

**STATE OF ILLINOIS
IN THE FOURTH JUDICIAL CIRCUIT
MONTGOMERY COUNTY**

THOMAS DEVORE, as the parent and)
guardian of T.D., M.D., A.D.)

Plaintiff,)

vs.)

HILLSBORO COMMUNITY SCHOOL)
DISTRICT #3 BOARD OF EDUCATION.)
a body politic.)

GOVERNOR JAY ROBERT PRITZKER,)
in his official capacity.)

DR. NGOZI EZIKE, in her official capacity)
as Director of the Illinois Department of)
Public Health.)

DR. CARMEN I. AYALA, in her official)
capacity as Director of the Illinois State)
Board of Education.)

Defendants.)

2020MR106

Case No. 2020-MR-___

VERIFIED COMPLAINT

Plaintiff, THOMAS DEVORE, (“DeVore”) as the parent and guardian of T.D., M.D., A.D., brings his Complaint for Declaratory and Injunctive Relief against Defendants, HILLSBORO COMMUNITY SCHOOL DISTRICT #3 BOARD OF EDUCATION, (“HUSD#3”), and GOVERNOR JAY ROBERT PRITZKER, in his official capacity as Governor (hereinafter referred to as “Pritzker”), DR. NGOZI EZIKE, in her official capacity as Director of the Illinois Department of Public Health (“IDHP”), DR. CARMEN I. AYALA in her official capacity as

Director of the Illinois State Board of Education (“ISBE”), and hereby states as follows:

FACTS COMMON TO ALL COUNTS

1. DeVore resides within the school district of HUSD#3.
2. DeVore is the biological father and legal guardian of T.D., M.D., A.D.
3. T.D., M.D., A.D. will attend the 12th grade in HUSD#3 for the 2020-2021 school year which school district buildings are within Montgomery County.
4. DeVore brings this cause of action on his own behalf, and on behalf of his minor children.
5. HUSD#3 is a body politic and corporate, created to perform governmental functions related to the education of children for the District, and has only such powers and authority as expressly conferred by the Illinois legislature. (See 105 ILCS 5/1-1 et. seq.)
6. Pritzker is the duly elected Governor of the State of Illinois and only has such power as granted him in the Illinois Constitution or otherwise lawfully delegated to him by the Illinois legislature.
7. IDPH is an administrative agency which only has such power as granted them by the Illinois legislature.
8. ISBE is an administrative agency which only has such power as granted them by the Illinois legislature.
9. Mr. David Powell (“Superintendent”) is the duly appointed and acting Superintendent of HUSD#3.
10. On March 09, 2020, Pritzker issued a proclamation declaring, as of that date, a public health emergency existed within, among other counties, Montgomery County as a result of the COVID-19 virus. (See Exhibit 1)

11. On April 01, 2020, Pritzker issued a proclamation declaring, as of that date, a public health emergency existed within, among other counties, Montgomery County as a result of the COVID-19 virus. (See Exhibit 2)

12. On April 30, 2020, Pritzker issued a proclamation declaring, as of that date, a public health emergency existed within, among other counties, Montgomery County as a result of the COVID-19 virus. (See Exhibit 3)

13. On May 29, 2020, Pritzker issued a proclamation declaring, as of that date, a public health emergency existed within, among other counties, Montgomery County as a result of the COVID-19 virus. (See Exhibit 4)

14. On June 26, 2020, Pritzker issued a proclamation declaring, as of that date, a public health emergency existed within, among other counties, Montgomery County as a result of the COVID-19 virus. (See Exhibit 5)

15. On July 24, 2020, Pritzker issued a proclamation declaring, as of that date, a public health emergency existed within, among other counties, Montgomery County as a result of the COVID-19 virus. (See Exhibit 6)

16. Pritzker may issue disaster proclamations pursuant to the authority granted him under the Illinois Emergency Management Agency Act. (See 20 ILCS 3305 *et seq.*, hereinafter referred to as the "IEMAA")

17. Section 4 of the IEMAA defines a "Public Health Emergency" as an occurrence or imminent threat of an illness or health condition that:

- (a) is believed to be caused by any of the following:
 - (i) bioterrorism;
 - (ii) the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
 - (iii) a natural disaster;
 - (iv) a chemical attack or accidental release; or

- (v) a nuclear attack or accident; and
- (b) poses a high probability of any of the following harms:
 - (i) a large number of deaths in the affected population;
 - (ii) a large number of serious or long-term disabilities in the affected population;
 - or
 - (iii) widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

18. Section 4 of The IEMAA defines a disaster as follows:

"Disaster" means an occurrence or threat of widespread or severe damage, injury or loss of life or property resulting from any natural or technological cause, including but not limited to fire, flood, earthquake, wind, storm, hazardous materials spill or other water contamination requiring emergency action to avert danger or damage, epidemic, air contamination, blight, extended periods of severe and inclement weather, drought, infestation, critical shortages of essential fuels and energy, explosion, riot, hostile military or paramilitary action, public health emergencies, or acts of domestic terrorism. (See 20 ILCS 3305/4)

19. As such if an occurrence or a threat, such as a public health emergency as defined under the IEMAA exists in Montgomery County, Pritzker may declare a disaster exists in the county.

20. It is a matter of public record that as of the last census, Montgomery County had a population of 30,105. (See <https://www.census.gov/quickfacts/montgomerycountyillinois>)

21. It is a matter of public record that as of July 25, 2020, Montgomery County has tested 5,674 of its citizens for COVID-19. (See <https://www.dph.illinois.gov/covid19/covid19-statistics>)

22. Of those 5,674 tested citizens, 125 tested positive for COVID-19. (See <https://www.dph.illinois.gov/covid19/covid19-statistics>)

23. Resulting in 2.203% of those tested having tested positive for COVID-19.

24. Of its total population, Montgomery County has had .415% of its citizens test positive for COVID-19.

25. It is a matter of public record that as of July 25, 2020, Montgomery County has had three deaths of a citizens who have passed away after having been diagnosed with COVID-19. (See <https://www.dph.illinois.gov/covid19/covid19-statistics>)

26. Resulting in 2.40% of those testing positive with COVID-19 having passed away.

27. Of its total population, Montgomery County has had .010% of citizens pass away after having been diagnosed with COVID-19.

28. As for subsection (a) of the definition of a public health emergency in the IEMAA, subpart (ii) is seemingly satisfied as there was an appearance of a novel infectious agent in Montgomery County.

29. As for subsection (b) of the definition of a public health emergency in the IEMAA, subpart (i) is not satisfied as there is no high probability of a large number of deaths in Montgomery County as a result of COVID#19.

30. As for subsection (b) of the definition of a public health emergency in the IEMAA, subpart (ii) is not satisfied as there is no high probability of a large number of serious or long-term disabilities in Montgomery County as a result of COVID#19.

31. As for subsection (b) of the definition of a public health emergency in the IEMAA, subpart (iii) is not satisfied as there is no high probability of a widespread exposure to COVID#19 in Montgomery County that poses a significant risk of substantial future harm to its population.

32. On or about June 23, 2020, the IPDH and the ISBE issued a 63-page joint directive outlining their “guidelines” for the 2020-2021 school year. (hereinafter referred to as the “Directive”) (See attached Exhibit 7)

33. All public and nonpublic schools in Illinois serving prekindergarten through 12th grade students must follow the guidelines according to the Directive. (See page 3 of Exhibit 7.)

34. The Directive includes compulsory health and safety protocols for admittance into school buildings which purpose are to try and prevent the spread of COVID-19 or any other infectious disease. (See page 30 of Exhibit 7.)

35. Unless excepted out for one of the narrow reasons, the Directive requires all individuals in school buildings, including all public and nonpublic schools that serve students in prekindergarten through grade 12, must wear face coverings at all times to be admitted into a public school building. (See page 32 of Exhibit 7.)

36. According to the Directive, schools and districts must conduct temperature and symptom screenings or require self-certification and verification for all staff, students, and visitors before the same will be granted access to the public school buildings. (See page 34 of Exhibit 7.)

37. On or about June 30, 2020, the IDPH issued updated guidance for all buildings which hold church services. (See attached Exhibit 8.)

38. As it relates these religious assemblages, IDPH merely recommended face-coverings and temperature screenings as best practices.

39. On July 21, 2020, in reliance on the Directive, the Superintendent published HUSD#3's reopening plan for the 2020-2021 school year. (hereinafter referred to as the "Plan") (See attached Exhibit 9)

40. The Plan includes compulsory health/safety guidelines ("Compulsory Regulations") which are contained within the IDPH and ISBE Directive sent to HUSD#3. (See first page of Exhibit 9)

41. The Compulsory Regulations create a condition precedent that masks must be worn, and temperature screenings must be submitted to, or Plaintiff's minor children will be excluded from HUSD#3 public school buildings.

42. The legislative branch of the State of Illinois has never declared these Compulsory Regulations to be a condition precedent before a child be admitted attendance into a public school within this state.

43. The Superintendent has stated any minor children who refuse to abide by the Compulsory Guidelines will be excluded from attendance in the public building and relegated to remote learning.

44. The Illinois School Code requires a minimum of 176 days of pupil attendance. (See 105 ILCS 5/10-19).

45. Remote learning days, blended remote learning days, and up to 5 remote and blended remote learning planning days established under Section 10-30 or 34-18.66 shall be deemed pupil attendance days for calculation of the length of a school term under this Section. (See 105 ILCS 5/10-19).

46. Remote and blended learning is allowed in HUSD#3 under 105 ILCS 5/10-19 when the Governor has declared a disaster. (See 105 ILCS 5/10-30) and (105 ILCS 5/34-18.66)

47. In an apparent effort to bolster the suspect Directive of IDPH and ISBE, Pritzker issued EO 47 a month later on July 24, 2020. (See Exhibit 10)

48. Pritzker proclaims in EO 47, he also has the power under the Illinois Constitution as well as the Illinois Emergency Management Agency Act (“IEMAA”) to mandate compulsory general health regulations before one be admitted attendance into public and non-public school buildings.

49. Pritzker has no authority under the Illinois Constitution to issue executive orders mandating compulsory general health regulations before one be admitted attendance into public and non-public school buildings.

50. Pritzker has no authority under the cited provisions of Section 7 of the IEMAA to issue executive orders mandating compulsory general health regulations before one be admitted attendance into public and non-public school buildings.

COUNT I
DECLARATORY JUDGMENT
(As to Pritzker)

51. DeVore restates paragraphs 1 through 50 as if more fully restated herein.

52. DeVore, as a resident of the HUSD#3 district, has a right to insist Pritzker's disaster proclamations, which impact DeVore's minor children's access to attendance within the school buildings of Montgomery County, can be promulgated by Pritzker only as allowed by the legislature under the IEMAA.

53. An actual controversy exists between the parties in regard to the authority of Pritzker to issue his July 24, 2020 disaster proclamation in Montgomery County when the facts present do not satisfy the IEMAA's definition of a public health emergency or any other defined disaster.

54. An actual controversy exists between the parties in regard to the authority of Pritzker to proclaim EO47 has any force and effect in Montgomery County when the facts present do not satisfy the IEMAA's definition of a public health emergency or any other defined disaster.

55. An immediate and definitive determination is necessary to clarify the rights and interests of the parties.

WHEREFORE, Plaintiff, Thomas DeVore, on behalf of his minor children, herein requests that this court enter an Order:

A. Declaring no disaster exists in Montgomery County on July 24, 2020 as defined by Section 4 of the IEMAA;

- B. Declaring EO47 which Pritzker executed as a result of his July 24, 2020 disaster proclamation be deemed a nullity in Montgomery County;
- C. Awarding Plaintiffs their costs incurred in this matter as may be allowed by law;
- D. That the Court grant such other and further relief as is just and proper.

COUNT II
DECLARATORY JUDGMENT
(As to Pritzker)

56. DeVore restates paragraphs 1 through 55 as if more fully restated herein.

57. DeVore, as a resident of the HUSD#3 district, has a right to insist Pritzker's EO 47, which mandates conditions precedent for access to school buildings in Montgomery County, be promulgated by Pritzker only as allowed by the legislature under the IEMAA or the Illinois Constitution.

58. An actual controversy exists between the parties in regard to the authority of Pritzker to issue EO 47 in Montgomery County when IEMAA or the Illinois Constitution provide him no such authority.

59. An actual controversy exists between the parties in regard to the authority of Pritzker to issue EO 47 for public school buildings when the same mandates are not required for other public assemblages such as religious buildings.

60. An immediate and definitive determination is necessary to clarify the rights and interests of the parties.

WHEREFORE, Plaintiff, Thomas DeVore, on behalf of his minor children, herein requests that this court enter an Order:

- A. Declaring Section 7 of the IEMAA provides Pritzker no authority to mandate compulsory conditions precedent which Plaintiff, and his minor children, must abide

- by before being granted access to HUSD#3 public school buildings;
- B. Declaring the Illinois Constitution provides Pritzker no authority to mandate compulsory conditions precedent which Plaintiff, and his minor children, must abide by before being granted access to HUSD#3 public school buildings;
 - C. Declaring EO 47 is arbitrary and capricious given no such directives exist for religious public assemblages.
 - D. Awarding Plaintiffs their costs incurred in this matter as may be allowed by law;
 - E. That the Court grant such other and further relief as is just and proper.

COUNT III
DECLARATORY JUDGMENT
(As to ISBE and IDPH)

61. DeVore restates and reallege the facts and allegations contained in paragraphs 1 through 60, inclusive, as if fully restated herein.

62. DeVore has a right to seek a declaration that IDPH and ISBE promulgated certain provisions in the Directive which are beyond their authority as well as arbitrary and capricious.

63. The Directive states the purpose of the mandatory health and safety protocols is to prevent the spread of COVID-19 and other infectious diseases.

64. As such, compulsory directives such as mandatory face-coverings and temperature checks are being thrust upon DeVore's minor children for no other reason than the general purpose of trying to prevent the spread of an infectious disease.

65. General health regulations which merely tend to prevent the spread of an infectious disease are unlawful.

66. More importantly, the ISBE and IDPH have no authority to enact a general compulsory rule or regulation which has the force and effect of a general law.

67. General lawmaking is within the purview of the legislature.

68. Finally, the mandatory face-coverings and temperature checks are being arbitrarily and unreasonably applied to school buildings.

69. IDPH has issued similar health and safety protocols for religious assemblages, yet those health and safety protocols were merely recommendations and not rules which have the force and effect of general law.

70. It is arbitrary and capricious to place such mandates on school buildings while at the same time making substantively similar requirements merely voluntary for other assemblages.

71. A justiciable controversy exists between DeVore and the ISBE and IDPH concerning the mandatory compulsory rules of the Directive.

72. This Court is vested with the power to declare the rights of the parties and to provide such other and further relief as may be necessary to enforce the same.

WHEREFORE, Plaintiff Thomas DeVore, and his minor children, respectfully pray this Honorable Court enter an order:

(a) Declare the health regulation issued in the Directive requiring the Plaintiff's minor children to wear a face-covering to be able to attend and participate in their education within the HUSD#3 public school buildings for the general purpose of trying to prevent the spread of COVID-19 or any other infectious disease is beyond ISBE and IDPH authority and hence unlawful;

(b) Declare the health regulation issued in the Directive mandating Plaintiff's minor children to submit to a temperature check to be able to attend and participate in their education within HUSD#3 public school buildings for the general purpose of trying to prevent the spread of COVID-19 or any other infectious disease is beyond ISBE and IDPH authority and hence

unlawful;

(c) Declare the health regulation issued in the Directive mandating Plaintiff's minor children to wear a face-covering inside a school building while at the same time not mandating face-coverings inside other public assemblages is arbitrary and capricious and hence unlawful;

(d) Declare the health regulation issued in the Directive mandating Plaintiff's minor children to submit to a temperature check inside a school building while at the same time not mandating a temperature check inside other public assemblages is arbitrary and capricious and hence unlawful;

(e) Declaring these compulsory rules are for the Illinois Legislature to enact;

(f) An award of costs; and

(g) Such other relief as this Court deems to be equitable and just.

COUNT IV
DECLARATORY JUDGMENT
(As to HUSD#3)

73. DeVore restates and realleges the facts and allegations contained in paragraphs 1 through 72, inclusive, as if fully restated herein.

74. DeVore has a right to seek a declaration finding HUSD#3 Compulsory Regulations are beyond their authority to promulgate and are otherwise in violation of Illinois law.

75. The Compulsory Regulations are being thrust upon DeVore's minor child for no other reason than the general purpose of trying to prevent the spread of an infectious disease.

76. In the state of Illinois, health regulations which merely tend to prevent the spread of an infectious disease are unlawful.

77. Furthermore, HUSD#3 has no authority to enact these Compulsory Guidelines.

78. HUSD#3 is exceeding its authority because only upon grounds deemed sufficient

by the legislature as necessary to protect the public health can a condition precedent for attendance within our schools be promulgated.

79. A justiciable controversy exists between the DeVore and HUSD#3 concerning the Compulsory Requirements being thrust upon DeVore's minor children as a condition precedent to being allowed to attend a public school of this state.

80. This Court is vested with the power to declare the rights of the parties and to provide such other and further relief as may be necessary to enforce the same.

WHEREFORE, Plaintiff, Thomas DeVore, on behalf his minor children, respectfully prays this Honorable Court enter an order:

- (a) Declare the Compulsory Regulations issued in by HUSD#3 requiring Plaintiff's minor children wear a face-covering as a condition precedent to being able to attend the public school is beyond Defendant's authority and hence ultra vires;
- (b) Declare the Compulsory Regulations issued in by HUSD#3 requiring Plaintiff's submit to temperature screenings as a condition precedent to being able to attend the public school is beyond Defendant's authority and hence ultra vires;
- (c) Declaring these compulsory rules are for the Illinois Legislature to enact;
- (d) An award of costs; and
- (e) Such other relief as this Court deems to be equitable and just.

COUNT V
DECLARATORY JUDGMENT
(As to HUSD#3)

78) DeVore restates and reallege the facts and allegations contained in paragraphs 1 through 77, inclusive, as if more fully restated herein.

79) DeVore has a legal right to insist his minor children receive a minimum of 176 days

of attendance in the public school at HUSD#3.

80) DeVore's minor children have a right to not be subjected to remote learning by HUSD#3 unless the same be allowable under Illinois law.

