)

- Online tool for entering and managing discipline referrals
- 22 schools are currently implementing



NEXT STEPS

Academics

- Universal screening and progress monitoring
- Intervention models
- MTSS-Reading

Behavior

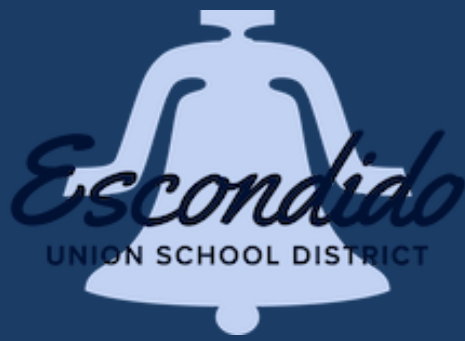
- TFI progress monitoring
- Data-based decision making

Social-Emotional Learning

- Align lessons to identified student needs
- Parent Trainings

RESOURCES

- District Website - www.cvesd.org
- LCAP - Dr. Matthew Tessier, Assistant Superintendent
- CA Learning Policy Institute - Positive Outliers Report
- Data Reports - Dr. Ernesto Villanueva, Executive Director, Technology
- Model SARB Process - Cheryl “Lisa” Butler, Student Placement Manager
- Health and Wellness Coordinator - Heather Cruz
- MTSS Director - Elizabeth Gianulis

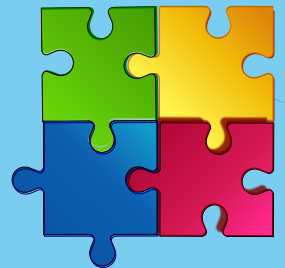


INTEGRATED STUDENT SUPPORTS

We are a team who strives to empower, support, and connect our students, families, and staff for the betterment of our community.

SCHOOL SOCIAL WORKERS

- *Coordinate schoolwide prevention and intervention programming
- *Implement school and classroom social-emotional supports
- *Provide individual and group counseling services



SCHOOL COUNSELORS



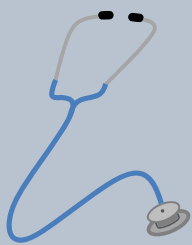
- *Present guidance curriculum to middle school students
- *Support clubs and positive activities at EUSD middle schools
- *Provide individual/group academic and personal support to students

FAMILY LIAISONS

- *Bridge connections between home and school
- *Facilitate collaboration of parents and school staff
- *Build capacity of parents to serve as educational partners



LICENSED VOCATIONAL NURSES



- *Administer first aid and support student health
- *Create and monitor student health plans
- *Provide specialized health services as needed

BEHAVIORAL INTERVENTION TEAM

- *Implement programs to ensure positive/safe learning environments
- *Build staff capacity to implement behavioral best practices
- *Provide direct support to address individual student's behavioral barriers to learning



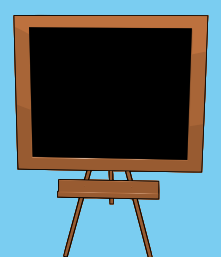
ATTENDANCE INTERVENTION



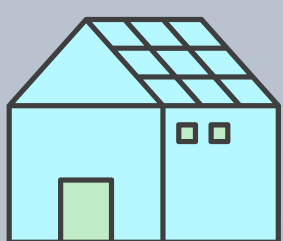
- *Coordinate outreach to encourage daily, on-time student attendance
- *Implements interventions for students with school absences
- **Provide direct support to students and families to reduce barriers to school success

ACADEMY/TREC PROGRAM

- *Academy Program: Middle school class focused on building interpersonal, organization, and decision making skills.
- *TREC Program: Middle school intervention program to help students build social-emotional and academic skills for school success.



PROJECT SUCCESS

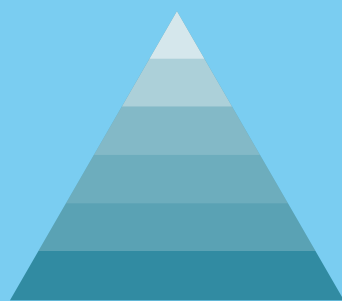


- *Provide direct support for students/families identified as homeless, foster youth and/or military-connected
- *Connect students/families to school and community resources
- *Train district staff on various ways to support families in transition

INTEGRATED STUDENT SUPPORTS

Comprehensive Student Assistance Team (CSAT) Process

A systematic method for connecting students in need of academic, attendance, behavioral, and/or social-emotional supports with school/community supports.



Positive Behavior Interventions and Supports (PBIS)



A data driven, problem solving framework that promotes positive behavior on school campuses.

Student Attendance Review Board (SARB) Process

A comprehensive system for ensuring students attend school regularly and experience academic and personal success.



