

Date of Hearing: March 26, 2025

ASSEMBLY COMMITTEE ON EDUCATION  
Al Muratsuchi, Chair  
AB 677 (Bryan) – As Introduced February 14, 2025

**SUBJECT:** Pupil records: directory information

**SUMMARY:** Authorizes the disclosure of directory information of a homeless student to facilitate eye examinations or oral health assessments at schoolsites. Specifically, **this bill:**

- 1) Authorizes the disclosure of directory information of a student defined as a homeless child or youth to facilitate an eye examination by a nonprofit eye examination provider, or a free oral health assessment hosted by a school, unless the parent or person holding parental rights has provided written notice to the school that they do not consent to the examinations, thereby creating opt-out processes rather than an opt-in for these families.

**EXISTING LAW:**

- 1) Federal law defines, in the McKinney-Vento Act, “homeless children and youths” as individuals who lack a fixed, regular, and adequate nighttime residence, and includes:
  - a) Children who are sharing the housing of others due to economic hardship, are living in motels, hotels, trailer parks, or campgrounds due to the lack of alternative accommodations, are living in emergency or transitional shelters, or are abandoned in hospitals;
  - b) Children who have a primary nighttime residence not designed or ordinarily used for sleeping;
  - c) Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
  - d) Migratory children who are living in the circumstances described above. (United States Code (USC) Title 42 Section 11434(a))
- 2) Prohibits the release of directory information for a student identified as a homeless child or youth as defined in the McKinney-Vento Homeless Assistance Act unless a parent or a student accorded parental rights has provided written consent regarding the release of that information. (Education Code (EC) 49073 and USC Title 20 Section 1232g)
- 3) Defines “directory information” as one or more of the following items: pupil’s name, address, telephone number, date of birth, email address, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous public or private school attended by the pupil. (EC 49061)

- 4) Authorizes a parent or guardian of a pupil enrolled in public schools to file an annual statement in writing stating that they will not consent to a physical examination of their child, and requires that the child be exempt from any physical examination. (EC 49451)
- 5) Requires a pupil's vision to be appraised by the school nurse or other authorized person during the kindergarten year or upon first enrollment or entry in a California school district of a pupil at an elementary school, and in grades 2, 5, and 8. (EC 49455)
  - a) Exempts a pupil from the vision appraisal if the parents or guardian provides a statement in writing that they adhere to the faith or teachings of any well-recognized religious sect, denomination, or organization and in accordance with its creed, tenets, or principles depend for healing upon prayer in the practice of their religion; and
  - b) Requires the California Department of Education (CDE) to adopt guidelines on vision screening, including training requirements and a method of testing for near vision.
- 6) Authorizes a local educational agency (LEA) to enter into a memorandum of understanding (MOU) with a nonprofit eye examination provider to provide eye examinations to students at a schoolsite within the LEA. Requires such examinations to be supplemental to the vision screenings required in (3) above and be noninvasive and provided exclusively for the purpose of providing eyeglasses. Requires that the school notify parents and guardians of the upcoming provision of eye examinations and of the opportunity to opt out of their child receiving an eye examination in writing. (EC 49455.5)
- 7) Requires a pupil, while enrolled in kindergarten in a public school, or while enrolled in first grade in a public school, to present proof, by May 31 of the school year, of having received an oral health assessment by a licensed dentist, or other licensed or registered dental health professional, that was performed no earlier than 12 months before the date of the initial enrollment of the pupil. (EC 49452.8)
- 8) Allows a parent or legal guardian of a pupil to be excused from the requirement in 1) above, if the oral health assessment could not be completed for the following reasons: completion of an assessment poses undue financial burden; lack of access to a licensed dentist or other licensed or registered dental health professional; or the parent or legal guardian does not consent to an assessment. (EC 49452.8)
- 9) Requires the governing board of any school district to provide for the testing of the sight and hearing of each pupil enrolled in the schools of the district. Requires that the test be adequate in nature and shall be given only by duly qualified supervisors of health employed by the district; or by certificated employees of the district or of the county superintendent of schools who possess the qualifications prescribed by the Commission for Teacher Preparation and Licensing; or by contract with an agency duly authorized to perform those services by the county superintendent of schools of the county in which the district is located, under guidelines established by the State Board of Education; or accredited schools or colleges of optometry, osteopathic medicine, or medicine. (EC 49452 and California Code of Regulations (CCR) Title 5, Section 591)
- 10) Requires a parent or guardian to provide, within 90 days of entrance into the first grade, a certificate signed by a health professional, documenting that the child has received the

appropriate health screening and evaluation services (including vision screening) within the previous 18 months, unless the parent or guardian signs a waiver indicating they do not want or are unable to obtain the health screening. (Health and Safety Code (HSC) 124085)