81) Remote learning has only been authorized as acceptable by HUSD#3 if their district is in a lawful state of a disaster as defined by the legislature under Section 4 of the IEMAA.

82) There is no disaster as defined in Section 4 of the IEMAA in Montgomery County.

83) Given there is no disaster in Montgomery County, HUSD#3 must provide the minimum number of days of actual attendance to DeVore's minor children as required by Illinois law.

84) A justiciable controversy exists between the DeVore and HUSD#3 concerning the ability of HUSD#3 to utilize remote learning versus actual attendance.

85) This Court is vested with the power to declare the rights of the parties and to provide such other and further relief as may be necessary to enforce the same.

WHEREFORE, Plaintiff Thomas DeVore, as the parent and guardian of his minor children, respectfully prays this Honorable Court enter an order in his favor and against HUSD#3 that grants the following relief:

- a) Declare no disaster exists in Montgomery County, IL as defined in Section 4 of the IEMAA.
- b) Declare HUSD#3 must provide for the minimum number of attendance days to DeVore's minor children;
- c) An award of costs; and
- d) Such other relief as this Court deems to be equitable and just.

COUNT VI
COMPLAINT FOR PERMANENT INJUNCTION
(as to HUSD#3, ISBE, IDPH, Pritzker)

86) DeVore restates and reallege the facts and allegations contained in paragraphs 1 through 85, inclusive, as if more fully restated herein.

87) The implementation of the Compulsory Regulations and Remote Learning as presented in Count IV and Count V will cause irreparable damage to DeVore, as among other things, the minor children's right to attend the public school building for an education is being infringed upon by these rules which are beyond HUSD#3's authority and are otherwise arbitrary and capricious.

88) HUSD#3 has been granted no lawful authority by IDPH, ISBE or Pritzker to enact such measures.

89) DeVore, and his minor children, have no adequate remedy at law because the minor children's only option is to risk being deprived of their right to access the public school building for an education, or acquiesce to these unlawful, arbitrary and capricious rules.

90) DeVore has shown the none of the Defendants wield any lawful authority to require minor children to wear a face-covering to gain access inside a school building for the general purpose of trying to prevent the spread of COVID-19 or any other infectious disease.

91) DeVore has shown the none of the Defendants wield any lawful authority to require minor children submit to temperature checks to gain access inside a school building for the general purpose of trying to prevent the spread of COVID-19.

92) Absent this permanent injunction, there is a sufficient probability that future conduct of the Defendants will violate the rights of DeVore's minor children's rights to attend the public school free from unlawful interference of all Defendants.

WHEREFORE, Plaintiffs Thomas DeVore, on behalf of his minor children, respectfully pray this Honorable Court enter an order in their favor and against all Defendants that grants the following relief:

- (a) Find Plaintiffs have a right to insist any rulemaking of the Defendants be within their authority as well as not arbitrary and capricious;
- (b) Find Plaintiffs are being irreparably harmed in having the minor children subjected to these unlawful rules as it effects their attendance within the public school building;
- (c) Find Plaintiffs have no adequate remedy at law to protect the minor children's rights against these unlawful, arbitrary and capricious rules beyond injunctive relief.
- (d) Find Plaintiffs have succeeded in proving the Defendants mandating the minor children to wear a face-covering to gain access inside a school building for the general purpose of trying to prevent the spread of COVID-19 or any other infectious disease is beyond their authority as well as arbitrary and capricious.
- (e) Find Plaintiffs have succeeded in proving the Defendants mandating the minor children submit to temperature checks to gain access inside a school building for the general purpose of trying to prevent the spread of COVID-19 or any other infectious disease is beyond their authority as well as arbitrary and capricious.
- (f) Entering a permanent injunction barring the Defendants from enforcing any or all of the aforementioned rules from this date forward against the Plaintiffs.
- (g) An award of costs; and
- (h) Such other relief as this Court deems to be equitable and just.

Respectfully submitted,
THOMAS DEVORE,
as the parent and guardian of
T.D, M.D., A.D. Plaintiff.

By: /s/ Thomas G. DeVore

Verification

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned, certifies that the statements set forth in this Verified Complaint for Declaratory Judgment and Injunctive Relief are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.

July 28, 2020
Date

/s/ Thomas DeVore
THOMAS DEVORE

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GUBERNATORIAL DISASTER PROCLAMATION

WHEREAS, in late 2019, a new and significant outbreak of Coronavirus Disease 2019 (COVID-19) emerged in China; and,

WHEREAS, COVID-19 is a novel severe acute respiratory illness that can spread among people through respiratory transmissions and present with symptoms similar to those of influenza; and,

WHEREAS, certain populations are at higher risk of experiencing more severe illness as a result of COVID-19, including older adults and people who have serious chronic medical conditions such as heart disease, diabetes, or lung disease; and,

WHEREAS, we are continuing our efforts to prepare for any eventuality given that this is a novel illness and given the known health risks it poses for the elderly and those with serious chronic medical conditions; and,

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern on January 30, 2020, and the United States Secretary of Health and Human Services declared that COVID-19 presents a public health emergency on January 27, 2020; and,

WHEREAS, the World Health Organization has reported 109,578 confirmed cases of COVID-19 and 3,809 deaths attributable to COVID-19 globally as of March 9, 2020; and,

WHEREAS, in response to the recent COVID-19 outbreaks in China, Iran, Italy and South Korea, the Centers for Disease Control and Prevention ("CDC") has deemed it necessary to prohibit or restrict non-essential travel to or from those countries; and,

WHEREAS, the CDC has advised older travelers and those with chronic medical conditions to avoid nonessential travel, and has advised all travelers to exercise enhanced precautions; and,

WHEREAS, the CDC currently recommends community preparedness and everyday prevention measures be taken by all individuals and families in the United States, including voluntary home isolation when individuals are sick with respiratory symptoms, covering coughs and sneezes with a tissue, washing hands often with soap and water for at least 20 seconds, use of alcohol-based hand sanitizers with at least 60% alcohol if soap and water are not readily available, and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and,

WHEREAS, a vaccine or drug is currently not available for COVID-19; and,

WHEREAS, in communities with confirmed COVID-19 cases, the CDC currently recommends mitigation measures, including staying at home when sick, when a household



member is sick with respiratory disease symptoms or when instructed to do so by public health officials or a health care provider and keeping away from others who are sick; and,

WHEREAS, despite efforts to contain COVID-19, the World Health Organization and the CDC indicate that it is expected to spread; and,

WHEREAS, there are currently 11 confirmed cases of COVID-19 and an additional 260 persons under investigation in Illinois; and,

WHEREAS, one of the confirmed cases of COVID-19 in Illinois has not been linked to any travel activity or to an already-confirmed COVID-19 case, which indicates community transmission in Illinois; and,

WHEREAS, based on the foregoing, the circumstances surrounding COVID-19 constitute a public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, it is the policy of the State of Illinois that the State will be prepared to address any disasters and, therefore, it is necessary and appropriate to make additional State resources available to ensure that the effects of COVID-19 are mitigated and minimized and that residents and visitors in the State remain safe and secure; and,

WHEREAS, this proclamation will assist Illinois agencies in coordinating State and Federal resources, including the Strategic National Stockpile of medicines and protective equipment, to support local governments in preparation for any action that may be necessary related to the potential impact of COVID-19 in the State of Illinois; and,

WHEREAS, these conditions provide legal justification under Section 7 of the Illinois Emergency Management Agency Act for the issuance of a proclamation of disaster;

NOW, THEREFORE, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, I, JB Pritzker, Governor of the State of Illinois, hereby proclaim as follows:

Section 1. Pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, I find that a disaster exists within the State of Illinois and specifically declare all counties in the State of Illinois as a disaster area.

Section 2. The Illinois Department of Public Health and the Illinois Emergency Management Agency are directed to coordinate with each other with respect to planning for and responding to the present public health emergency.

Section 3. The Illinois Department of Public Health is further directed to cooperate with the Governor, other State agencies and local authorities, including local public health authorities, in the development of strategies and plans to protect the public health in connection with the present public health emergency.

Section 4. The Illinois Emergency Management Agency is directed to implement the State Emergency Operations Plan to coordinate State resources to support local governments in disaster response and recovery operations.

Section 5. To aid with emergency purchases necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Illinois Procurement Code that would in any way prevent, hinder or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law. If necessary, and in accordance with Section 7(1) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(1), the Governor may take appropriate executive action to suspend additional statutes, orders, rules, and regulations.

Section 6. Pursuant to Section 7(3) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(3), this proclamation activates the Governor's authority, as necessary, to transfer the direction, personnel or functions of State departments and agencies or units thereof for the purpose of performing or facilitating emergency response programs.

Section 7. The Illinois Department of Public Health, Illinois Department of Insurance and the Illinois Department of Healthcare and Family Services are directed to recommend, and, as appropriate, take necessary actions to ensure consumers do not face financial barriers in accessing diagnostic testing and treatment services for COVID-19.

Section 8. The Illinois State Board of Education is directed to recommend, and, as appropriate, take necessary actions to address chronic absenteeism due to transmission of COVID-19 and to alleviate any barriers to the use of e-learning during the effect of this proclamation that exist in the Illinois School Code, 105 ILCS 5/1-1 et. seq.

Section 9. Pursuant to Section 7(14) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(14), increases in the selling price of goods or services, including medical supplies, protective equipment, medications and other commodities intended to assist in the prevention of or treatment and recovery of COVID-19, shall be prohibited in the State of Illinois while this proclamation is in effect:

Section 10. This proclamation can facilitate a request for Federal emergency and/or disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

Section 11. This proclamation shall be effective immediately and remain in effect for 30 days.

Issued by the Governor March 9, 2020
Filed by the Secretary of State March 9, 2020



FILED
INDEX DEPARTMENT

SPRINGFIELD, ILLINOIS

APR 6 2020

IN THE OFFICE OF
SECRETARY OF STATE

Proclamation

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a novel severe acute respiratory illness that can spread among people through respiratory transmissions and present with symptoms similar to those of influenza; and,

WHEREAS, certain populations are at higher risk of experiencing more severe illness as a result of COVID-19, including older adults and people who have serious chronic medical conditions such as heart disease, diabetes, or lung disease; and,

WHEREAS, the State of Illinois is continuing its efforts to prepare for any eventuality given that this is a novel illness and given the known health risks it poses for the elderly and those with serious chronic medical conditions; and,

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern on January 30, 2020, and the United States Secretary of Health and Human Services declared that COVID-19 presents a public health emergency on January 27, 2020; and,

WHEREAS, on March 11, 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic, and has reported more than 750,000 confirmed cases of COVID-19 and 36,500 deaths attributable to COVID-19 globally as of March 31, 2020; and,

WHEREAS, the Centers for Disease Control and Prevention (CDC) currently recommends that all United States residents take precautions to contain the spread of COVID-19, including that they: (1) practice social distancing by maintaining 6 feet of distance from others and avoiding all gatherings; (2) be alert for symptoms such as fever, cough, or shortness of breath, and take their temperature if symptoms develop; and (3) exercise appropriate hygiene, including covering coughs and sneezes with a tissue, washing hands often with soap and water for at least 20 seconds, using of alcohol-based hand sanitizers with at least 60% alcohol if soap and water are not readily available, and routinely cleaning frequently touched surfaces and objects to increase community resilience and readiness for responding to an outbreak; and,

WHEREAS, the CDC also recommends the following precautions for household members, caretakers and other persons having close contact with a person who is symptomatic, during the period from 48 hours before onset of symptoms until the symptomatic person meets the criteria for discontinuing home isolation: (1) stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times; (2) self-monitor for symptoms, including checking their temperature twice a day and watching for fever, cough, or shortness of breath; and (3) avoid contact with people at higher risk for severe illness (unless they live in the same home and had the same exposure); and,

WHEREAS, a vaccine or drug is currently not available for COVID-19; and,

WHEREAS, despite efforts to contain COVID-19, the World Health Organization and the CDC indicate that it is expected to continue spreading; and,

WHEREAS, as of March 31, 2020, there were 5,994 confirmed cases of COVID-19 and 99 deaths in Illinois resulting from COVID-19; and,

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WHEREAS, the outbreak of COVID-19 has resulted in significant negative economic impact, including loss of income and wages, that threatens to undermine housing security and stability and overall financial stability and security for individuals and businesses throughout Illinois; and,

WHEREAS, on March 13, 2020, the President declared a nationwide emergency pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), covering all states and territories, including Illinois; and,

WHEREAS, on March 26, 2020, the President declared a major disaster in Illinois pursuant to Section 401 of the Stafford Act; and,

WHEREAS, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area on March 9, 2020 in response to the outbreak of COVID-19; and,

WHEREAS, based on the foregoing, the circumstances surrounding COVID-19 constitute a continuing public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, the circumstances surrounding COVID-19 have resulted in the occurrence and threat of widespread and severe damage, injury, and loss of life and property under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, it is the policy of the State of Illinois that the State will be prepared to address any disasters and, therefore, it is necessary and appropriate to make additional State resources available to ensure that the effects of COVID-19 are mitigated and minimized to the greatest extent possible and that Illinoisans remain safe and secure; and,

WHEREAS, this proclamation will assist Illinois agencies in coordinating State and Federal resources, including the Strategic National Stockpile of medicines and protective equipment, to support local governments in preparation for any action that may be necessary related to the potential impact of COVID-19 in the State of Illinois; and,

WHEREAS, these conditions provide legal justification under Section 7 of the Illinois Emergency Management Agency Act for the issuance of a proclamation of disaster;

NOW, THEREFORE, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, I, JB Pritzker, Governor of the State of Illinois, hereby proclaim as follows:

Section 1. Pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, I find that a continuing disaster exists within the State of Illinois and specifically declare all counties in the State of Illinois as a disaster area. This proclamation continues the Governor's authority to exercise all of the emergency powers provided in Section 7 of the Illinois Emergency Management Agency Act, 20, ILCS 3305/7, including but not limited to those specific emergency powers set forth below.

Section 2. The Illinois Department of Public Health and the Illinois Emergency Management Agency are directed to continue to coordinate with each other with respect to planning for and responding to the present public health emergency.

Section 3. The Illinois Department of Public Health is further directed to continue to cooperate with the Governor, other State agencies and local authorities, including local public health authorities, in the development and implementation of strategies and plans to protect the public health in connection with the present public health emergency.

Section 4. The Illinois Emergency Management Agency is directed to continue to implement the State Emergency Operations Plan to coordinate State resources to support local governments in disaster response and recovery operations.

Section 5. To aid with emergency purchases necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Illinois

Procurement Code that would in any way prevent, hinder or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law. If necessary, and in accordance with Section 7(1) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(1), the Governor may take appropriate executive action to suspend additional statutes, orders, rules, and regulations.

Section 6. Pursuant to Section 7(3) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(3), this proclamation continues the Governor's authority, as necessary, to transfer the direction, personnel or functions of State departments and agencies or units thereof for the purpose of performing or facilitating emergency response programs.

Section 7. The Illinois Department of Public Health, Illinois Department of Insurance and the Illinois Department of Healthcare and Family Services are directed to continue to recommend, and, as appropriate, take necessary actions to ensure consumers do not face financial barriers in accessing diagnostic testing and treatment services for COVID-19.

Section 8. The Illinois State Board of Education is directed to continue to recommend, and, as appropriate, take necessary actions to address chronic absenteeism due to transmission of COVID-19 and to alleviate any barriers to the use of e-learning during the effect of this proclamation that exist in the Illinois School Code, 105 ILCS 5/1-1 et. seq.

Section 9. All State agencies are directed to cooperate with the Governor, other State agencies and local authorities in the development and implementation of strategies and plans to cope with and recover from the economic impact of COVID-19.

Section 10. Pursuant to Section 7(14) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(14), increases in the selling price of goods or services, including medical supplies, protective equipment, medications and other commodities intended to assist in the prevention of or treatment and recovery of COVID-19, shall be prohibited in the State of Illinois while this proclamation is in effect.

Section 11. This proclamation can facilitate requests for federal emergency and/or disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

Section 12. This proclamation shall be effective immediately and remain in effect for 30 days.

In Witness Whereof, I have hereunto set my hand and caused the Great Seal of the State of Illinois to be affixed.



Done at the Capitol in the City of Springfield this first day of April in the Year of Our Lord two thousand and twenty and the State of Illinois two hundred and second.