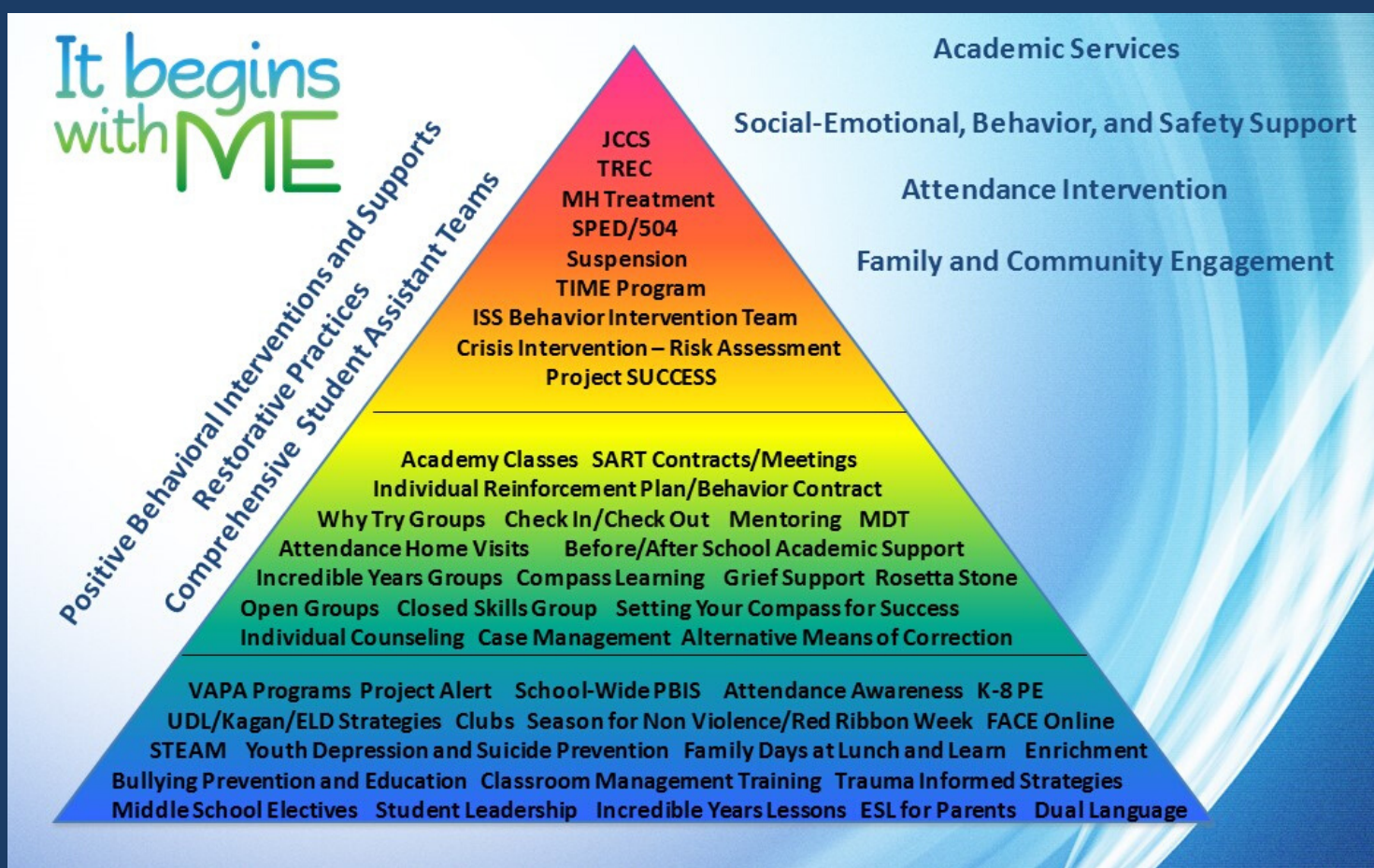
Community and Family Engagement



A program that encourages partnership between students, parents, school staff, and community members to ensure all students and families have access to services to support their success.

EUSD

Multitiered System of Support



For more information, contact the EUSD Integrated Student Supports Department at 760.432.2247.



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History of School Nursing and Attendance

In 1897, NYC hired 150 doctors to inspect students for lice, impetigo, and TB, and they spent one hour a day inspecting students and sending them home with a note stipulating they could not attend school. The parents may not have received the note, could not read it, or did not speak English, and so eventually, thousands of children were wandering the streets and not attending school.

In 1902, NYC hired public health nurse Lina Rogers to work with a physician to treat simple cases of communicable diseases in school, and make home visits to educate parents and ensure compliance in more serious cases. Within a month, she had treated over 800 students in school, made 125 home visits, and returned 25 previously untreated students back to school.

Because this was so wildly successful, the school district immediately hired Lina Rogers as the first “school nurse”, and then hired 12 more. Within 6 months, absenteeism fell 90%. Shortly thereafter, school nurses were being hired across the nation to provide health education and illness prevention, in addition to school physicians, nurses, and dentists treating students at school in what we now call school-based health clinics. It became clear that health and education were inseparable.