- 11) Requires the governing board of a school district to exclude from school, for not more than five days, any first grade pupil who has not provided a signed health certificate or waiver on or before the 90<sup>th</sup> day after the pupil's entrance into first grade. (HSC 124105)

**FISCAL EFFECT:** Unknown

**COMMENTS:**

*Need for the bill.* According to the author, “AB 677 will increase access to on-campus vision and dental screenings for unhoused students by exempting these youth—solely for the purpose of these screenings—from requirements that prohibit the sharing of their directory information. This information is necessary for these screenings to be conducted by providers; however, due to current restrictions in statute, it cannot be released without written parental consent, which is often difficult to obtain in the case of unhoused students. This leads to the underutilization of on-campus vision and dental screenings amongst these vulnerable youth. AB 677 removes a barrier that will allow unhoused students to access the essential vision and dental screenings they need and deserve.”

The author's office also notes that current law requires that parents be notified in writing if a defect is found during a schoolsite physical examination, making the availability of the directory information essential for on-campus vision and dental screenings.

*How many California students experience homelessness?* California schools identify homeless students using the definition of homeless students in the federal McKinney-Vento Act, which defines “homeless children and youths” as:

- Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- Children and youth who may be living in motels, hotels, trailer parks, or shelters;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless because they are children who are living in similar circumstances as those listed above.

According to the CDE, there were 210,907 California public school students who met the federal definition of homelessness on census day for the 2024 school year, representing 3.6% of the total California public school student population. Unhoused youth in California are disproportionately

from minority backgrounds, as CDE data from the 2020-21 school year identifies that 74% of the unhoused youth were of Hispanic or Latinx descent and 7% were of African American descent.

According to a 2020 report by the University of California Los Angeles (UCLA) Center for Transformation of Schools titled *State of Crisis: Dismantling Student Homelessness in California*, African American and Latino students are disproportionately represented among students experiencing homelessness. As of 2020, over 17% of the students experiencing homelessness in the United States (U.S.) resided in California. (Federal Data Summary, Education for Homeless Children and Youth, 2020)

***Importance of vision in school success.*** The American Optometric Association notes that good vision is key to a student's success in school. Reading, writing, computer work, and viewing material on classroom screens or chalkboards are some of the visual tasks students perform daily. As children progress in school, demands on their visual abilities increase as the size of print in their schoolbooks becomes smaller and they are required to spend more time on homework. Children with visual skill deficits may avoid reading, experience lower levels of comprehension, or suffer from fatigue, discomfort, and a shorter attention span. Research has linked better vision with improved academic performance. (Ambrosino, 2023)

***Prevalence of visual disorders in U.S. children.*** A 2016 report, *Children's Vision and Eye Health: A Snapshot of Current National Issues*, produced by the National Center for Children's Vision and Eye Health, included the following statistics on eye disorders among children between 5 and 17 years of age:

- 9% have myopia or nearsightedness, which results in defective vision of distant objects. This varies by race/ethnicity with Asian (19%) and Hispanic (13%) children having significantly higher rates of myopia;
- 13% have hyperopia, or farsightedness, which results in defective vision of near objects. Again, this varies by race/ethnicity, with the greatest prevalence among Non-Hispanic White (20%) children; and
- Between 15 to 28% have astigmatism, an irregularity in the shape of the cornea or lens that causes blurry vision at all distances if not corrected.

It has been reported that 25% of children between the ages of 6 and 18 years need corrective lenses to address refractive errors. The provision of eyeglasses to correct refractive errors has been shown to have a positive impact on students' academic performance. (Ambrosino, 2023)

***Vision screening currently required for school entry.*** Current law requires a parent or guardian of a first-grade student, within the first 90 days of the school year, to provide a certificate, signed by a medical professional, documenting that the child has received a health check-up within the last 18 months. This required health examination for school entry includes a vision screening, completed by the child's regular healthcare provider. The parent or guardian may submit a signed waiver stating they are unwilling or unable to obtain a health screening for the child. School districts are required to exclude children from school for up to five days, if the parent has not provided the health documentation or waiver.

In the case of students experiencing homelessness, a school is required to immediately enroll the student even if they do not have required documents such as required health records, pursuant to both federal and state law.

***Schools may host vision screenings.*** California schools are authorized to work with nonprofit eye examination organizations to provide eye examinations to students at a schoolsite for the purpose of providing eyeglasses to those needing them. Research supports the efficacy of school-based vision screenings in facilitating early diagnosis and treatment, and decreasing the impact that any untreated condition may have on visual development, as well as the educational and social progress of the children. Approximately 25% of children between the ages of 6 and 18 years have been found to need corrective lenses to address refractive errors. Vision screening is also considered a cost-effective method to identify children in need of further evaluation by an eye care professional. (Ambrosino, 2023)

***Importance of dental health in children.*** The American Academy of Pediatrics (AAP) recommends dental screening as soon as teeth erupt and every year, or more, for young children through age 6. AAP recommends pediatricians assess whether the child has a dental home beginning at 6 months of age. If no dental home is identified, pediatricians are advised to perform a risk assessment and refer to a dental home. The American Dental Association defines dental caries as both the disease process and the lesion (noncavitated or cavitated) that is formed as a result of the disease process and which can culminate in localized destruction of hard dental tissues.