Dorise White
Secretary of State

FILED
INDEX DEPARTMENT
APR 01 2020
IN THE OFFICE OF
SECRETARY OF STATE

RBPA
Governor



Gubernatorial Disaster Proclamation

WHEREAS, protecting the health and safety of Illinoisans is among the most important functions of State government; and,

WHEREAS, it is critical that Illinoisans who become sick are able to be treated by medical professionals, including when a hospital bed, emergency room bed, or ventilator is needed; and,

WHEREAS, it is also critical that the State's health care and first responder workforce has adequate personal protective equipment (PPE) to safely treat patients, respond to public health disasters, and prevent the spread of communicable diseases; and,

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a novel severe acute respiratory illness that has spread among people through respiratory transmissions, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern on January 30, 2020, and the United States Secretary of Health and Human Services declared that COVID-19 presents a public health emergency on January 27, 2020; and,

WHEREAS, on March 11, 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic, and has reported more than 3 million confirmed cases of COVID-19 and 200,000 deaths attributable to COVID-19 globally as of April 30, 2020; and,

WHEREAS, a vaccine or treatment is not currently available for COVID-19 and, on April 24, 2020, the World Health Organization warned that there is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection; and,

WHEREAS, despite efforts to contain COVID-19, the World Health Organization and the federal Centers for Disease Control and Prevention (CDC) indicated that the virus was expected to continue spreading and it has, in fact, continued to spread rapidly, resulting in the need for federal and State governments to take significant steps; and,

WHEREAS, on March 9, 2020, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area in response to the outbreak of COVID-19 (First Gubernatorial Disaster Proclamation); and,

WHEREAS, on March 13, 2020, the President declared a nationwide emergency pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), covering all states and territories, including Illinois; and,

WHEREAS, on March 26, 2020, the President declared a major disaster in Illinois pursuant to Section 401 of the Stafford Act; and,

WHEREAS, on April 1, 2020, due to the exponential spread of COVID-19 in Illinois, I again declared all counties in the State of Illinois as a disaster area (Second Gubernatorial Disaster Proclamation); and,

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WHEREAS, as circumstances surrounding COVID-19 rapidly evolve, there have been frequent changes in information and guidance from public health officials as a result of emerging evidence; and,

WHEREAS, from the outset, data suggested that older adults and those with serious underlying health conditions are more likely to experience severe and sometimes fatal complications from COVID-19; and,

WHEREAS, emerging evidence has shown that young people, including infants and toddlers, are also at risk for such complications; and,

WHEREAS, as of March 16, 2020, an analysis by the CDC showed that 38 percent of hospitalized COVID-19 patients were between the ages of 20 and 54, and there is evidence that COVID-19 causes blood clots and strokes, and has caused deadly strokes in young and middle-aged patients who exhibited few symptoms; and,

WHEREAS, the understanding on spread from infected individuals who have not shown symptoms has changed and, on April 12, 2020, the CDC changed the period of exposure risk from "onset of symptoms" to "48 hours before symptom onset"; and,

WHEREAS, previously, the CDC recommended against wearing cloth face coverings or masks as protection and, now, in light of new research on asymptomatic and pre-symptomatic transmission, the CDC now recommends wearing cloth face coverings in public settings where social distancing measures are difficult to maintain; and,

WHEREAS, as COVID-19 has spread in Illinois over the course of the Gubernatorial Disaster Proclamations, the circumstances causing a disaster throughout the State have changed; and,

WHEREAS, at the time I issued the First Gubernatorial Disaster Proclamation, there were 11 confirmed cases of COVID-19 in one Illinois county; and,

WHEREAS, as of today, April 30, 2020, there have been nearly 53,000 confirmed cases of COVID-19 in 97 Illinois counties; and,

WHEREAS, the first death attributed to COVID-19 in Illinois was announced on March 17, 2020; and,

WHEREAS, as of April 30, 2020, Illinois has had more than 2,350 deaths resulting from COVID-19, including 141 deaths reported over a 24-hour period on April 30; and,

WHEREAS, studies suggest that for every confirmed case there are many more unknown cases, some of which are asymptomatic individuals, meaning that individuals can pass the virus to others without knowing; and,

WHEREAS, the Illinois Department of Public Health activated its Illinois Emergency Operations Plan and its Emergency Support Function 8 Plan to coordinate emergency response efforts by hospitals, local health departments, and emergency management systems in order to avoid a surge hospital resources and capacity; and,

WHEREAS, as the virus has progressed through Illinois, the crisis facing the State has developed and now requires an evolving response to ensure hospitals, health care professionals and first responders are able to meet the health care needs of all Illinoisans and in a manner consistent with CDC guidance that continues to be updated; and,

WHEREAS, in order to ensure that health care professionals, first responders, hospitals and other facilities are able to meet the health care needs of all residents of Illinois, the State must have critical supplies, including PPE, such as masks, face shields, gowns, and gloves; and,

WHEREAS, the State of Illinois maintains a stockpile that supports the existing PPE supply chains and stocks at various healthcare facilities; and,

WHEREAS, across the State, hospitals and long-term care facilities use approximately 1.5 million N95 masks, 25 million gloves, 4.4 million gowns, and 700,000 surgical masks during a 10-day period; and,

WHEREAS, the State had distributed among all 102 Illinois counties millions of surgical masks and N95 masks, tens of thousands of gowns, millions of pairs of gloves, and hundreds of thousands of face shields from the State stockpile; and,

WHEREAS, the Illinois Department of Public Health has provided guidance to all hospitals and EMS providers recommending the immediate elevation of their conservation and contingency strategies as it relates to PPE; and,

WHEREAS, while the State is making every effort to procure additional PPE, if those procurement efforts are disrupted or Illinois experiences a surge in COVID-19 cases, the State faces a life-threatening shortage of respirators, masks, protective eyewear, face shields, gloves, gowns, and other protective equipment for health care workers and first responders; and,

WHEREAS, Illinois is using a high percentage of hospital beds, ICU beds, and ventilators as a result of the number of COVID-19 patients that require hospitalization and, if cases were to surge higher, the State would face a shortage of these critical health care resources; and,

WHEREAS, Illinois currently has a total of 32,010 hospital beds with 3,631 ICU beds, of which, as of April 30, 2020, only 33% of hospital beds and 25% of ICU beds were available statewide, and only 17% of ICU beds were available in the Chicago region; and,

WHEREAS, the State worked with top researchers from the University of Illinois at Urbana-Champaign, the Northwestern School of Medicine, the University of Chicago, the Chicago and Illinois Departments of Public Health, along with McKinsey and Mier Consulting Group, and Civis Analytics, to analyze two months' worth of daily data on COVID-19 deaths and ICU usage and model potential outcomes; and,

WHEREAS, the State's modeling shows that its health care resource utilization will not peak until May, and that health care resources will continue to be limited after the peak; and,

WHEREAS, the State's modeling shows that without extensive social distancing and other precautions, the State will not have sufficient hospital beds, ICU beds or ventilators; and,

WHEREAS, Illinois currently has a total of 32,010 hospital beds, and the State's modeling shows that without a "stay at home" order, more than 100,000 hospital beds would be necessary; and,

WHEREAS, Illinois currently has a total of 3,631 ICU beds, and the State's modeling shows that without a "stay at home" order, more than 25,000 ICU beds would be necessary; and,

WHEREAS, Illinois currently has a total of 3,378 ventilators, and the State's modeling shows that without a "stay at home" order, upwards of 20,000 ventilators would be necessary; and,

WHEREAS, the State's modeling shows that without a "stay at home" order, the number of deaths from COVID-19 would be between 10 to 20 times higher than with a "stay at home" order in place; and,

WHEREAS, the epidemiology concept of R_0 (R-naught) – which represents the number of cases, on average, an infected person will cause during their infectious period – is an important measure of progress in combatting a virus like COVID-19, and that an R_0 of below 1 is a critical milestone because it suggests that the disease is declining rather than spreading; and,

WHEREAS, the State's estimated effective R_0 was approximately 3.5 at the beginning of the outbreak, but the number has improved to approximately 1.25 based on the State's emergency measures, including the "stay at home" order; and,

WHEREAS, hospital beds, ICU beds, and ventilators are needed not for just patients with COVID-19, but also for any number of additional illnesses and injuries; and,

WHEREAS, fewer Illinoisans have sought non-COVID-19 related medical care and emergency care in recent weeks and it is critical that Illinoisans are able to and willing to seek non-COVID-19 related medical care and emergency care; and,

WHEREAS, Illinoisans will be able to and willing to seek non-COVID-19 related medical care and emergency care if there are sufficient hospital beds, ventilators, and if medical personnel are able to protect themselves with PPE; and,

WHEREAS, the State has been limited in the number of COVID-19 tests that can be taken and processed due to a limited number of testing sites and labs, as well as a shortage of necessary supplies, including the swabs needed to take samples; and,

WHEREAS, at the time I issued the First Governorial Disaster Proclamation, Illinois had capacity to test no more than a few hundred people per day for COVID-19 at a small number of testing sites; and,

WHEREAS, the State has developed testing sites throughout the State and now has increased the COVID-19 tests per day to more than 10,000; and,

WHEREAS, as of April 30, 2020, Illinois has tested nearly 270,000 total specimens for COVID-19; and,

WHEREAS, national projections adjusted for Illinois' population suggest the state may need to process several thousand more tests per day as part of the effort to permanently slow and reduce the spread of COVID-19; and,

WHEREAS, the World Health Organization has identified a positive test rate of 10% as a benchmark for adequate testing but currently over 20% of the COVID-19 tests administered in Illinois have positive results, suggesting that Illinois must continue increasing testing; and,

WHEREAS, based on the foregoing facts, and considering the expected continuing spread of COVID-19 and the resulting health impacts that will be felt over the coming month by people across the State, the current circumstances in Illinois surrounding the spread of COVID-19 constitute an epidemic emergency and a public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, based on the foregoing, the new circumstances surrounding the threatened shortages of hospital beds, ICU beds, ventilators, and PPE, and critical need for increased COVID-19 testing capacity constitute a public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, it is the policy of the State of Illinois that the State will be prepared to address any disasters and, therefore, it is necessary and appropriate to make additional State resources available to ensure that our healthcare delivery system is capable of serving those who are sick and that Illinoisans remain safe and secure and able to obtain medical care; and,

WHEREAS, this proclamation will assist Illinois agencies in coordinating State and Federal resources, including materials needed to test for COVID-19, personal protective equipment, and medicines, in an effort to support the State responses as well as the responses of local governments to the present public health emergency; and,

WHEREAS, these conditions provide legal justification under Section 7 of the Illinois Emergency Management Agency Act for the new issuance of a proclamation of disaster; and,

WHEREAS, the Illinois Constitution, in Article V, Section 3, provides that "the Governor shall have the supreme executive power, and shall be responsible for the faithful execution of the laws," and states, in the Preamble, that a central purpose of the Illinois Constitution is "provide for the health, safety, and welfare of the people";

NOW, THEREFORE, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, I, JB Pritzker, Governor of the State of Illinois, hereby proclaim as follows:

Section 1. Pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, I find that a disaster exists within the State of Illinois and specifically declare all counties in the State of Illinois as a disaster area. The proclamation authorizes the exercise of all of the emergency powers provided in Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, including but not limited to those specific emergency powers set forth below.

Section 2. The Illinois Department of Public Health and the Illinois Emergency Management Agency are directed to coordinate with each other with respect to planning for and responding to the present public health emergency.

Section 3. The Illinois Department of Public Health is further directed to cooperate with the Governor, other State agencies and local authorities, including local public health authorities, in the development and implementation of strategies and plans to protect the public health in connection with the present public health emergency.

Section 4. The Illinois Emergency Management Agency is directed to implement the State Emergency Operations Plan to coordinate State resources to support local governments in disaster response and recovery operations.

Section 5. To aid with emergency purchases necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Illinois Procurement Code that would in any way prevent, hinder or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law. If necessary, and in accordance with Section 7(1) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(1), the Governor may take appropriate executive action to suspend additional statutes, orders, rules, and regulations.

Section 6. Pursuant to Section 7(3) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(3), this proclamation activates the Governor's authority, as necessary, to transfer the direction, personnel or functions of State departments and agencies or units thereof for the purpose of performing or facilitating emergency response programs.

Section 7. The Illinois Department of Public Health, Illinois Department of Insurance and the Illinois Department of Healthcare and Family Services are directed to recommend, and, as appropriate, take necessary actions to ensure expanded access to testing for COVID-19 and that consumers do not face financial barriers in accessing diagnostic testing and treatment services for COVID-19.

Section 8. The Illinois State Board of Education is directed to recommend, and, as appropriate, take necessary actions to address any impact to learning associated with the present public health emergency and to alleviate any barriers to the use of remote learning during the effect of this proclamation that exist in the Illinois School Code, 105 ILCS 5/1-1 et. seq.

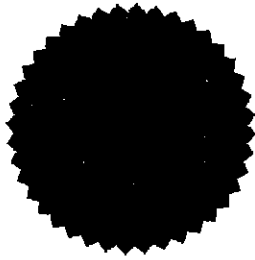
Section 9. All State agencies are directed to cooperate with the Governor, other State agencies and local authorities in the development and implementation of strategies and plans to cope with and recover from the economic impact of the present public health emergency.

Section 10. Pursuant to Section 7(14) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(14), increases in the selling price of goods or services, including medical supplies, protective equipment, medications and other commodities intended to assist in the prevention of or treatment and recovery of COVID-19, shall be prohibited in the State of Illinois while this proclamation is in effect.

Section 11. This proclamation can facilitate requests for federal emergency and/or disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

Section 12. This proclamation shall be effective immediately and remain in effect for 30 days.

*In Witness Whereof, I have hereunto set my hand and caused the Great Seal
of the State of Illinois to be affixed.*



*Done at the Capitol in the City of
Springfield this 30th day of April in the
Year of Our Lord two thousand and
twenty and of the State of Illinois two
hundred and second.*

Deese White
SECRETARY OF STATE

BRB
GOVERNOR



Gubernatorial Disaster Proclamation

WHEREAS, since early March 2020, Illinois has been faced with a disaster caused by a pandemic that has taken the lives of thousands of residents, infecting over 100,000 and growing, resulting in extraordinary sickness and loss of life; and,

WHEREAS, at all times but especially during a public health crisis, protecting the health and safety of Illinoisans is among the most important functions of State government; and,

WHEREAS, it is critical that Illinoisans who become sick are able to be treated by medical professionals, including when a hospital bed, emergency room bed, or ventilator is needed; and,

WHEREAS, it is also critical that the State's health care and first responder workforce has adequate personal protective equipment (PPE) to safely treat patients, respond to public health disasters, and prevent the spread of communicable diseases; and,

WHEREAS, as Illinois enters the fourth month of responding to the public health disaster caused by Coronavirus Disease 2019 (COVID-19), a novel severe acute respiratory illness that has spread and continues to spread rapidly among people through respiratory transmissions and that continues to be without an effective treatment or vaccine, the burden on residents, healthcare providers, first responders, and governments throughout the State is unprecedented; and,

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern on January 30, 2020, and the United States Secretary of Health and Human Services declared that COVID-19 presents a public health emergency on January 27, 2020; and,

WHEREAS, on March 11, 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic, and has now reported more than 5.5 million confirmed cases of COVID-19 and 350,000 deaths attributable to COVID-19 globally; and,

WHEREAS, despite efforts to contain COVID-19, the World Health Organization and the federal Centers for Disease Control and Prevention (CDC) indicated that the virus was expected to continue spreading and it has, in fact, continued to spread rapidly, resulting in the need for federal and State governments to take significant steps; and,

WHEREAS, on March 9, 2020, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area in response to the outbreak of COVID-19; and,

WHEREAS, on March 13, 2020, the President declared a nationwide emergency pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), covering all states and territories, including Illinois; and,

WHEREAS, on March 26, 2020, the President declared a major disaster in Illinois pursuant to Section 401 of the Stafford Act; and,

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WHEREAS, on April 1, 2020, due to the exponential spread of COVID-19 in Illinois, I again declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, on April 30, 2020, due to the continued spread of COVID-19 in Illinois, the threatened shortages of hospital beds, BR beds, and ventilators, and the inadequate testing capacity, I again declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, as circumstances surrounding COVID-19 rapidly evolve and new evidence emerges, there have been frequent changes in information and public health guidance; and,

WHEREAS, the unprecedented nature of COVID-19, including the variety of health effects it has on not just the respiratory system but the heart, brain, kidneys, and the body's immune response, has made the virus's effects and its path difficult to predict; and,

WHEREAS, from the outset, data suggested that older adults and those with serious underlying health conditions are more likely to experience severe and sometimes fatal complications from COVID-19; and,

WHEREAS, emerging evidence has shown that young people, including infants and toddlers, are also at risk of such complications; and,

WHEREAS, young and middle-aged people have comprised a significant proportion of hospitalized COVID-19 patients, and there is evidence that COVID-19 causes blood clots and strokes, and has caused deadly strokes in young and middle-aged people who exhibited few symptoms; and,

WHEREAS, the understanding of spread from infected individuals who have not shown symptoms has changed and, on April 12, 2020, the CDC changed the period of exposure risk from "onset of symptoms" to "48 hours before symptom onset"; and,

WHEREAS, some people infected by the virus remain asymptomatic but nonetheless may spread it to others; and,

WHEREAS, although the CDC initially recommended against wearing cloth face coverings or masks as protection, as a result of emerging research on asymptomatic and pre-symptomatic transmission, the CDC has revised its conclusions and recommends wearing cloth face coverings in public settings where social distancing measures are difficult to maintain; and,

WHEREAS, as COVID-19 has spread in Illinois over the course of the Governor's Disaster Proclamations, the circumstances causing a disaster throughout the State have changed and continue to change, making definitive predictions of the course the virus will take over the coming months extremely difficult; and,

WHEREAS, at the time I issued the first Governor's Disaster Proclamation, there were 11 confirmed cases of COVID-19 in one Illinois county; and,

WHEREAS, as of today, May 29, 2020, there have been over 115,000 confirmed cases of COVID-19 in 100 Illinois counties; and,

WHEREAS, the first death attributed to COVID-19 in Illinois was announced on March 17, 2020; and,

WHEREAS, as of today, May 29, 2020, Illinois has had more than 5,180 deaths resulting from COVID-19, and many days, more than 100 Illinoisans lose their lives to the virus; and,

WHEREAS, studies suggest that for every confirmed case there are many more unknown cases, some of which are asymptomatic individuals who can pass the virus to others without knowing; and,

WHEREAS, although the number of new COVID-19 cases has stabilized and potentially begun to decrease in recent weeks, the virus continues to infect thousands of individuals and claim the lives of too many Illinoisans each day; and,

WHEREAS, COVID-19 has claimed the lives of and continues to impact the health of Black and Hispanic Illinoisans at a disproportionately high rate – magnifying significant health disparities and inequities; and,

WHEREAS, the Illinois Department of Public Health activated its Illinois Emergency Operations Plan and its Emergency Support Function 8 Plan to coordinate emergency response efforts by hospitals, local health departments, and emergency management systems in order to avoid a surge in the use of hospital resources and capacity; and,

WHEREAS, as the virus has progressed through Illinois, the crisis facing the State continues to develop and requires an evolving response to ensure hospitals, health care professionals and first responders are able to meet the health care needs of all Illinoisans and in a manner consistent with CDC guidance that continues to be updated; and,

WHEREAS, in order to ensure that health care professionals, first responders, hospitals and other facilities are able to meet the health care needs of all residents of Illinois, the State must have critical supplies, including PPE, such as masks, face shields, gowns, and gloves; and,

WHEREAS, the State of Illinois maintains a stockpile that supports the existing PPE supply chains and stocks at various healthcare facilities; and,

WHEREAS, while the State is making every effort to procure additional PPE, if those procurement efforts are disrupted or Illinois experiences a surge in COVID-19 cases, the State faces a life-threatening shortage of respirators, masks, protective eyewear, face shields, gloves, gowns, and other protective equipment for health care workers and first responders; and,

WHEREAS, while hospitalizations have very recently stabilized, Illinois is using a significant percentage of hospital beds, ICU beds, and ventilators to treat COVID-19 patients that require hospitalization and, if cases were to surge higher, the State could face a shortage of one or more of these critical health care resources; and,