Chronic Absence Pilot Project – A Nurse-Led Attendance Project

28 Schools, 3 nurses =2.2 FTE. Focused on bringing best practices to select schools across the district via regular tabletop meetings with principals and Site Attendance Teams. Focused on Tier 1 & 2 interventions, and grades K & 1 – “biggest bang for the buck.”

Tier 1: Together with the school team, brainstormed and planned school wide attendance activities to create a “culture of attendance”; developed incentives, rewards and rituals; provided ideas and materials for clear, concise messaging to parents for print, mass phone messaging, and presentations for parent meetings; professional development and everyday strategies for staff.

Tier 2: Trained or gave staff tools on how to use student information systems to monitor chronic absence data; facilitated/modeled Site Attendance Team (SAT) meetings and agenda: SAT identified at-risk students, explored barriers to attendance; planned and delegated interventions; problem-solved unique school challenges.

What we learned: Every school is unique – what works one place may not work in another; leadership of principal and “buy-in” of staff is essential; regular visits by Attendance Nurse were highly valued and kept team “accountable and on-task”; a district School Nurse (the Attendance Nurse) as the consultant was viewed as credible and trusted; every team member has a valuable role – clerk, teacher, counselor, nurse, principal, critical to success; the closer to the classroom the message is, the better – parents trust the teacher the most; interventions were most easily implemented when individualized materials and processes were provided – each school did not have to “invent the wheel”; early interventions are effective but results fade if efforts are not consistent and on-going.

Results: Of the 149 SDUSD Schools on California School Dashboard for Chronic Absence:

- 13 “Declined Significantly”8 were CAPP schools
- 39 “Declined”8 were CAPP schools
- 29 “Maintained”3 were CAPP schools
- 52 “Increased”9 were CAPP schools
- 16 “Increased Significantly”NONE were CAPP schools



Tier 1

Supporting District & Site Wellness Plan

- Serves on School Wellness Committee.
- Provides consultation and models healthy practices at school.

Parent & Student Education about Attendance

- Face to face, phone encounters.
- Back to School Night, Open House, Family Friday, etc.
- School newsletter articles/info flyers about health topics and attendance.

Monitoring

- **Runs reports** to identify students with excessive illness absences.
- **Monitors** students with attendance concerns and follows up as needed.

School Nurse Attendance Activities

Day-to-Day Management of Health Conditions

- Medications, ISHPs, and health procedures.
- Staff training for student health needs.
- Advice to parents about when to keep ill child home or send to school.
- 1st Aid and illness care in health office to minimize lost class time.

School Team Collaboration

- Participates on **Site Attendance Team** and **Site Attendance Review Team (SART)**
- Discusses student attendance at **IEP, 504, and SST** meetings if relevant.

Parent Notification/Collaboration

- **Contacts** parents of students with excessive illness absences.
- **Collaborates** with physician and parent to make a plan for student's health needs in school.
- Sends **Absence Alert Letters** or letters requiring physician verification for illness absences.

Case Management

Coordination of care for students with **serious health conditions and/or attendance concerns.**

Tier 3





Understanding our uniqueness: How are we unique from the other school districts in the county? How can we utilize that awareness to improve attendance?

- We are a border town with the busiest land port in the world.
- Our school calendar was different than our neighboring districts and all other districts in the south bay.
- Work with local social services agencies to create a collaborative aligned delivery of services.
- Staff specifically focused on the prevention of students dropping out, by all means necessary, Outreach Consultants.

Changes and implementations

Setting the foundation

- Late and tardiness procedures. A means to track, not punitive
 - Students arriving late were not being properly tracked.
 - Very few students were marked absent and never amended.
 - Class permission slips allowed students to get to class quick and allowed school to track their attendance accurately
- Absence notice procedures. Letters, robo-calls and other communication outlets
 - Absent students receive an automated phone call informing the parents
 - Letters were updated
 - Used automated system
 - Accumulation of absences were updated.
 - Generated at the school site.
- Align Student Attendance Review Team
 - Conducted monthly at the school site
 - Community based organizations participate in SART
 - Restorative practice, not punitive
- Align Student Advisory Review Board: Letters, notices, dates, procedure and services
 - Dates for SARB are pre-set
 - Community based organizations participate in SARB
 - Restorative practice, not punitive
- Partnered with District Attorney: Truancy Diversion Program/Mediation
 - Students that have participated in SARB, but no improvement.
 - Voluntary
- Create a campaign that communicates the importance of attendance
 - 2 is TOO MANY
- Outreach Consultants are very diverse in their training and approach
 - Recognition Events
 - Connection between school needs and community organizations



2 IS TOO MANY

EVERY SCHOOL DAY COUNTS!



**2 ABSENCES PER
MONTH = 20 DAYS**



San Ysidro
School District EST - 1887
QUALITY EDUCATION AND OPPORTUNITY FOR ALL STUDENTS TO SUCCEED



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