Tooth decay remains one of the most common chronic, yet preventable childhood conditions. A prior Surgeon General, Vivek Murphy, noted that while advances have been made, underserved and vulnerable populations continue to suffer from the effects of poor oral health at disproportionate rates. (Como, 2019). For example, one study found that 25% of African American adolescents between the ages of 13-15 years old had untreated dental caries versus 9% for Caucasian youth. Left untreated, tooth decay can lead to many difficulties including eating, sleeping, and learning. Every year, thousands of children miss school due to dental problems, contributing to chronic absenteeism and lost average daily attendance funding for schools. One study estimated that, as a result of oral health problems, children miss upwards of 10 million school days across the U.S. (Como, 2019)

***High levels of tooth decay among California schoolchildren.*** In 2018-2019, the California Department of Public Health (CDPH) conducted an assessment of tooth decay in third-grade children across the state. This was the first statewide assessment of tooth decay in children since 2004- 2005. By the third grade, 61% have experienced tooth decay and 22% have untreated tooth decay. The prevalence of tooth decay and untreated decay was lower in 2018-2019 compared to the mid-2000s. Additionally, 37% more children are benefiting from dental sealants, an eight-percentage point increase from the mid-2000s. Among California children, improvements in oral health are evident in tooth decay and application of sealants. However, California third graders have a substantially higher proportion of tooth decay compared to the national median of 53% among states.

***Disparities among dental health outcomes.*** CDPH notes that while it is encouraging to observe improvements in tooth decay, untreated decay, and dental sealant prevalence, significant disparities still exist. Latinx children had the highest prevalence of tooth decay, with more than 72% having experienced some form of tooth decay compared to 40% of white children. African

American children had the highest prevalence of untreated decay at 25.8%, which is almost twice the rate of white children at 13.7%. Socioeconomically disadvantaged children had almost twice the rate of tooth decay and untreated tooth decay, compared to children who were not socioeconomically disadvantaged (tooth decay 72.3% vs. 40.5%; untreated tooth decay 26% vs. 13.2%). Children from families whose parents' primary language is Spanish were more likely to have experienced tooth decay (77.9% vs. 52.2% for English language) or to have untreated decay (26.3% vs. 18.4% for English language). These disparities highlight the need for advancing oral health equity and addressing social determinants of oral health.

In California, the disparity in oral health between lower- and higher-income children is among the worst in the nation. In addition, California children with public insurance are more likely to have oral health problems not only when compared with those with private insurance but also when compared with those who are uninsured; this may be due to the state's low reimbursement rates for providers, along with other barriers to accessing care (Schor, 2014).

***Dental assessments required for school entry.*** Current law requires a student to provide proof of having received an oral health assessment by a dental health professional within the 12 months prior to initial enrollment. Parents or guardians may be excused from this requirement if the dental assessment could not be completed due to an undue financial burden, lack of access to a dentist, or if the parent does not consent to such an assessment. As noted earlier, homeless students must be immediately enrolled regardless of whether they have required health records.

Current law authorizes schools to host free oral health assessment events at which dental professionals perform schoolsite oral health assessments of students enrolled at the school, unless the parent or guardian has opted out of the assessment.

***Arguments in support.*** According to the Los Angeles Unified School District, "Under current law, students are required to have dental screening before enrolling in kindergarten or first grade, and vision screening upon enrollment and in grades two, five, and eight. Public schools are permitted to contract with nonprofit service providers to provide these screenings at no cost and at school sites. Current law requires that an LEA receive affirmative consent (opt in) from the parent/guardian of an unhoused child to allow the LEA to include the child in school wide dental and vision screenings. In contrast, housed students may receive the screening without additional action by the parent. In the cases where affirmative consent is not obtained, unhoused students cannot participate in screenings alongside their peers, widening health disparities for this vulnerable population.

Unhoused families remain one of the most challenging groups for LEAs to contact. At Los Angeles Unified, only about 1% of unhoused families return the opt-in form for vision screening services. For dental screening services, it's only about 4%. The end result is that the vast majority of our most vulnerable students are missing out on critical services that could greatly benefit the child's life and future health outcomes. AB 677 amends Education Code to allow unhoused students the same access to critical health screenings as other students, while maintaining parental right to opt out if desired."