WHEREAS, Illinois currently has a total of 33,662 hospital beds with 3,749 ICU beds, of which, only 34% of hospital beds and 34% of ICU beds currently are available statewide; and,

WHEREAS, the State worked with top researchers from the University of Illinois at Urbana-Champaign, the Northwestern School of Medicine, the University of Chicago, the Chicago and Illinois Departments of Public Health, along with McKinsey and Mier Consulting Group, and Civis Analytics, to analyze daily data on COVID-19 deaths and ICU usage and model potential outcomes; and,

WHEREAS, the State's modeling showed that its health care resource utilization would peak in May, and that health care resources would continue to be limited after the peak; and updated modeling now shows that the peak may have been delayed, with the tail extending several more weeks; and,

WHEREAS, the State's modeling continues to show that without extensive social distancing and other precautions, the State will face a shortage of hospital beds, ICU beds and/or ventilators; and,

WHEREAS, the epidemiology concept of R_0 (R-naught) – which represents the number of cases, on average, an infected person will cause during their infectious period – is an important measure of progress in combatting a virus like COVID-19, and that an R_0 of below 1 is a critical milestone because it suggests that the disease is declining rather than spreading; and,

WHEREAS, the State's estimated effective R_0 was approximately 3.5 at the beginning of the outbreak, but the number has improved to approximately 1.13 based on the State's emergency measures, including, most importantly, the "stay at home" order; and,

WHEREAS, hospital beds, ICU beds, and ventilators are needed not for just patients with COVID-19, but also for any number of additional illnesses and injuries; and,

WHEREAS, fewer Illinoisans have sought non-COVID-19 related medical care and emergency care in recent weeks and it is critical for public health that Illinoisans are able to and willing to seek non-COVID-19 related medical care and emergency care; and,

WHEREAS, Illinoisans will be able to and willing to seek non-COVID-19 related medical care and emergency care if there are sufficient hospital beds, ventilators, and if medical personnel are able to protect themselves with PPE; and,

WHEREAS, over the course of the COVID-19 crisis, the State has been constrained in the number of COVID-19 tests that can be taken and processed due to a limited number of testing sites and labs, as well as a shortage of necessary supplies, including the swabs needed to take samples; and,

WHEREAS, at the time I issued the first Gubernatorial Disaster Proclamation, Illinois had capacity to test no more than a few hundred people per day for COVID-19 at a small number of testing sites; and,

WHEREAS, the State has developed testing sites throughout Illinois and now routinely exceeds 20,000 COVID-19 tests per day, and testing capacity continues to increase; and,

WHEREAS, Illinois now has tested over 829,000 total specimens for COVID-19; and,

WHEREAS, national projections adjusted for Illinois' population suggest the State must continue to increase the number of tests processed per day as part of an effective effort to permanently slow and reduce the spread of COVID-19; and,

WHEREAS, in addition to causing the tragic loss of 5,186 Illinoisans and wreaking havoc on the physical health of tens of thousands more, COVID-19 has caused extensive economic loss and continues to threaten the financial welfare of a significant number of individuals and businesses across the nation and the State; and,

WHEREAS, nationwide, 40 million people have filed unemployment claims since the start of the pandemic – representing one in four U.S. workers; and,

WHEREAS, the Illinois Department of Employment Security announced that the State's unemployment rate rose to 16.4% in April, with 762,000 jobs lost during that month; and,

WHEREAS, over 180,000 small businesses in Illinois have received over \$22 billion in COVID-19 related financial support through the federal Paycheck Protection Program in an effort to prevent these businesses from closing; and,

WHEREAS, the economic loss and insecurity caused by COVID-19 threatens the viability of business and the access to housing, medical care, food, and other critical resources that impact the health and safety of residents; and,

WHEREAS, based on the foregoing facts, and considering the expected continuing spread of COVID-19 and the resulting health and economic impacts that will be felt over the coming month by people across the State, the current circumstances in Illinois surrounding the spread of COVID-19 constitute an epidemic emergency and a public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, based on the foregoing, the continuing burden on hospital resources, the potential shortages of these resources in the event of a surge in infections, and the critical need to increase the purchase and distribution of PPE as well as to expand COVID-19 testing capacity constitute a public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, it is the policy of the State of Illinois that the State will be prepared to address any disasters and, therefore, it is necessary and appropriate to make additional State resources available to ensure that our healthcare delivery system is capable of serving those who are sick and that Illinoisans remain safe and secure and able to obtain medical care; and,

WHEREAS, this proclamation will assist the State in facilitating economic recovery for individuals and businesses in an effort to prevent further devastating consequences from economic instability; and,

WHEREAS, this proclamation will assist Illinois agencies in coordinating State and Federal resources, including materials needed to test for COVID-19, personal protective equipment, and medicines, in an effort to support the State responses as well as the responses of local governments to the present public health emergency; and,

WHEREAS, these conditions provide legal justification under Section 7 of the Illinois Emergency Management Agency Act for the new issuance of a proclamation of disaster; and,

WHEREAS, the Illinois Constitution, in Article V, Section 8, provides that "the Governor shall have the supreme executive power, and shall be responsible for the faithful execution of the laws," and states, in the Preamble, that a central purpose of the Illinois Constitution is "provide for the health, safety, and welfare of the people";

NOW, THEREFORE, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, I, JB Pritzker, Governor of the State of Illinois, hereby proclaim as follows:

Section 1. Pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, I find that a disaster exists within the State of Illinois and specifically declare all counties in the State of Illinois as a disaster area. The proclamation authorizes the exercise of all of the emergency powers provided in Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, including but not limited to those specific emergency powers set forth below.

Section 2. The Illinois Department of Public Health and the Illinois Emergency Management Agency are directed to coordinate with each other with respect to planning for and responding to the present public health emergency.

Section 3. The Illinois Department of Public Health is further directed to cooperate with the Governor, other State agencies and local authorities, including local public health authorities, in the development and implementation of strategies and plans to protect the public health in connection with the present public health emergency.

Section 4. The Illinois Emergency Management Agency is directed to implement the State Emergency Operations Plan to coordinate State resources to support local governments in disaster response and recovery operations.

Section 5. To aid with emergency purchases necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Illinois Procurement Code that would in any way prevent, hinder or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law. If necessary, and in accordance with Section 7(1) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(1), the Governor may take appropriate executive action to suspend additional statutes, orders, rules, and regulations.

Section 6. Pursuant to Section 7(3) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(3), this proclamation activates the Governor's authority, as necessary, to transfer the direction, personnel or functions of State departments and agencies or units thereof for the purpose of performing or facilitating emergency response programs.

Section 7. The Illinois Department of Public Health, Illinois Department of Insurance and the Illinois Department of Healthcare and Family Services are directed to recommend, and, as appropriate, take necessary actions to ensure expanded access to testing for COVID-19 and that consumers do not face financial barriers in accessing diagnostic testing and treatment services for COVID-19.

Section 8. The Illinois State Board of Education is directed to recommend, and, as appropriate, take necessary actions to address any impact to learning associated with the present public health

emergency and to alleviate any barriers to the use of remote learning during the effect of this proclamation that exist in the Illinois School Code, 105 ILCS 5/1-1 et. seq.

Section 9. All State agencies are directed to cooperate with the Governor, other State agencies and local authorities in the development and implementation of strategies and plans to cope with and recover from the economic impact of the present public health emergency.

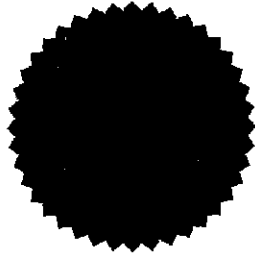
Section 10. Pursuant to Section 7(14) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(14), increases in the selling price of goods or services, including medical supplies, protective equipment, medications and other commodities intended to assist in the prevention of or treatment and recovery of COVID-19, shall be prohibited in the State of Illinois while this proclamation is in effect.

Section 11. This proclamation can facilitate requests for federal emergency and/or disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

Section 12. For purposes of Senate Bill 2135 (101st General Assembly), Article 15, section 15-5, amending the Open Meetings Act, new section 5 ILCS 120/7(e)(4), I find that the public health concerns at issue in this proclamation render in-person attendance of more than ten people at the regular meeting location not feasible.

Section 13. This proclamation shall be effective immediately and remain in effect for 30 days.

In Witness Whereof, I have hereunto set my hand and caused the Great Seal of the State of Illinois to be affixed.



Done at the Capitol in the City of Springfield this 28th day of May in the Year of Our Lord two thousand and twenty and of the State of Illinois two hundred and second.

Deese Whitt
SECRETARY OF STATE

RBPA
GOVERNOR



FILED
INDEX DEPARTMENT

JUN 26 2020

SPRINGFIELD, ILLINOIS

IN THE OFFICE OF
SECRETARY OF STATE

Gubernatorial Disaster Proclamation

WHEREAS, since early March 2020, Illinois has faced a pandemic that has caused extraordinary sickness and loss of life, infecting over 140,000 and growing, and taking the lives of thousands of residents; and,

WHEREAS, at all times but especially during a public health crisis, protecting the health and safety of Illinoisans is among the most important functions of State government; and,

WHEREAS, it is critical that Illinoisans who become sick are able to be treated by medical professionals, including when a hospital bed, emergency room bed, or ventilator is needed; and,

WHEREAS, it is also critical that the State's health care and first responder workforce has adequate personal protective equipment (PPE) to safely treat patients, respond to public health disasters, and prevent the spread of communicable diseases; and,

WHEREAS, as Illinois enters the fifth month of responding to the public health disaster caused by Coronavirus Disease 2019 (COVID-19), a novel severe acute respiratory illness that spreads rapidly through respiratory transmissions and that continues to be without an effective treatment or vaccine, the burden on residents, healthcare providers, first responders, and governments throughout the State is unprecedented; and,

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern on January 30, 2020, and the United States Secretary of Health and Human Services declared that COVID-19 presents a public health emergency on January 27, 2020; and,

WHEREAS, on March 11, 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic, and has now reported more than 9 million confirmed cases of COVID-19 and 475,000 deaths attributable to COVID-19 globally; and,

WHEREAS, despite efforts to contain COVID-19, the World Health Organization and the federal Centers for Disease Control and Prevention (CDC) indicated that the virus was expected to continue spreading and it has, in fact, continued to spread rapidly, resulting in the need for federal and State governments to take significant steps; and,

WHEREAS, on March 9, 2020, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area in response to the outbreak of COVID-19; and,

WHEREAS, on March 13, 2020, the President declared a nationwide emergency pursuant to Section 501(c) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), covering all states and territories, including Illinois; and,

WHEREAS, on March 26, 2020, the President declared a major disaster in Illinois pursuant to Section 401 of the Stafford Act; and,

EXHIBIT

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WHEREAS, on April 1, 2020, due to the exponential spread of COVID-19 in Illinois, I declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, on April 30, 2020, due to the continued spread of COVID-19 in Illinois, the threatened shortages of hospital beds, ER beds, and ventilators, and the inadequate testing capacity, I declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, on May 29, 2020, due to the continued spread of COVID-19 in Illinois, and the resulting health and economic impacts of the virus, and the need to increase testing capacity, I declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, as circumstances surrounding COVID-19 rapidly evolve and new evidence emerges, there have been frequent changes in information and public health guidance; and,

WHEREAS, the unprecedented nature of COVID-19, including the health consequences it has on not just the respiratory system but the heart, brain, kidneys, and the body's immune response, has made the virus's effects and its path difficult to predict; and,

WHEREAS, from the outset, data suggested that older adults and those with serious underlying health conditions are more likely to experience severe and sometimes fatal complications from COVID-19; and,

WHEREAS, emerging evidence has shown that young people, including infants and toddlers, are also at risk of such complications; and,

WHEREAS, young and middle-aged people have comprised a significant proportion of hospitalized COVID-19 patients, and there is evidence that COVID-19 causes blood clots and strokes, and has caused deadly strokes in young and middle-aged people who exhibited few symptoms; and,

WHEREAS, the understanding of spread from infected individuals who have not shown symptoms has changed and, on April 12, 2020, the CDC changed the period of exposure risk from "onset of symptoms" to "48 hours before symptom onset"; and,

WHEREAS, some people infected by the virus remain asymptomatic but nonetheless may spread it to others; and,

WHEREAS, although the CDC initially recommended against wearing cloth face coverings or masks as protection, as a result of research on asymptomatic and pre-symptomatic transmission, the CDC revised its conclusions and recommends wearing cloth face coverings in public settings where social distancing measures are difficult to maintain; and,

WHEREAS, public health research and guidance increasingly supports wearing cloth face coverings in public settings where social distancing measures are difficult to maintain, and indicates that the risk of transmission outdoors is less than the risk of transmission indoors; and,

WHEREAS, as COVID-19 has spread in Illinois over the course of the Gubernatorial Disaster Proclamations, the circumstances causing a disaster throughout the State have changed and continue to change, making definitive predictions of the course the virus will take over the coming months extremely difficult; and,

WHEREAS, at the time I issued the first Gubernatorial Disaster Proclamation, there were 11 confirmed cases of COVID-19 in one Illinois county; and,

WHEREAS, as of today, June 26, 2020, there have been over 140,000 confirmed cases of COVID-19 in 101 Illinois counties; and,

WHEREAS, the first death attributed to COVID-19 in Illinois was announced on March 17, 2020; and,

WHEREAS, as of today, June 26, 2020, more than 6,800 residents of Illinois have died due to COVID-19; and,

WHEREAS, from the outset, studies have suggested that for every confirmed case there are many more unknown cases, some of which are asymptomatic individuals who can pass the virus to others without knowing; and,

WHEREAS, the CDC now estimates that for every reported case of COVID-19, there are 10 unreported infections, resulting in a number of total cases in the country that may be 10 times higher than currently reported; and,

WHEREAS, although the number of new COVID-19 cases has decreased in recent weeks, the virus continues to infect thousands of individuals and claim the lives of too many Illinoisans each day; and,

WHEREAS, while the precautions taken by Illinoisans have led to a steep decline in the number of COVID-19 cases and deaths in the State in recent weeks, other states that have resisted taking public health precautions or that lifted those precautions earlier are now experiencing exponential growth and record high numbers of cases; and,

WHEREAS, on June 25, 2020, the U.S. reported more than 40,000 new COVID-19 cases, a record number; and,

WHEREAS, public health experts have warned of a "second wave" of COVID-19 cases; and,

WHEREAS, COVID-19 has claimed the lives of and continues to impact the health of Black and Hispanic Illinoisans at a disproportionately high rate -- magnifying significant health disparities and inequities; and,

WHEREAS, the Illinois Department of Public Health activated its Illinois Emergency Operations Plan and its Emergency Support Function 8 Plan to coordinate emergency response efforts by hospitals, local health departments, and emergency management systems in order to avoid a surge in the use of hospital resources and capacity; and,

WHEREAS, as the virus has progressed through Illinois, the crisis facing the State continues to develop and requires an evolving response to ensure hospitals, health care professionals and first responders are able to meet the health care needs of all Illinoisans and in a manner consistent with CDC guidance that continues to be updated; and,

WHEREAS, in order to ensure that health care professionals, first responders, hospitals and other facilities are able to meet the health care needs of all residents of Illinois, the State must have critical supplies, including PPE, such as masks, face shields, gowns, and gloves; and,

WHEREAS, the State of Illinois maintains a stockpile that supports the existing PPE supply chains and stocks at various healthcare facilities; and,

WHEREAS, while the State continues to make every effort to procure PPE, if those procurement efforts are disrupted or Illinois experiences a surge in COVID-19 cases, the State faces a life-threatening shortage of respirators, masks, protective eyewear, face shields, gloves, gowns, and other protective equipment for health care workers and first responders; and,

WHEREAS, while hospitalizations have declined, Illinois is using a significant percentage of hospital beds and ICU beds, and, if COVID-19 cases were to surge, the State could face a shortage of critical health care resources; and,

WHEREAS, the State worked with top researchers from the University of Illinois at Urbana-Champaign, the Northwestern School of Medicine, the University of Chicago, the Chicago and Illinois Departments of Public Health, along with McKinsey and Mier Consulting Group, and Civis Analytics, to analyze daily data on COVID-19 deaths and ICU usage and model potential outcomes; and,

WHEREAS, the State's modeling shows the tail of the COVID-19 epi curve extending several more weeks; and,

WHEREAS, the State's modeling continues to show that without extensive social distancing and other precautions, the State will face a shortage of hospital beds, ICU beds and/or ventilators; and,

WHEREAS, over the course of the COVID-19 crisis, the State has been constrained in the number of COVID-19 tests that can be taken and processed due to a limited number of testing sites and labs, as well as a shortage of necessary supplies, including the swabs needed to take samples; and,

WHEREAS, at the time I issued the first Gubernatorial Disaster Proclamation, Illinois had capacity to test no more than a few hundred people per day for COVID-19 at a small number of testing sites; and,

WHEREAS, the State has developed testing sites throughout Illinois and yesterday exceeded 30,000 tests in a single day, and testing capacity continues to increase; and,

WHEREAS, Illinois now has tested nearly 1.5 million total specimens for COVID-19; and,

WHEREAS, national projections adjusted for Illinois' population suggest the State must continue to increase the number of tests processed per day as part of an effective effort to permanently slow and reduce the spread of COVID-19; and,

WHEREAS, in addition to causing the tragic loss of more than 6,800 Illinoisans and wreaking havoc on the physical health of tens of thousands more, COVID-19 has caused extensive economic loss and continues to threaten the financial welfare of a significant number of individuals and businesses across the nation and the State; and,

WHEREAS, nationwide, more than 47 million people have filed unemployment claims since the start of the pandemic – representing more than one in four U.S. workers; and,

WHEREAS, the Illinois Department of Employment Security announced that the State's unemployment rate rose to 16.4% in April, with 762,000 jobs lost during that month; and,

WHEREAS, the Illinois Department of Employment Security announced that the State's unemployment rate was 15.2% in May, and that major Illinois industries such as leisure and hospitality, transportation and utilities, and educational and health services had been particularly hard-hit during the March to May period; and,

WHEREAS, the Illinois Department of Employment Security is responding to the economic crisis in a number of ways, including through the Pandemic Unemployment Assistance program; and,

WHEREAS, over 180,000 small businesses in Illinois received over \$22 billion in COVID-19 related financial support through the federal Paycheck Protection Program in an effort to prevent these businesses from closing; and,

WHEREAS, the Department of Commerce and Economic Opportunity is working to address the economic crisis, including through assistance programs such as the Business Interruption Grants Program for businesses that experienced a limited ability to operate due to COVID-19 related closures; and,

WHEREAS, the economic loss and insecurity caused by COVID-19 threatens the viability of business and the access to housing, medical care, food, and other critical resources that directly impact the health and safety of residents; and,

WHEREAS, based on the foregoing facts, and considering the expected continuing spread of COVID-19 and the ongoing health and economic impacts that will be felt over the coming month by people across the State, the current circumstances in Illinois surrounding the spread of COVID-19 constitute an epidemic emergency and a public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, based on the foregoing, the continuing burden on hospital resources, the potential shortages of these resources in the event of a surge in infections, and the critical need to increase the purchase and distribution of PPE as well as to expand COVID-19 testing capacity constitute

a public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, it is the policy of the State of Illinois to be prepared to address any disasters and, therefore, it is necessary and appropriate to make additional State resources available to ensure that that our healthcare delivery system is capable of serving those who are sick and that Illinoisans remain safe and secure and able to obtain medical care; and,

WHEREAS, this proclamation will assist the State in facilitating economic recovery for individuals and businesses in an effort to prevent further devastating consequences from the economic instability COVID-19 has caused; and,

WHEREAS, this proclamation will assist Illinois agencies in coordinating State and Federal resources, including materials needed to test for COVID-19, personal protective equipment, and medicines, in an effort to support the State responses as well as the responses of local governments to the present public health emergency; and,

WHEREAS, these conditions provide legal justification under Section 7 of the Illinois Emergency Management Agency Act for the new issuance of a proclamation of disaster; and,

WHEREAS, the Illinois Constitution, in Article V, Section 8, provides that "the Governor shall have the supreme executive power, and shall be responsible for the faithful execution of the laws," and states, in the Preamble, that a central purpose of the Illinois Constitution is "provide for the health, safety, and welfare of the people";

NOW, THEREFORE, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, I, JB Pritzker, Governor of the State of Illinois, hereby proclaim as follows:

Section 1. Pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, I find that a disaster exists within the State of Illinois and specifically declare all counties in the State of Illinois as a disaster area. The proclamation authorizes the exercise of all of the emergency powers provided in Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, including but not limited to those specific emergency powers set forth below.

