

## Monterey County Board of Supervisors Referral Submittal Form

**Referral No. 2021.30**  
**Assignment Date: 12/14/21**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:**

Date: 11/15/2021	Submitted By: Supervisors Wendy Root Askew	District #: 4
Referral Title: School Vaccination Coordination		
Referral Purpose: Direct the Monterey County Health Department to partner with the K12 school system to increase the rate of vaccinations amongst pediatric residents aged 5 to 11 years old in disproportionately impacted communities		
Brief Referral Description (attach additional sheet as required):		
<p>Children aged 5 to 11 years old became eligible to be vaccinated against the SARS-CoV-2 (COVID-19) virus on November 2, 2021. To date, approximately 6,530 Monterey County children in this age group have received at least one dose of the Pfizer vaccine, representing just 15% of those eligible. The current Monterey County Health Department pediatric vaccination strategy does not include partnering to deliver vaccines at one of the most known and trusted institutions children and their caregivers interact with – the local K12 school system. This referral would direct the Health Department to partner with K12 school systems to increase the rate of pediatric vaccinations by offering vaccine clinics in partnership with districts. By partnering with the districts and their schools, the County would better achieve its health equity goal of ensuring children who live and learn in disproportionately impacted communities have priority access to vaccination clinics.</p>		
<b>Classification - Implication</b>	<b>Mode of Response</b>	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> <b>Social Policy</b> <input type="checkbox"/> Budget Policy <input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> <b>Board Report</b> <input type="checkbox"/> Presentation	
	<b>Requested Response Timeline</b>	
	<input checked="" type="checkbox"/> <b>2 weeks</b> <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: <input type="checkbox"/> Specific Date:	

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:**

Department(s): <b>Health</b>	Referral Lead: <b>Elsa Jimenez</b>	Board Date: <b>12/14/21</b>
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s):	Referral Lead:	Date:
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**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:			
Analysis Completed By: _____  Date: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Department's Recommended Response Timeline</th> </tr> <tr> <td> <input type="checkbox"/> By requested date  <input type="checkbox"/> 2 weeks    <input type="checkbox"/> 1 month    <input type="checkbox"/> 6 weeks    <input type="checkbox"/> 6 months  <input type="checkbox"/> 1 year    <input type="checkbox"/> Other/Specific Date: _____           </td> </tr> </table>	Department's Recommended Response Timeline	<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____
Department's Recommended Response Timeline			
<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____			

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**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:

Board Item No.:

Referrals List Deletion:

**Note:** Please cc Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.