***Related legislation.*** AB 2630 (Bonta) Chapter 838, Statutes of 2024, expands the definition of "kindergarten" to include transitional kindergarten (TK) and requires proof of a student's oral health assessment upon first enrollment only once during a two-year kindergarten program.

AB 2329 (Carrillo) Chapter 911, Statutes of 2022, authorizes an LEA to enter into a memorandum of understanding (MOU) with a nonprofit eye examination provider to provide eye examinations and eyeglasses to pupils at a schoolsite; requires schools to notify parents of the eye examinations and provide the opportunity for them to opt out, and provides civil and criminal liability for eye examination providers and LEAs.

SB 379 (Atkins) Chapter 772, Statutes of 2017, modifies oral health assessment requirements for pupils in public schools, including authorizing schools or school districts who host a free oral health assessment to provide an oral health assessment unless the parent or legal guardian opts out.

AB 408 (Quirk-Silva), Chapter 904, Statutes of 2022, requires LEAs to establish homeless education program policies consistent with federal law, requires homeless education liaisons to offer training to specified school staff, and requires the CDE to develop a risk-based monitoring plan for homeless education requirements.

AB 27 (Luz Rivas), Chapter 394, Statutes of 2021, requires LEAs and charter schools to ensure that each school identifies all enrolled homeless and unaccompanied students through a housing questionnaire.

SB 400 (Jones), Chapter 400, Statutes of 2021, requires a liaison for homeless children and youth of an LEA to ensure identification of homeless children and youth.

SB 379 (Atkins) Chapter 772, Statutes of 2017, modifies the current oral health assessment requirement for pupils in public school, including: 1) authorizing schools that offer schoolsite-based oral health assessments to use a passive consent process; 2) adding requirements to reports submitted by school districts; and, 3) encouraging all school districts to report to a system designated by the state Dental Director for collection of the required reports.

AB 2904 (Carrillo) of the 2017-18 Session would have authorized the governing board of a school district to enter into an MOU with a nonprofit mobile vision care services provider to provide vision care services to pupils at the schoolsite of a public school that are supplemental to required vision screenings. This bill was placed on the inactive file in the Senate.

AB 1110 (Burke) of the 2017-18 Session would have required parents to provide results of an eye and vision examination upon a pupil's first enrollment in elementary school, prohibit a school district from denying admission to a pupil if the parent failed to provide the examination results, and authorized vision screening for those pupils who had not received such an examination, by the school nurse or other authorized individual. This bill was held in the Assembly Appropriations Committee.

SB 402 (Mitchell) of the 2015-16 Session would have required a pupil's vision to be examined by a physician, optometrist, or ophthalmologist, and required the pupil's parent or guardian to provide the results of the examination to the pupil's school. This bill would have prohibited a school from denying admission to a pupil or taking any other adverse action against a pupil if his or her parent or guardian failed to provide the results of the examination. If the results of the examination were not provided to the school, this bill would have required a pupil's vision to instead be appraised pursuant to existing law. This bill was held in the Senate Appropriations Committee.

SB 870 (Senate Budget and Fiscal Review Committee) Chapter 40, Statutes of 2014, authorized a pilot program in Los Angeles County no sooner than January 1, 2015, and concluding December 31, 2017, to expand pediatric vision examinations and services through the use of mobile vision providers.

SB 1172 (Steinberg) Chapter 925, Statutes of 2014, deletes the existing vision screening requirements, and instead requires, during the kindergarten year or upon first enrollment or entry in a California school district of a pupil at an elementary school, and in grades 2, 5, and 8, the pupil's vision to be appraised by the school nurse or other authorized person.

AB 1840 (Campos) Chapter 803, Statutes of 2014, clarifies that a child's vision is permitted to be appraised by using an eye chart or any scientifically validated photoscreening test. Requires photoscreening tests to be performed, under an agreement with, or the supervision of, an optometrist or ophthalmologist, by the school nurse or a trained individual who meets requirements established by the CDE.

SB 430 (Wright) of the 2013-14 Session would have required a pupil to receive a vision examination from a physician, optometrist, or ophthalmologist, and requires that screening to include a test for binocular function, refraction, and eye health. SB 430 was held in the Assembly Health Committee.

AB 1068 (Bloom) Chapter 713, Statutes of 2013, prohibits the release of directory information for homeless pupils, and requires schools to permit access to pupil records to a pupil who is at least 14 years old, homeless and unaccompanied.

#### **REGISTERED SUPPORT / OPPOSITION:**

##### **Support**

Los Angeles Unified School District (Sponsor)  
Alameda County Office of Education  
Association of California School Administrators  
California Association of Student Councils  
California County Superintendents  
California Dental Association

##### **Opposition**

None on file

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