Section 2. The Illinois Department of Public Health and the Illinois Emergency Management Agency are directed to coordinate with each other with respect to planning for and responding to the present public health emergency.

Section 3. The Illinois Department of Public Health is further directed to cooperate with the Governor, other State agencies and local authorities, including local public health authorities, in the development and implementation of strategies and plans to protect the public health in connection with the present public health emergency.

Section 4. The Illinois Emergency Management Agency is directed to implement the State Emergency Operations Plan to coordinate State resources to support local governments in disaster response and recovery operations.

Section 5. To aid with emergency purchases necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Illinois Procurement Code that would in any way prevent, hinder or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law. If necessary, and in accordance with Section 7(1) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(1), the Governor may take appropriate executive action to suspend additional statutes, orders, rules, and regulations.

Section 6. Pursuant to Section 7(3) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(3), this proclamation activates the Governor's authority, as necessary, to transfer the direction, personnel or functions of State departments and agencies or units thereof for the purpose of performing or facilitating emergency response programs.

Section 7. The Illinois Department of Public Health, Illinois Department of Insurance and the Illinois Department of Healthcare and Family Services are directed to recommend, and, as appropriate, take necessary actions to ensure expanded access to testing for COVID-19 and that consumers do not face financial barriers in accessing diagnostic testing and treatment services for COVID-19.

Section 8. The Illinois State Board of Education is directed to recommend, and, as appropriate, take necessary actions to address any impact to learning associated with the present public health emergency and to alleviate any barriers to the use of remote learning during the effect of this proclamation that exist in the Illinois School Code, 105 ILCS 5/1-1 et. seq.

Section 9. All State agencies are directed to cooperate with the Governor, other State agencies and local authorities in the development and implementation of strategies and plans to cope with and recover from the economic impact of the present public health emergency.

Section 10. Pursuant to Section 7(14) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(14), increases in the selling price of goods or services, including medical supplies, protective equipment, medications and other commodities intended to assist in the prevention of or treatment and recovery of COVID-19, shall be prohibited in the State of Illinois while this proclamation is in effect.

Section 11. This proclamation can facilitate requests for federal emergency and/or disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

Section 12. For purposes of Senate Bill 2135 (101st General Assembly), Article 15, section 15-5, amending the Open Meetings Act, new section 5 ILCS 120/7(e)(4), I find that the public health concerns at issue in this proclamation render in-person attendance of more than fifty people at the regular meeting location not feasible.

Section 13. This proclamation shall be effective immediately and remain in effect for 30 days.

In Witness Whereof, I have hereunto set my hand and caused the Great Seal of the State of Illinois to be affixed.



Deese White
SECRETARY OF STATE

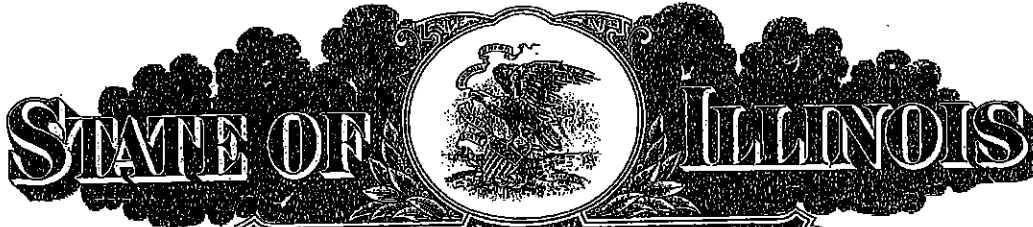
*Done at the Capitol in the City of
Springfield this 26th day of June in the
Year of Our Lord two thousand and
twenty, and of the State of Illinois two
hundred and second.*

RB
GOVERNOR

FILED
INDEX DEPARTMENT

JUN 26 2020

IN THE OFFICE OF
SECRETARY OF STATE



FILED
INDEX DEPARTMENT

EXECUTIVE DEPARTMENT

JUL 24 2020

SPRINGFIELD, ILLINOIS

IN THE OFFICE OF
SECRETARY OF STATE

Gubernatorial Disaster Proclamation

WHEREAS, since early March 2020, Illinois has faced a pandemic that has caused extraordinary sickness and loss of life, infecting over 168,000 and growing, and taking the lives of thousands of residents; and,

WHEREAS, at all times but especially during a public health crisis, protecting the health and safety of Illinoisans is among the most important functions of State government; and,

WHEREAS, it is critical that Illinoisans who become sick are able to be treated by medical professionals, including when a hospital bed, emergency room bed, or ventilator is needed; and,

WHEREAS, it is also critical that the State's health care and first responder workforce has adequate personal protective equipment (PPE) to safely treat patients, respond to public health disasters, and prevent the spread of communicable diseases; and,

WHEREAS, as Illinois adapts and responds to the public health disaster caused by Coronavirus Disease 2019 (COVID-19), a novel severe acute respiratory illness that spreads rapidly through respiratory transmissions and that continues to be without an effective treatment or vaccine, the burden on residents, healthcare providers, first responders, and governments throughout the State is unprecedented; and,

WHEREAS, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern on January 30, 2020, and the United States Secretary of Health and Human Services declared that COVID-19 presents a public health emergency on January 27, 2020; and,

WHEREAS, on March 11, 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic, and has now reported more than 15 million confirmed cases of COVID-19 and 625,000 deaths attributable to COVID-19 globally; and,

WHEREAS, despite efforts to contain COVID-19, the World Health Organization and the federal Centers for Disease Control and Prevention (CDC) indicated that the virus was expected to continue spreading and it has, in fact, continued to spread rapidly, resulting in the need for federal and State governments to take significant steps; and,

WHEREAS, on March 9, 2020, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area in response to the outbreak of COVID-19; and,

WHEREAS, on March 13, 2020, the President declared a nationwide emergency pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), covering all states and territories, including Illinois; and,

WHEREAS, on March 26, 2020, the President declared a major disaster in Illinois pursuant to Section 401 of the Stafford Act; and,



WHEREAS, on April 1, 2020, due to the exponential spread of COVID-19 in Illinois, I declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, on April 30, 2020, due to the continued spread of COVID-19 in Illinois, the threatened shortages of hospital beds, ER beds, and ventilators, and the inadequate testing capacity, I declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, on May 29, 2020, due to the continued spread of COVID-19 in Illinois, and the resulting health and economic impacts of the virus, and the need to increase testing capacity, I declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, on June 26, 2020, due to the further spread of COVID-19 in Illinois, the continuing health and economic impacts of the virus, and the need to continue to increase testing capacity and preserve our progress against the disease, I declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, as circumstances surrounding COVID-19 rapidly evolve and new evidence emerges, there have been frequent changes in information and public health guidance; and,

WHEREAS, the unprecedented nature of COVID-19, including the health consequences it has on not just the respiratory system but the heart, brain, kidneys, and the body's immune response, has made the virus's effects and its path difficult to predict; and,

WHEREAS, from the outset, data suggested that older adults and those with serious underlying health conditions are more likely to experience severe and sometimes fatal complications from COVID-19; and,

WHEREAS, emerging evidence has shown that young people, including infants and toddlers, are also at risk of such complications; and,

WHEREAS, young and middle-aged people have comprised a significant proportion of hospitalized COVID-19 patients, and there is evidence that COVID-19 causes blood clots and strokes, and has caused deadly strokes in young and middle-aged people who exhibited few symptoms; and,

WHEREAS, the understanding of spread from infected individuals who have not shown symptoms has changed and, on April 12, 2020, the CDC changed the period of exposure risk from "onset of symptoms" to "48 hours before symptom onset"; and,

WHEREAS, some people infected by the virus remain asymptomatic but nonetheless may spread it to others; and,

WHEREAS, although the CDC initially recommended against wearing cloth face coverings or masks as protection, as a result of research on asymptomatic and pre-symptomatic transmission, the CDC revised its conclusions and recommends wearing cloth face coverings in public settings where social distancing measures are difficult to maintain; and,

WHEREAS, public health research and guidance increasingly supports wearing cloth face coverings in public settings where social distancing measures are difficult to maintain, and indicates that the risk of transmission outdoors is less than the risk of transmission indoors; and,

WHEREAS, as COVID-19 has spread in Illinois over the course of the Gubernatorial Disaster Proclamations, the circumstances causing a disaster throughout the State have changed and continue to change, making definitive predictions of the course the virus will take over the coming months extremely difficult; and,

WHEREAS, at the time I issued the first Gubernatorial Disaster Proclamation, there were 11 confirmed cases of COVID-19 in one Illinois county; and,

WHEREAS, as of today, July 24, 2020, there have been over 168,000 confirmed cases of COVID-19 in all 102 Illinois counties; and,

WHEREAS, the first death attributed to COVID-19 in Illinois was announced on March 17, 2020; and,

WHEREAS, as of today, July 24, 2020, more than 7,300 residents of Illinois have died due to COVID-19; and,

WHEREAS, from the outset, studies have suggested that for every confirmed case there are many more unknown cases, some of which are asymptomatic individuals who can pass the virus to others without knowing; and,

WHEREAS, the CDC now estimates that total cases of COVID-19 may be up to 13 times higher than currently reported for certain regions; and,

WHEREAS, although the number of new COVID-19 cases has decreased in recent weeks, followed by an uptick, the virus continues to infect thousands of individuals and claim the lives of too many Illinoisans each day; and,

WHEREAS, the COVID-19 pandemic is not limited to the most populous counties, and as of today the four counties that the Illinois Department of Public Health has identified as exhibiting warning signs of increased COVID-19 risk (Adams, LaSalle, Peoria, and Randolph) are located in all parts of the State; and,

WHEREAS, without precautions COVID-19 can spread exponentially, even in less populous areas; for example, in Jasper County, a single infected first responder visited a nursing home and instigated series of infections that resulted in one of highest infection rates in the State; and similarly, in Randolph County, a single infected person attended an event in mid-March that caused that county likewise to suffer one of the State's highest infection rates; and,

WHEREAS, numerous counties all around the State (Gallatin, Union, St. Clair, Cass, Hardin, Saline, Jackson, Douglas, Randolph, Jo Daviess, Adams, Coles, Madison, Alexander, Lawrence, Kankakee, Rock Island, Logan, Scott, Champaign, White, Johnson, Peoria, Perry, Monroe, Whiteside, Washington, Mercer, Iroquois, DuPage, McHenry, Sangamon, Clinton and LaSalle) have reported more than 75 cases per 100,000 people over the past 7 days; and,

WHEREAS, while the precautions taken by Illinoisans led to a decline in the number of COVID-19 cases and deaths in the State, other states that have resisted taking public health precautions or that lifted those precautions earlier are now experiencing exponential growth and record high numbers of cases; and,

WHEREAS, although the number of COVID-19 cases and deaths in the State remain well below the earlier peak, they have begun to increase again; and,

WHEREAS, on July 23, 2020, the U.S. reported approximately 70,000 new COVID-19 cases, and the U.S. has surpassed 4 million total cases and 144,000 deaths; and,

WHEREAS, public health experts have warned of a "second wave" of COVID-19 cases; and,

WHEREAS, COVID-19 has claimed the lives of and continues to impact the health of Black and Hispanic Illinoisans at a disproportionately high rate – magnifying significant health disparities and inequities; and,

WHEREAS, the Illinois Department of Public Health activated its Illinois Emergency Operations Plan and its Emergency Support Function 8 Plan to coordinate emergency response efforts by hospitals, local health departments, and emergency management systems in order to avoid a surge in the use of hospital resources and capacity; and,

WHEREAS, as the virus has progressed through Illinois, the crisis facing the State continues to develop and requires an evolving response to ensure hospitals, health care professionals and first responders are able to meet the health care needs of all Illinoisans and in a manner consistent with CDC guidance that continues to be updated; and,

WHEREAS, in order to ensure that health care professionals, first responders, hospitals and other facilities are able to meet the health care needs of all residents of Illinois, the State must have critical supplies, including PPE, such as masks, face shields, gowns, and gloves; and,

WHEREAS, the State of Illinois maintains a stockpile that supports the existing PPE supply chains and stocks at various healthcare facilities; and,

WHEREAS, while the State continues to make every effort to procure PPE, if those procurement efforts are disrupted or Illinois experiences a surge in COVID-19 cases, the State faces a life-threatening shortage of respirators, masks, protective eyewear, face shields, gloves, gowns, and other protective equipment for health care workers and first responders; and,

WHEREAS, while hospitalizations have declined, Illinois is using a significant percentage of hospital beds and ICU beds, and, if COVID-19 cases were to surge, the State could face a shortage of critical health care resources; and,

WHEREAS, over the course of the COVID-19 crisis, the State has been constrained in the number of COVID-19 tests that can be taken and processed due to a limited number of testing sites and labs, as well as a shortage of necessary supplies, including the swabs needed to take samples; and,

WHEREAS, at the time I issued the first Gubernatorial Disaster Proclamation, Illinois had capacity to test no more than a few hundred people per day for COVID-19 at a small number of testing sites; and,

WHEREAS, the State has developed testing sites throughout Illinois and now often exceeds 40,000 tests per day, and the State continues to focus efforts on increasing testing capacity; and,

WHEREAS, Illinois now has tested nearly 2.5 million total specimens for COVID-19; and,

WHEREAS, national projections adjusted for Illinois' population suggest the State must continue to increase the number of tests processed per day as part of an effective effort to permanently slow and reduce the spread of COVID-19; and,

WHEREAS, in addition to causing the tragic loss of more than 7,300 Illinoisans and wreaking havoc on the physical health of tens of thousands more, COVID-19 has caused extensive economic loss and continues to threaten the financial welfare of a significant number of individuals and businesses across the nation and the State; and,

WHEREAS, nationwide, more than 50 million people have filed unemployment claims since the start of the pandemic – representing more than one in four U.S. workers; and,

WHEREAS, the Illinois Department of Employment Security announced that the State's unemployment rate continues to be extremely high at 14.6% in July; and,

WHEREAS, the Illinois Department of Employment Security is responding to the economic crisis in a number of ways, including through the Pandemic Unemployment Assistance program; and,

WHEREAS, the Department of Commerce and Economic Opportunity is working to address the economic crisis, including through assistance programs such as the Business Interruption Grants Program for businesses that experienced a limited ability to operate due to COVID-19 related closures; and,

WHEREAS, the economic loss and insecurity caused by COVID-19 threatens the viability of business and the access to housing, medical care, food, and other critical resources that directly impact the health and safety of residents; and,

WHEREAS, COVID-19 also has been extraordinarily disruptive to schools, and it is among the highest priorities of the State to ensure as the new school year approaches that students are able to obtain a quality education and that schools are able to provide an environment that is safe for students, teachers, and the community; and,

WHEREAS, based on the foregoing facts, and considering the expected continuing spread of COVID-19 and the ongoing health and economic impacts that will be felt over the coming month by people across the State, the current circumstances in Illinois surrounding the spread of

COVID-19 constitute an epidemic emergency and a public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, based on the foregoing, the continuing burden on hospital resources, the potential shortages of these resources in the event of a surge in infections, and the critical need to increase the purchase and distribution of PPE as well as to expand COVID-19 testing capacity constitute a public health emergency under Section 4 of the Illinois Emergency Management Agency Act; and,

WHEREAS, it is the policy of the State of Illinois to be prepared to address any disasters and, therefore, it is necessary and appropriate to make additional State resources available to ensure that that our healthcare delivery system is capable of serving those who are sick and that Illinoisans remain safe and secure and able to obtain medical care; and,

WHEREAS, this proclamation will assist the State in facilitating economic recovery for individuals and businesses in an effort to prevent further devastating consequences from the economic instability COVID-19 has caused; and,

WHEREAS, this proclamation will assist Illinois agencies in coordinating State and Federal resources, including materials needed to test for COVID-19, personal protective equipment, and medicines, in an effort to support the State responses as well as the responses of local governments to the present public health emergency; and,

WHEREAS, these conditions provide legal justification under Section 7 of the Illinois Emergency Management Agency Act for the new issuance of a proclamation of disaster; and,

WHEREAS, the Illinois Constitution, in Article V, Section 8, provides that "the Governor shall have the supreme executive power, and shall be responsible for the faithful execution of the laws," and states, in the Preamble, that a central purpose of the Illinois Constitution is "provide for the health, safety, and welfare of the people";

NOW, THEREFORE, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety, I, JB Pritzker, Governor of the State of Illinois, hereby proclaim as follows:

Section 1. Pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, I find that a disaster exists within the State of Illinois and specifically declare all counties in the State of Illinois as a disaster area. The proclamation authorizes the exercise of all of the emergency powers provided in Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, including but not limited to those specific emergency powers set forth below.

Section 2. The Illinois Department of Public Health and the Illinois Emergency Management Agency are directed to coordinate with each other with respect to planning for and responding to the present public health emergency.

Section 3. The Illinois Department of Public Health is further directed to cooperate with the Governor, other State agencies and local authorities, including local public health authorities, in the development and implementation of strategies and plans to protect the public health in connection with the present public health emergency.

Section 4. The Illinois Emergency Management Agency is directed to implement the State Emergency Operations Plan to coordinate State resources to support local governments in disaster response and recovery operations.

Section 5. To aid with emergency purchases necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Illinois Procurement Code that would in any way prevent, hinder or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law. If necessary, and in accordance with Section 7(1) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(1), the Governor may take appropriate executive action to suspend additional statutes, orders, rules, and regulations.

Section 6. Pursuant to Section 7(3) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(3), this proclamation activates the Governor's authority, as necessary, to transfer the direction, personnel or functions of State departments and agencies or units thereof for the purpose of performing or facilitating emergency response programs.

Section 7. The Illinois Department of Public Health, Illinois Department of Insurance and the Illinois Department of Healthcare and Family Services are directed to recommend, and, as appropriate, take necessary actions to ensure expanded access to testing for COVID-19 and that consumers do not face financial barriers in accessing diagnostic testing and treatment services for COVID-19.

Section 8. The Illinois State Board of Education is directed to recommend, and, as appropriate, take necessary actions to address any impact to learning associated with the present public health emergency and to alleviate any barriers to the use of remote learning during the effect of this proclamation that exist in the Illinois School Code, 105 ILCS 5/1-1 et. seq.

Section 9. All State agencies are directed to cooperate with the Governor, other State agencies and local authorities in the development and implementation of strategies and plans to cope with and recover from the economic impact of the present public health emergency.

Section 10. Pursuant to Section 7(14) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(14), increases in the selling price of goods or services, including medical supplies, protective equipment, medications and other commodities intended to assist in the prevention of or treatment and recovery of COVID-19, shall be prohibited in the State of Illinois while this proclamation is in effect.

Section 11. This proclamation can facilitate requests for federal emergency and/or disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

Section 12. For purposes of Senate Bill 2135 (101st General Assembly), Article 15, section 15-5, amending the Open Meetings Act, new section 5 ILCS 120/7(e)(4), I find that the public health concerns at issue in this proclamation render in-person attendance of more than fifty people at the regular meeting location not feasible.

Section 13. This proclamation shall be effective immediately and remain in effect for 30 days.

In Witness Whereof, I have hereunto set my hand and caused the Great Seal of the State of Illinois to be affixed.



Done at the Capital in the City of Springfield this 24th day of July in the Year of Our Lord two thousand and twenty and of the State of Illinois two hundred and second.

Deese White
SECRETARY OF STATE

FILED
INDEX DEPARTMENT

JUL 24 2020

138AA
GOVERNOR

IN THE OFFICE OF
SECRETARY OF STATE

STARTING THE 2020-21 SCHOOL YEAR

JUNE 23, 2020

PART 3 - TRANSITION JOINT GUIDANCE



Illinois
State Board of Education

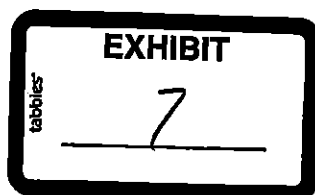


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Executive Summary

This document is Part Three of the Transition Advisory Workgroup's recommendations for transitioning to in-person instruction. This document has been developed in partnership with the Illinois State Board of Education (ISBE) and the Illinois Department of Public Health (IDPH).

On May 5, 2020, Governor JB Pritzker announced the Restore Illinois plan, which lays out a public health approach to safely reopen our state. This document focuses on considerations during Phase 4 of the plan. As the plan notes, the four public health regions of the state may reach Phase 4 on different dates and possibly must return independently to an earlier phase if necessitated by public health indicators. See Appendix A for a map of the four public health regions in Illinois.

Executive Order 2020-40, filed on June 4, 2020, allowed schools to reopen for in-person instruction in Phase 3. In-person instruction is strongly encouraged in Phase 4; however, it is critical to note that this does not signify a return to pre-pandemic operations. Appropriate social distancing, face coverings, enhanced sanitation measures, and other accommodations will be necessary to ensure the safety of students, staff, and their families. During Phase 4, IDPH guidelines will:

- Require use of appropriate personal protective equipment (PPE), including face coverings;
- Prohibit more than 50 individuals from gathering in one space;
- Require social distancing be observed, as much as possible;
- Require that schools conduct symptom screenings and temperature checks or require that individuals self-certify that they are free of symptoms before entering school buildings; and
- Require an increase in schoolwide cleaning and disinfection.

All public and nonpublic schools in Illinois serving prekindergarten through 12th grade students must follow these guidelines.

It is important to note that these requirements are subject to change pursuant to updated public health guidance and changing public health conditions. School leaders should remain alert for any updates.

Schools and districts should also prepare for a return to remote instruction in the event of a resurgence of the virus or a second wave of it in the fall.

ISBE recommends clear communication with students, families, and staff about expectations and protocols for all schools. ISBE also recommends collecting information from students and families via an intake survey/needs assessment to help guide school and district planning and to connect students and families with resources in advance of the start of the school year.

Each child will return to school having had a unique experience with remote learning. This document includes instructional recommendations for all schools and districts for the start of the

2020-21 school year, paying close attention to assessing and addressing learning loss. This document recommends shifts in instructional practice to help maintain social distancing, especially for our youngest learners, who may struggle to understand and comply with social distancing and PPE usage. This document also provides considerations for students with disabilities and English Learners. ISBE will release an updated Remote Learning Recommendations document in the coming weeks to further support districts.

Governor JB Pritzker recently signed Public Act 101-0643; the education omnibus legislation passed during the abbreviated special session. This Public Act addresses multiple education-related issues, including many important provisions to provide relief to schools and districts during public health emergencies. The legislation suspends clock hour requirements during a disaster declaration and allows the State Superintendent to establish minimum clock hour requirements. The State Superintendent has determined that Remote and Blended Remote Learning Days must ensure at least 5 clock hours of instruction or school work for each student. Districts can be flexible in determining how to best meet the requirement in their own context by counting all learning activities toward the 5 clock hour expectation.

Meaningful professional development will be critical for teachers and staff to be able to meet the diverse academic and social-emotional needs of students returning to school under the current circumstances. PA 101-0643 allows every school and district to utilize up to five total Remote and Blended Remote Learning Planning Days, in addition to normal Teacher Institute Days. ISBE recommends identifying the grade-level standards that students did not cover in the previous school year and providing time for vertical articulation to ensure a smooth transition, especially for students entering new grade bands or schools. ISBE recommends dedicating professional learning and collaboration time to developing reintegration assessments; preparing to address students' mental health needs; evaluating the successes and challenges of remote learning; and training on recognizing and affirming the socio-economic, cultural, religious, ethnic, racial, sexual orientation, gender identity/expression, and language diversity of the population within each district. Teachers and students also will need training on any new technology devices or programs if the school utilizes Blended Remote Learning Days and/or in preparation for intermittent returns to Remote Learning Days. ISBE recommends utilizing teacher leaders, statewide coaching networks, and teacher mentors for ongoing support during the school year.

Regarding grading, ISBE recommends school districts return to traditional grading policies and make modifications as necessary. ISBE strongly recommends that any return to traditional grading policies ensures that students have all the necessary tools, technology, and teacher supports at school and at home to complete all assignments, take assessments, and complete projects in a timely manner. Per the School Code, grading policies are the exclusive responsibilities of local districts (105 ILCS 5/10-20.9a).

Lastly, this document provides guidance from IDPH regarding health and safety protocols for specific activities and areas of the school. Please note that some of the guidance has been updated from the Part 2 document released on June 4, 2020, and includes new recommendations regarding illness and diagnoses monitoring, mental health, nap time, libraries, auditoriums and multi-purpose rooms, self-contained classrooms, related services, before- and after-care

programs, health offices, extracurriculars, playgrounds, dual credit and career and technical education, and field trips.

Acknowledgements

The Illinois State Board of Education extends its deepest thanks to the members of the Transition Advisory Workgroup. The team gave generously of their time and talents, working long hours with short breaks and during early mornings, late evenings, weekends, and holidays. Each and every member of the workgroup showed remarkable dedication to producing guidance that would support fellow educators and serve the best interest of students. The spirit of the workgroup encapsulated the values of service leadership - that of selflessness, collaboration, and shared vision. We publicly acknowledge and appreciate the contributions of the practitioners listed below. Your efforts provided direction in a time of crisis, and we thank you sincerely.

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Introduction

“Education is the passport to the future, for tomorrow belongs to those who prepare for it today.”
-- **Malcolm X**

The COVID-19 pandemic wrought a drastic and unexpected upheaval on Illinois schools and districts. But with creativity, adaptability, and dedication, Illinois’ leaders, educators, families, and students rose to the challenge.

This Part Three of the Transition Advisory Workgroup’s recommendations follows Part One, which focused on closing out the 2019-20 school year, and Part Two, which focused on summer school and other allowable activities. Part Three now addresses the start of the 2020-21 school year and the return to in-person instruction.

Since March 17, 2020, Illinois schools and districts have provided students with remote learning opportunities and continuity of education to the greatest extent possible. However, no amount of technology can replicate the effect of face-to-face interactions and instruction between teachers and students. This Part Three document endeavors to guide schools and districts in transitioning back to in-person learning, while holding paramount the health and safety of students and communities.

ISBE urges schools and districts to plan for and implement the transition to in-person instruction through the lens of equity. As described in ISBE’s equity statement, “Illinois has an urgent and collective responsibility to achieve educational equity by ensuring that all policies, programs, and practices affirm the strengths that each and every child brings within their diverse backgrounds and life experiences, and by delivering the comprehensive supports, programs, and educational opportunities they need to succeed.”

This collective responsibility has never been more salient, with the COVID-19 pandemic exacerbating economic inequalities, heightening the digital divide, and worsening conditions for students whose mental and physical health and safety was already at risk. The brutal death of George Floyd and the days of nationwide protests in its wake call upon us as educators to recommit to eliminating all forms of racism in our school policies. We must be available and open to hearing students’ concerns. We must root our curricula in the context of what students see in the world around them. We must value difference.

This is the spirit in which we are providing this Phase 4 guidance. The COVID-19 crisis shook our structures of teaching and learning to the core, but we have now an opportunity to emerge stronger and to make lasting changes in the ways we support, teach, connect with, and value each of the 2 million students in our care. This return to school is not “business as usual” but rather the convergence of a new reality in educational excellence in Illinois.

Phase 4 Overview

In-person instruction may resume as regions transition to Phase 4. Districts must follow IDPH guidelines, which provide the following:

- Require use of appropriate personal protective equipment (PPE), including face coverings;
- Prohibit more than 50 individuals from gathering in one space;
- Require social distancing be observed, as much as possible;
- Require that schools conduct symptom screenings and temperature checks or require that individuals self-certify that they are free of symptoms before entering school buildings; and,
- Require an increase in schoolwide cleaning and disinfection.

All public and nonpublic schools in Illinois serving prekindergarten through 12th grade students must follow these guidelines.

It is important to note that these requirements are subject to change pursuant to updated public health guidance and changing public health conditions. School leaders should remain alert for any updates.

Schools and districts should also prepare for a return to remote instruction in the event of a resurgence of the virus or a second wave of it in the fall.

On June 18, 2020, Governor JB Pritzker signed PA 101-0643, the education omnibus legislation passed during the abbreviated special session. This Public Act addresses many education-related issues, including many important provisions to provide relief to schools and districts during public health emergencies. The legislation waives and modifies licensure requirements, graduation and coursework requirements, educator evaluations, and submission of dental and vision exams; allows early childhood grantees to serve as emergency child care centers; and waives state assessment requirements when the state receives a waiver from the U.S. Department of Education. PA 101-0643 also creates a new important tool schools and districts can utilize when IDPH requirements cannot be met in a completely in-person learning environment. Schools and districts can now utilize Remote and Blended Remote Learning Days “when the Governor has declared a disaster due to a public health emergency pursuant to 15 ILCS 30/1,” such as the COVID-19 crisis Illinois and the world are currently experiencing.

A region entering Phase 5 requires that a vaccine be developed to prevent additional spread of COVID-19, a treatment option be readily available that ensures health care capacity is no longer a concern, or no new cases reported over a sustained period.

Schools and districts are encouraged to provide completely in-person instruction for all students in Phase 4, provided that the school is able to comply with capacity limits and implement social distancing measures.

Planning

PA 101-0643 requires that school districts “adopt a Remote and Blended Remote Learning Day Plan approved by the district superintendent.” Furthermore, the legislation stipulates that “Remote Learning Day or Blended Remote Learning Day may be met through a district’s implementation of an e-learning program under Section 10-20.56.”

We recognize the impact COVID-19 has had on each aspect of our education system and the great potential for the crisis to deepen inequities students face; therefore, we recommend that schools and districts create a diverse Transition Planning Team in preparation for a return to in-person instruction under IDPH-approved guidance. Planning Teams (or if a Planning Team is not established, district administrators) are encouraged to follow the recommendations below.

The Planning Team should consider gathering data on student attendance, engagement, and academic success, as well as feedback from all stakeholders to assess the effectiveness of the Remote Learning Day Plan implemented following the suspension of in-person instruction. This information may be used when developing a revised plan for Remote and Blended Remote Learning Days. Special consideration should be given to seeking data and feedback regarding the social-emotional needs of students, parents, and staff as they return to in-person instruction. Data and feedback should be analyzed through an equity lens to determine what student groups may need greater supports to meet high standards in a Remote or Blended Remote Learning environment.

Planning Teams may develop a Remote and Blended Remote Learning Day Plan that is articulated, clear, and accessible to all stakeholders. We recommend that Planning Teams include key stakeholders and staff that, at a minimum, may represent the following categories, where applicable: administrators; educators; school support personnel, including nurses, counselors, social workers, psychologists, and speech-language pathologists; paraprofessionals; non-licensed staff; students; and families. Teams should also regularly consult with local public health officials.

PA 101-0643 requires each Remote and Blended Remote Learning Day Plan to address the following:

- A) Accessibility of the remote instruction to all students enrolled in the district;
- B) When applicable, a requirement that the Remote Learning Day and Blended Remote Learning Day activities reflect the Illinois Learning Standards;
- C) Means for students to confer with an educator, as necessary;
- D) The unique needs of students in special populations, including, but not limited to, students eligible for special education under Article 14; students who are English Learners, as defined in Section 14C-2; students experiencing homelessness under the Education for Homeless Children Act [105 ILCS 45]; or vulnerable student populations;
- E) How the district will take attendance and monitor and verify each student’s remote participation; and

- F) Transitions from remote learning to on-site learning upon the State Superintendent's declaration that Remote Learning Days and Blended Remote Learning Days are no longer deemed necessary.

Ensuring all students have access to remote instruction, as required above, includes ensuring all students have the necessary technology, training, support, and internet connectivity to engage in the instruction the school is providing and to meet the school's expectations regarding grades. Accessibility also includes regular communication with teachers, such as via text, email, phone call, or an online learning platform.

PA 101-0643 requires that "The district superintendent shall periodically review and amend its Remote and Blended Remote Learning Day Plan, as needed, to ensure the plan meets the needs of all students."

The law also requires that "Each Remote and Blended Remote Learning Day Plan," including an e-learning plan, "shall be posted on the school's or district's internet website where other policies, rules, and standards of conduct are posted and shall be provided to students and faculty."

The law explicitly states that "This Section does not add any new bargaining rights and does not remove any established bargaining rights."

The law states that "Statutory and regulatory curricular mandates and offerings may be administered via a district's Remote and Blended Remote Learning Day Plan, except that a school district may not offer individual behind-the-wheel instruction required by Section 27-24.2 of this Code via a district's Remote Learning Plan. This section does not relieve schools and districts from completing all statutory and regulatory curricular mandates and offerings." Accordingly, districts' plans should ensure teachers are able to engage in required trainings and students are able to complete graduation and other statutory requirements, such as the Constitution exam. These requirements can be administered and completed remotely.

Lastly, the law waives the daily minimum clock hour requirement but allows the State Superintendent to institute clock hour requirements: "(j-5) The clock hour requirements of Subsections (a) through (j) of this Section shall not be in effect when the Governor has declared a disaster due to a public health emergency pursuant to 15 ILCS 30/1. The State Superintendent may establish minimum clock hour under 10-30 and 34-18.66 requirements when the Governor has declared a disaster due to a public health emergency pursuant to 15 ILCS 30/1."

The State Superintendent has determined that days of instruction during a public health emergency must include at least 5 clock hours. Remote and Blended Remote Learning Plans must ensure that at least 5 clock hours of a combination of instruction and school work for each student participating in Remote or Blended Remote Learning Days occurs. Schools and districts should include as much face-to-face or synchronous instruction as possible. Districts can be flexible in determining how to best meet the requirement in their own context by counting all learning activities toward the 5 clock hour expectation. Learning activities may include, but are not limited to, in-person instruction, the teacher delivering instruction via recorded video or synchronous platform, remote small group work via breakout room or conference call,

independent/flexible student work time, and virtual/telephone teacher-student check-ins. *If using non-interactive platforms, students must have means to confer with an educator and receive feedback before assignments are graded or assessments are administered.* **ISBE will release updated Remote Learning Recommendations in the coming weeks to further support districts.**

ISBE strongly recommends grounding your plan in equity by providing each student the additional individual supports and resources they need to address learning loss and make academic gains to meet grade-level standards. Consider available resources, including Coronavirus Aid, Relief, and Economic Security (CARES) Act funds; Federal Emergency Management Agency Public Assistance Program grants, when available; federal Title funds; and state funding sources. Keep in mind the waiver of the 15% carryover limitation for school districts' fiscal year 2020 Title I, Part A funds and ISBE's extension of all FY 2020 state grants to June 30, 2021.

Schools and districts should prepare for a return to remote instruction in the event of a resurgence of the virus or a second wave of it in the fall.

The National Institute for Excellence in Teaching Planning Guide includes a section on taking school- and district-level inventories of students; staff, including available substitutes; facilities, including available buses; technology, etc. that may be useful to planning teams.

Regarding meal service, the U.S. Department of Agriculture (USDA) extended several key flexibilities in the Summer Food Service Program and Summer Seamless Option through Aug. 31, 2020, to allow school districts to continue to provide non-congregate meals to meet the needs of their communities. Currently, such flexibilities do not extend to the National School Lunch program, which begins for participating districts at the start of the 2020-21 school year. ISBE is monitoring developments and will request any available flexibilities and waivers offered by the USDA to support districts in providing meals to students during the 2020-21 school year.

Please see Appendix B for a Phase 4 Transition Guide.

Communication with Families

It is imperative that communication with students and families becomes even more consistent and frequent as the transition to in-person instruction and/or Blended Remote Learning Days occurs.

The return to in-person instruction will involve new health and safety protocols and potentially new schedules, so that means that all schools and districts should “over-communicate” with parents about what the return to school will look like. Communicate with families about how they can reinforce and help explain safety protocols at home. Provide families with ample opportunities to ask questions. Communicate to the greatest extent possible with families in their native languages and ensure your transition plan and other important information and documents are translated.

Schools have an opportunity at this unique moment in history to strengthen relationships with families. Despite facing significant challenges, parents are engaging deeply in their children's education. Parents are and will be critical partners in helping students to recover lost learning and make academic gains over the course of the school year.

Schools should endeavor to collect current contact information from families and to frequently ask for updated contact information, especially as changing financial circumstances during the pandemic may have required a move or a new phone or phone plan.

Child Care

ISBE strongly encourages schools and districts to provide in-person instruction for all students, especially those under the age of 13, to avoid the need for child care and exposure to additional individuals. Leaders of schools and districts that decide to implement Remote or Blended Remote Learning Days, are strongly advised to take these child care needs into account as they develop their reopening plans. Districts should consider, for example, whether their plan for serving students in person in smaller groups may lead to many children needing to be in other settings -- with other groups of children -- for parts of their day and/or week. Such mixing of children between groups may substantially lessen the effectiveness of districts' strategies for limiting children's contacts to minimize potential virus transmission. Accounting for children's entire days and weeks outside of the home when developing plans is advised.

Districts are encouraged to work with partners in their communities, including child care centers, other before- and after-school child care providers, park districts, churches, and other community-based organizations, to develop plans that comprehensively address families' needs for care before, during, and after school hours and on any days that children will not be able to attend school in person.

Child care assistance is available for low-income families through the Illinois Department of Human Services; this is a potential funding source to help with the cost of child care programs. Districts should also consider exploring community partnerships to ensure educators who are also parents have access to affordable child care. For more information on child care availability and guidelines, please visit the [COVID-19 resource hub for the Governor's Office of Early Childhood Development](#).

Signs and Messages

The Centers for Disease Control and Prevention (CDC) recommends posting signs and messages in highly visible locations that reinforce safety precautions and promote every day protective measures (e.g., proper handwashing and appropriate face coverings). Place signage in multiple languages outside of main entryways noting a.) that persons may not enter the building if they have any currently known symptoms of COVID-19, such as fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea; b.) a 6-foot distance from others must be maintained as much as possible; c.) face covering must be

worn at all times; and d.) shaking hands or engaging in any other physical contact is prohibited in school buildings.

The CDC further recommends that schools and districts broadcast regular announcements about reducing the spread of COVID-19 on public address systems and share videos about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school social media accounts).

Find free CDC print and digital resources on the CDC's communications resources main page.

Intake Survey and Community Partnerships

The Planning Team may develop an intake form in each student's native language that assesses the social and emotional needs of each individual student. Distribute to all students and families to help educators know of any changes that have taken place in recent months (e.g., loss, illness, financial need/changes) that may need to be addressed by those who interact with the student daily. Please see Appendix C for a sample intake survey provided by the Missouri School Boards' Association's Center for Education Safety.

The intake form can include items that ask about changes in the family, including questions that relate to the National School Lunch Program, areas for growth and strengths of the child, shelter concerns, student employment, academic concerns, quality of the experience with remote learning in spring 2020, and trauma history. The information gathered will help the school to provide appropriate support to students and families. Consider collecting this information before the 2020-21 school year starts or during a beginning of the year orientation so that school personnel may proactively address students' needs to support their return to in-person instruction. Schools should follow all federal and state privacy laws for storing and releasing any information that is gathered.

The intake form could also ask families about transportation in order to help the school prioritize transportation needs for students who would absolutely not be able to engage in in-person instruction without school-provided transportation. Schools and districts should strongly encourage families to provide transportation for students, when possible.

Surveys also could be distributed to teachers and school staff to determine their support needs, address concerns, and guide transition planning.

Analyze survey data as soon as feasibly possible and notify the appropriate personnel (e.g., teacher, nurse, school counselor, school social worker, school psychologist, food service director, or administrator) of necessary follow-up prior to the start of the school year. This will allow personnel to plan and support the needs of students and provide a pathway to connect students and families with the appropriate, necessary services.

Where possible, establish and enhance school and community partnerships during this time. Indeed, the transition to in-person instruction may be an especially opportune moment to strengthen school and community ties to marshal collective resources and develop innovative

solutions to support student, family, and community success. Consider exploring community partnerships during the summer to expand the number and types of services available to students and families, following a community school model. Consider the following:

- Organizations coming in to support with counseling - What are the recommendations for their engagement?
- Tele-mental health services and other telehealth services - How can social workers still serve students and make sure their needs are met?
- Food pantries, school gardens, school-based closets for students, laundry machines - Can those operate as normal?
- Computer resources for parents/families – Can parents/families be allowed to safely use computers at schools to find jobs?
- If truancy workers are making more home visits – What are the rules for home visit engagement (especially if students/families are hard to reach, have changing phone numbers, addresses, etc.)?
- Churches – How can local churches support a school’s needs?
- Child care – ISBE recognizes that changes to the school calendar or school schedule may result in additional child care needs for some families. Consider exploring community partnerships to ensure educators who are also parents have access to affordable child care. For more information on child care availability and guidelines, please visit the [COVID-19 resource hub for the Governor’s Office of Early Childhood Development](#).

Blended Remote Learning Days

Schools and districts are strongly encouraged to provide in-person instruction to students. However, schools and districts that are unable to adhere to IDPH requirements may choose to implement Blended Remote Learning Days, which are authorized by PA 101-0643. During these days, schools and districts may utilize hybrid models of in-person and remote instruction.

Student Scheduling Considerations

A **high priority** should be placed on providing in-person instruction for students who have Individualized Education Programs (IEPs), 504 Plans, and/or who receive English language supports when building an equitable schedule for Blended Remote Learning Days. These students should be in attendance in-person daily during Blended Remote Learning Days. In addition, schools should consider prioritizing in-person instruction for students under the age of 13 and those who have had greater difficulty learning remotely, as evidenced by the intake form and attendance rates from spring 2020.

IEP teams should consider appropriate in-person instruction for special education students. The U.S. Department of Education's guidance states, “Where, due to the global emergency and resulting closures of schools, there has been an inevitable delay in providing services – or even making decisions about how to provide services - Individualized Education Program (IEP) teams must make an individualized determination whether and to what extent compensatory services may be needed when schools resume normal operations.” Students with 504 Plans or who

receive English language services may also have a school-based team consider individualized transition plans to support the transition to in-person learning. Consider holding a reintegration meeting with school staff, parents/guardians/caregivers, and students to address any specific health concerns or learning needs or gaps identified during remote learning.

Schools and districts should review the Centers for Disease Control and Prevention's list of those who are at higher risk of severe illness if they are exposed to the coronavirus. Administration should work closely with school nurses and/or other health officials, as well as the student's medical provider, to determine safe alternatives to in-person instruction. Schools and districts should consider continuing remote instruction for medically fragile students, students at a higher risk of severe illness, and students who live with individuals at higher risk of severe illness for the duration of Phase 4. Considerations should include:

- Whether the student's medical condition is conducive to in-person attendance or if needs would best be met remotely.
- The student's behavior and capacities, including to control secretions, cover mouth/nose when sneezing and coughing, ability to maintain distance from other classmates, ability to tolerate wearing a face covering (may consider option of face shield instead), ability to wash hands with/without assistance, and ability/safety of use of hand sanitizer.
- Number of students per classroom and ability to maintain 6-foot distance, when possible.
- Consult with individual student health care providers, if applicable, and IEP teams to determine the best modality to meet students' needs on an individualized basis. Appropriate consents must be obtained for communication with outside providers. Review IEPs, 504 Plans, asthma action plans, or Individualized Health Plans to determine if these plans will need to be amended or modified.

Provide dedicated time for nurses to meet with individual teachers and staff members prior to the start of student attendance to review health concerns for medically high-risk students who will attend school in-person to ensure students will receive prompt treatment of health-related concerns (e.g., asthma action plans, diabetes care plans, and/or other emergency action plans for conditions that may be exacerbated by chronic medical conditions). Information shall be provided on a need-to-know basis and not through a health condition list that is distributed across the building, in accordance with the Family Educational Rights and Privacy Act, the Illinois School Student Records Act, the Health Insurance Portability and Accountability Act, and the Americans with Disabilities Act, as applicable.

When planning for students to return to in-person instruction, priority may also be placed on students under the age of 13 who may not have adequate child care or supports at home or with other agencies. Schools may also consider whether and when students have employment, as many more students may have needed to take jobs to help support their families. These students should be identified prior to the development of schedules and structures to allow for maximum attendance.

For the remainder of the student population, schools and districts should develop a blended learning schedule that includes accommodating small groups of students in blocks of time to adhere to capacity requirements with adequate social distancing.

The CDC also recommends, where possible, that teachers rather than students move between classes. See <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>. Consider livestreaming class lessons using virtual meeting programs (Zoom, Google Meets, etc.) to provide students in different classrooms or at home with synchronous access to the lesson. Similarly, the synchronous lesson could be recorded and used for asynchronous learning opportunities. Synchronous remote learning should be thoughtfully structured and scheduled at the building/district level to eliminate an overlap in scheduled student meetings to ensure that students are able to actively participate in scheduled courses.

Schools and districts may also consider prioritizing in-person instruction for subjects that students are less able to engage in independently from home, such as classes that require a lab or hands-on component. The Maryland State Department of Education notes, “Research on summer slide shows that a break or slowdown in instruction has a greater negative impact on math as compared to English Language Arts. This suggests that, if school systems cannot teach all subjects in person, it may be beneficial to prioritize the teaching of math in person (or at least synchronously via distance learning). Additionally, students are more likely to receive help at home in reading than in math.”

Sample Schedules and Child Care

In-person instruction should be prioritized for students with IEPs, English Learners, and students under the age of 13. Sample schedules for schools and districts that choose to implement Blended Remote Learning Days or phase in in-person instruction at the beginning of the school year are included in Appendix D and Appendix E. The examples are meant to serve as a starting point for individual districts as they create schedules in preparation for the transition back to in-person instruction, blended remote instruction, or both. ISBE strongly encourages in-person instruction for students to the greatest extent possible while keeping health and safety as the number one priority.

When crafting student schedules, it is important to keep child care needs of your community in mind. It is estimated that 700,000 school age children (ages 6-12) in Illinois reside in households where all parents work and likely require some form of out-of-school child care. When children aged 0-6 are included, an estimated 1-1.2 million parents rely on child care to return to work. Blended remote learning will likely increase the rate of infection and the demand for center-based and non-relative care, increasing the number of different people that children are in contact with each week and, thereby, their probability of exposure to the virus.

Student Attendance

Daily attendance and engagement of students should be expected whether students are participating in classes in-person or remotely. Districts, schools, and teachers should make daily contact with all students and families, especially those who are not in attendance or not engaging in classes, whether in-person or remotely. Districts must discontinue practices or rewards that

encourage perfect attendance or would discourage individuals from staying at home when they are ill.

View ISBE's recommendations for how to collect attendance remotely at www.isbe.net/Documents/Student-Attendance-Guidance-5-4-20.pdf.

All teachers and school staff should keep in mind state laws mandating the reporting of child abuse and neglect and the Children's Advocacy Centers of Illinois' helpful tips for protecting students at www.isbe.net/Documents/CACI-Essential4kids-Schools.pdf. View joint guidance from ISBE and the Department of Children and Family Services (DCFS) for further outreach if a school has not made contact with a student for more than five days at www.isbe.net/Documents/DCFS-ISBE-Student-Wellness-Visit.pdf.

Staff Attendance

Schools should endeavor to support staff attendance by providing sufficient planning and collaboration time and supports, communicating frequently, and engaging staff in planning processes and decision-making.

School districts should prepare to mitigate the effects of potential increases in teacher absenteeism with the following considerations: 1) hiring additional subs (e.g., cadre subs, nurse subs, permanent subs, long-term subs), 2) providing professional development to improve blended learning or online learning or both, and 3) implementing team teaching or co-teaching models. Again, school districts should prepare for a rise in absenteeism and a corresponding increase in necessary spending.

Consider exploring community partnerships to ensure educators who are also parents have access to affordable child care, especially for Blended Remote Learning Day schedules.

Calendar Considerations

Calendar considerations for local districts need to be thorough and thoughtful. Districts may consider amending school calendars to include earlier start dates so the first term can be completed by the end of November in the event there is a second wave of the virus. Many colleges and universities are pursuing this model. ISBE encourages structuring the school day and school year to add necessary instructional time for students with learning loss and the largest academic gaps, if resources are available. Summer programming likely will not fully compensate for learning losses students have experienced. High and consistent student attendance, intensive planning, and robust programming that may not be possible in the current remote environment are necessary for summer programs to have a significant positive impact on student achievement. See https://www.rand.org/pubs/research_reports/RR366-1.html.

Districts that have a Calendar Committee will need to create pathways to have a discussion on what works best to create calendars to ensure teachers can be present and students can engage in

the learning process. Some additional considerations to keep in mind when creating school calendars include:

- Once declared, Remote Learning Days or Blended Remote Learning Days will be implemented in any of grades prekindergarten through 12 as days of attendance and shall be deemed pupil attendance days for calculation of the length of a school term under Section 10-19 of this Code.
- Four Teacher Institute Days are available to support the transition from remote learning at the beginning of the year.
- PA 101-0643 allows every school and district to utilize up to five total Remote and Blended Remote Learning Planning Days.
- A return to full Remote Learning Days may be necessary in a region if the region returns to a lower phase by declaration of the Governor due to public health indicators.
- Integrating periodic School Improvement Days may provide the necessary time to “review and amend its Remote and Blended Remote Learning Day Plan, as needed, to ensure the plan meets the needs of all students,” as required by PA 101-0643, and adjust accordingly.
- A year-round school year with the 2021 summer break instead dispersed in smaller increments throughout the school year, using research-based models, may reduce the risk of students experiencing further learning loss.
- School districts may choose to provide a longer school year that starts earlier so that higher-need students can receive additional instructional time to address learning loss, social and emotional needs, and academic gaps.

Instructional Recommendations

Teachers are vitally important in increasing the cognitive abilities of all students during this unprecedented time (Marzano, 1993; Vandenbrouke et. al, 2018). It will take ingenuity, insight, and discipline during in-person instruction and Remote and Blended Remote Learning Days to deliver high-quality instruction. This section of the document includes recommendations on how to address early childhood education, special education, English Learners, students with 504 Plans, and other related classroom topics. This document is intended to provide guidance for transitioning into in-person instruction. **It is imperative that educators review the Health and Safety Protocols provided later in this document to ensure they can help support schools as safe and healthy learning environments.** Please note that a 2.0 version of the Remote Learning Guidance will be forthcoming. It will provide specific details and ideas regarding grade-specific instructional guidance.

Back-to-School Events

Typical introductory events, such as visit days and orientations designed to allow students and parents to tour building facilities and meet teachers, may not have occurred at the end of the 2019-20 school year as they have historically. While parent programs, such as back-to-school nights, open houses, and parent-teacher conferences, etc. may occur during Phase 4 in accordance with IDPH guidelines, schools are strongly encouraged to hold these events virtually.

Schools may consider implementing virtual tours and meet-the-teacher sessions in areas where families and teachers have internet access and devices. Schools may consider providing welcome-to-school packets, including teachers' pictures and bios; class information; and school maps in areas where families and teachers do not have the necessary technology.

Vertical Grade Level Articulation

Students likely will not return to the teacher or teachers to which they were assigned prior to the implementation of remote learning. Educational support staff, administrators, and classrooms may not be the same, either. Students who are transitioning from fifth to sixth grade, from eighth to ninth grade, or from one school building to the next may need additional time to adjust once in-person instruction resumes. Junior high/middle school staff are encouraged to communicate with their high school counterparts to ensure a seamless transition for eighth-grade students moving to high school and for sixth-grade students entering a junior high/middle school setting for the first time. Virtual articulation sessions may include information about specific students, scheduling recommendations, or curriculum needs, as referenced in the Planning section.

Teachers or curriculum teams composed of current grade-level representatives and previous grade-level representatives may consider meeting to determine any standards that must be reviewed with students upon moving to the next grade level. This review may or may not be graded since it would be a review for some students who engaged in remote learning and new for others. Addressing students' standards gaps attends to equity principles and supports students as they return to school.

Districts may consider allowing the first day(s) of in-person instruction to be spent with the previous year's teacher and classmates to allow time for closure. Consider holding small group closure activities. The current teacher could take students to meet their new teacher and see their new classroom if they are staying in the same building.

Assessing Students' Skill Levels

Teachers should identify the standards that were not covered during remote learning. When making determinations to fill in learning gaps, consider the following questions:

- Which standards were missed or partially covered?
- What are the aligned standards at the current grade level?
- What are the skills required to master the missed or partially covered standards?
- Will the standard stand alone in instruction or can it be layered in the current grade-level standard?
- What is the timeline in which the standard will be covered?

Each student will have had a unique remote learning experience. Students will enter the 2020-21 school year with various levels of mastery of prior coursework. For this reason, schools may consider assessing students in each content area to inform teachers of current student achievement and needs. Reintegration assessments can be teacher-developed "quick checks" to

help inform vertical articulation and help teachers identify focus areas in specific standards for individual students. The recommendation to assess is not meant to replace existing screening or placement assessments that schools and districts normally administer at the local level.

The American Federation of Teachers recommends that “An extensive review of all assessment programs should be conducted to prioritize assessments that provide teachers with critical information and to decrease the amount of teaching/learning time lost to assessments. Ideally, diagnostics should be teacher-friendly and accompanied by access to relevant instructional resources and supports to fill gaps.” Consider test stress and burnout in scheduling assessments.

Information from reintegration assessments should be used to determine student learning gaps and target individual student needs. Additionally, data can be used to modify the anticipated curriculum and inform instruction to support students. These reintegration assessments should not be determinants in identifying changes in services for students with IEPs or 504 Plans or for English Learners. Note that assessments may need to be modified or accommodations made as necessary for students to engage in them.

The 2020 ACCESS scores can be used for English Learner student placement because the ACCESS testing was completed prior to the implementation of remote learning. Administrators should provide ACCESS scores to the teachers.

Addressing Learning Loss

As educators, we have an opportunity to leverage our current situation around what we want our students to know and be able to do. Teacher collective efficacy is necessary to address learning loss and develop an instructional plan moving each grade level, teacher, and student forward with his/her learning.

Students may enter the upcoming school year with academic knowledge that varies more greatly between students than in previous school years. Teachers should use targeted interventions and differentiated instruction to help individual students reach their learning goals.

The upcoming school year will not pick up where the previous year left off. Employing curriculum grounded in best practices and pedagogy is more essential now than ever. All teachers should be afforded the resources and opportunity to meet the needs of their students in their classrooms, whether virtual or in person. Teachers will assess individual student learning and deficits within their classes by administering assessments and working closely with teachers at previous and subsequent grade levels to determine the standards that may need review. The knowledge gained through these activities will enable teachers to design supports to meet students' individual needs. Individualized supports can include, but are not limited to, tutoring, extended school days, support personnel, and technology.

Designing curriculum around students' lived experiences can provide opportunities for students to engage more deeply with content while providing the time and space for students to process recent events. Care should be taken to ensure that these curricular experiences are appropriate for and respectful of students' experiences.

While advancing student learning, schools should develop plans to bring students up to grade level. They must provide time for students to address incompletes while not falling further behind. Students must have the opportunity to recover from skill deficits that resulted from remote learning. The creation of curriculum in remote learning should be grounded in best practices/pedagogy so that it will be utilized in both remote and in-person learning environments.

Some regression during remote learning is expected. Consider the following suggestions to address the loss of academic skills and knowledge during the school closure:

- During the first several weeks of school, prioritize a strong review and infusion of the critical standards and key skills that were not addressed or mastered from the previous year.
- Provide and/or expand intervention time within the school day to help fill learning gaps for individual students.
- Incorporate before-, during, and after- school tutoring programs if they do not currently exist.
- Meet (virtually, if possible) with students' families to have evidence-based discussions regarding a student's skill levels and academic and social-emotional needs, how the school will support the student's individualized goals and needs, and how families can support the student at home.

Instructional Best Practices for Maintaining Social Distancing

Educators are at the center of teaching and learning. We want to acknowledge we are experiencing an unprecedented event in our lifetimes and that more supports for educators are needed in order to meet the unique challenges schools face today. The next part of ISBE's transition guidance will go deeper into specific opportunities to support one another so that we can deal with the reality of social distancing in our classrooms.

To help students comply with social distancing as much as possible, consider revising activities that combine classes or grade levels or require travel to other buildings. Consider synchronously broadcasting in-class instruction to multiple rooms to allow students to spread out. Implement a home-room stay, meaning the teachers rotate instead of the students. Consider moving class activities outdoors if weather and safety considerations permit.

Using manipulatives and models can be critical in helping students internalize concepts that are abstract, such as the concepts students encounter in math and science classrooms. The use of digital manipulatives is encouraged, when possible. Schools must ensure to the greatest extent possible that students have access to their own set of non-digital manipulatives or that shared sets are sanitized between uses.

Students and teachers rely on facial cues from each other. Consider using face shields or signs with different facial expressions or colors to help convey emotion, social norms, and feelings.

Maximizing face-to-face time in classrooms is essential. When possible, content area teachers at the same grade level should work together to explore ways to integrate information from different content areas in multidisciplinary learning experiences. For example, science and social studies teachers can review the Common Core Language Arts Standards for Grades 6-12 Literacy in History/Social Studies, Science, and Technical Subjects and meaningfully incorporate language arts instruction into their courses, in addition to covering their content area standards.

Social Distancing in Early Childhood Education

Attention to our youngest learners is especially important when considering social events that prepare and orient this group of learners to the routines, schedules, and patterns of their school environment that may not be possible as usual. Young students may struggle more than other students with understanding and complying with social distancing and wearing face coverings.

Students should remain in small groups with the same students and remain 6 feet apart as much as possible. Having instruction outside may help with social distancing requirements. Arrange developmentally appropriate activities for smaller group activities.

Teachers should rearrange furniture and play spaces to meet social distancing requirements, when possible. Find creative ways to allow students to create their own space using yarn, masking tape, or other materials.

Teachers should implement strategies to model and reinforce social and physical distancing and movement. Suggestions include:

- Use carpet squares, mats, trays, or other visuals for spacing.
- Model social distancing when interacting with children, families, and staff.
- Create and develop a scripted story/role play around social distancing, as well as handwashing, proper etiquette for sneezes, coughs, etc.
- Give frequent verbal reminders to children.
- Hang pictures within the school building to give constant reminders.
- Send home a tip sheet to parents and caregivers so they can also learn about social distancing.
- Offer more opportunities for individual play and solo activities, such as fine motor activities (e.g., drawing, coloring, cutting, puzzles, and other manipulatives).
- Plan activities that do not require close physical contact between multiple children. Keep groups separate for special activities, such as art, music, and exercising.
- Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.

Teach, model, and reinforce healthy hygiene habits and social skills. Suggestions include:

- Explain to students why it's not healthy to share drinks or food.
- Practice frequent hand hygiene by teaching a child-friendly song or counting to 20.
- Teach students to use tissue to wipe their nose and to cough inside their elbow.

- Model and practice hand hygiene before and after eating, coughing, sneezing, playing outside, and using the restroom.

Create a classroom environment that promotes positive teacher and student relationships that support student social-emotional well-being and self-esteem. Suggestions include:

- Promote empathy through conversations about other people’s feelings and perspectives. Talk about responsibilities.
- Build a coping toolbox that includes body- and mind-calming strategies.
- Read children’s books to help support the children when they may be feeling anxious or sad (e.g., “Grumpy Monkey,” which explains that it’s OK to be sad or have unexplained feelings).

Special Education Considerations

Districts remain responsible for ensuring that special education students receive a free appropriate public education. They are required to address the individual needs of students eligible for special education services. Blended Remote Learning Plans must address the unique needs of students eligible for special education services. Conversations at the district level should include the type of training that should be provided to the classroom teacher and, when applicable, the paraprofessional; the planning time that should be provided; and collaboration for Blended Remote Learning Days. It is important to utilize paraprofessionals in the general education classroom during the transition from remote learning.

Districts must adhere to timelines for annual IEP meetings and required evaluations. There continues to be limited flexibility from complying with federal and state laws. All Individuals with Disabilities Education Act and Section 504 timelines remain in effect. IEP teams should meet to determine whether any amendments to students IEPs are necessary to address students’ current levels of performance.

IEP teams must make individualized determinations regarding placement and where special education students receive services. Students must receive education in their least restrictive environment, according to federal and state laws. Staff, therapists, and paraprofessionals may be able to work in person with students if appropriate safety measures are in place.

Additional guidance may be provided on transition and special education services.

English Learner Considerations

Language development is an interactive and socially driven process. Any support that can be provided to English Learners to facilitate interactive dialogue with native English-speaking peers or adults, especially on academic topics, is essential. It is also essential that our students in a bilingual program dialogue with peers and adults on academic topics in their home languages, as well as English, to ensure that their development does not stall. Language use and expectations must be targeted and authentic and activities must be meaningful to ensure students achieve

linguistic and academic growth, whether English or native language instruction is online, in-person, or a hybrid.

In-person instruction should be prioritized for English Learners. We recommend that in addition to more traditional native language materials, consideration should be given to utilizing native language television, radio, and social media to help students continue their native language learning. Other scaffolds for English or native language instruction may include an extension of time for assignments, videos with captioning or embedded interpreting, accessible or translated reading materials, or other technological solutions. Authentic, targeted lessons utilizing technology that encourages verbal interaction will help students better prepare for online ACCESS testing. Additionally, we encourage educators to strategically utilize resources for English Learners identified on ISBE's [Continuing Education #KeepLearning](#) page.

Language learners often require instruction on how to properly pronounce phonemes, syllables, and words. This is typically done through direct observation of the teacher's mouth or tongue position. Such demonstrations will be impeded by traditional face coverings. We recommend using face coverings with clear windows or face shields during instruction or pre-recording these demonstrations.

When developing instruction for English Learners, educators must continue to apply the [Illinois English Language Development Standards](#) and utilize the [WIDA Can-Do Descriptors](#) for listening, speaking, reading, and writing. Keeping these two documents in mind and differentiating instruction based on each student's English proficiency level will help ensure that lessons are scaffolded appropriately for students. Additionally, early learning educators have language acquisition tools to drive supports of young language learners. [The Early Learning Development Standards](#) are central in providing guidance with an emphasis of parental involvement, which is so important to a young child's language development. More resources for educators of young English Learners, including online learning modules for educators, can be found through [WIDA Early Years](#).

Keep in mind that multilingual students and families may have difficulty navigating online platforms and resources that require an understanding of English. When possible, schools and districts should provide language support to help students and families to access the resources used for remote instruction. Schools, districts, and educators are encouraged to harness the strengths of their parent organizations to build supports and scaffolds for families. Such supports and scaffolds could include "Virtual Parent Universities" or "Parent PD" to help parents and other family members understand how best to support their bilingual students' language development and learning at home. We encourage stakeholders to collaborate creatively to continue to meet the needs of English Learners.

Grading

ISBE's original recommendations for grading during remote learning considered the sudden, drastic, and unexpected impact of the COVID-19 pandemic on all districts and the necessity of beginning the suspension of in-person instruction with non-instructional Act of God Days.

Students and districts needed every available flexibility regarding grading in order to navigate these uncharted waters without deepening existing inequities and without knowing when in-person instruction might resume. The recommendation that grading “do no harm” to students sought to accommodate the vastly different physical, mental, economic, technological, and social-emotional experiences of Illinois’ 2 million students, most of whom were engaging in remote school day learning for the first time.

Schools and districts should re-evaluate and modify traditional grading policies, as necessary, as we plan for a return to in-person or blended remote instruction. This may mean a return to traditional grades for completion of assignments, assessments, and other classroom instructional strategies. ISBE strongly recommends that any return to traditional grading policies ensures that students have all the necessary tools, technology, and teacher supports at school and at home to complete all assignments, take assessments, and complete projects in a timely manner. This may mean ensuring that all students have devices and connectivity opportunities at their homes before resuming traditional grading practices.

Per the School Code, grading policies are the exclusive responsibilities of local districts (105 ILCS 5/10-20.9a). ISBE does not require any specific grading practice, policy, or philosophy, but we suggest that you may want to include any successful strategies or modifications implemented during remote learning as part of the planning and transition to in-person instruction and/or blended remote learning.

Professional Learning and Staffing

Schools should thoroughly and thoughtfully consider what the transition from the home environment (flexible schedules, increased screen time, extended time with parents/caregivers) to the school environment (in-school schedule, decreased screen time, increased interaction with school staff and peers) means for all learners. Schools and districts are encouraged to use professional development days to prepare evidence-based instructional methods and materials, to plan to attend to students’ social-emotional and mental health needs, and for training on new health and safety protocols. Optional summer learning opportunities may be considered for educators to hone their remote learning craft and discuss best instructional strategies for a blended learning environment.

Districts should consider, but not be limited to, the following with regard to professional learning:

- Providing staff training recognizing and affirming the unique socio-economic, cultural, religious, ethnic, racial, sexual orientation, gender identity/expression, and language diversity of the population within each district.
- Developing student and staff mental health and counseling plans and training on offering social-emotional supports, including bullying prevention.
- Identifying the successes and barriers for students, staff, and the community during remote learning, including enhancements to prepare for a blended learning environment or in preparation for intermittent/rolling school closures.

- Reviewing student progress during remote learning, identifying gaps, and planning for the appropriate continuation of learning transitioning to our “new normal” for the 2020-21 school year.
- Preparing local assessments to determine current skill level, including, but not limited to:
 - Formative assessments.
 - Alignment conversations and planning with prior teachers.
 - Discussions with parents/guardians/caregivers about student progress and additional supports needed at home.
 - Modifying and adjusting of curriculum and instruction.
 - Communicating learning expectations to parents in a blended learning model.
 - Modifying or taking into consideration extending time for all students with a specific equity lens on identified gaps and appropriate interventions to close the gaps.

New Teacher Mentorship Program

ISBE encourages schools and districts to sponsor new teacher mentorship programs to support new teachers entering the profession at a time where there are many unknowns.

These programs can provide meaningful support via one-on-one coaching, weekly/monthly check-ins, and someone to call in the case of needing extra support. Online video support can be considered, but is not required, where the teacher videos self and the mentor watches and gives feedback and support.

The mentorship should be an adaptable and individualized process in which the new teacher brings to the table what they need assistance in or are struggling with. The process will look different from teacher to teacher.

The mentoring process should not be time-consuming or work-intensive, but be reflective in nature.

Professional Learning

Provide options for asynchronous/synchronous professional learning by creating or utilizing existing online options and forms of completion for credit hours.

It may be possible to structure the school day during which a small number of teachers are receiving professional learning in the morning while teaching in the afternoon. Those teaching in the morning would receive professional learning in the afternoon.

Informal as well as formal professional learning can be implemented. Informal could be a “Coffee with the Coaches” type format online or even a quick conversation with teachers in person before or after school.

Formal professional learning pertaining to analyzing and utilizing data, implementing technology, or improving instructional methods could be conducted via Zoom, Google Meet, or in person during Remote Learning Planning Days or School Improvement Days.

Utilizing Teacher Leaders

We must take this opportunity to honor and leverage our teacher leaders without overwhelming them with additional tasks/responsibilities.

Identify teacher leaders who believe and will invest in the vision of the district by having conversations and building relationships and teams. Teachers are and should be treated as an integral part of the planning process.

Providing opportunities for teachers to grow and contribute professionally serves to enhance engagement and motivation toward accomplishing goals aligned to the district vision. Staff are more likely to come forward and express their thoughts and talents when they see teachers receiving feedback.

Teacher autonomy (to an extent) as well as administrative and board support is paramount in creating a desired “opportunity culture.”

Teacher leaders would:

- Create goals followed by action steps that correlate with the vision/mission of the district.
- Work with coaches and administrators on recommendations regarding professional development.
- Work with teachers as mentors and help provide meaningful feedback regarding blended learning, e-learning, or socially distanced in-person learning.
- Create opportunities for other teachers to lead.
- Serve as mentors to teachers new to the district as well as those new to the profession.
- With assistance from administrators and coaches, work with mentees and other teachers to utilize research-based methods, best practices, and data analysis to improve student learning.
- Have the opportunity to seek out and receive teacher leadership professional development in addition to basic training on technology, instructional methods, etc.

Statewide Coaches

Not every school district has access to in-house coaching for instructional staff, so consider leveraging professional organizations that have coaches and instructional leaders. They can contribute to the professional learning of teachers in need of innovative instructional practices for student learning and growth in every part of the state.

Consider developing a network of instructional leaders at the regional and statewide level for virtual office hours in order to support the needs of teachers in a remote learning or blended learning delivery system, depending on the needs of the district or school.

Capacity building especially helps the teacher who could not complete their student teaching and is possibly entering into service in a new district with few contacts or connections. Capacity building also supports the field of educators as whole as we all adjust to a new normal.

Elements of capacity building for districts and schools interested in participating include:

- School districts willing to share coaches with their “neighbors” throughout Illinois.
- Good connectivity of the teacher’s home or school - the same with the coach.
- Common platforms (Google, IOS, Microsoft, Zoom) and common programs (FlipGrid, WeVideo, etc.).
- Time and coordination.
- A focus on instruction and student growth in coaching sessions (technology is a “side dish”); utilization of a student-centered model.
- Analysis of existing conditions in the school to help the teacher address the needs of students with IEPs and English Learners.

Technology

Schools and districts should make every effort to provide students and families with the technology devices and internet access necessary to successfully participate in remote learning. Schools and districts must be prepared for a return to full remote instruction in the event of a resurgence of the virus or a second wave of it in the fall.

Some students and families may still lack internet access at home despite districts’ best efforts. Consider providing students who have a device -- but not internet access -- with coursework loaded on a flash drive or other similar file storage device. Implement a system to provide students with the necessary videos, worksheets, and other resources to complete their work at home, turn in their assignments, and obtain new work.

During in-person instruction, incorporate activities that help familiarize students with the technology devices and programs they will utilize during remote learning. Individual technology devices can also be useful in the classroom, given the restrictions in Phase 4 on sharing items such as pencils. Consider meaningful integration of technology tools during daily instruction to facilitate learning and provide students with opportunities to become familiar with the features of online programs and technology devices.

Teach students how to maintain their devices, guidelines for basic device function, internet safety, as well as problem-solving techniques that can be utilized if the student has technology difficulties during remote learning. Provide instructions for accessing technology assistance. These skills can be taught and reinforced during face-to-face instruction. Consider providing brief instructional videos or written instructions to students and families to facilitate troubleshooting at home.

Consider utilizing a virtual boot camp for students who are learning remotely to walk them through the use of different technology programs. Video conferencing programs could provide

synchronous training on programs, which would enable students and families to ask questions and receive feedback in real time. Including interactive experiences by having students actively use the online program during the boot camp will increase motivation, engagement, and student understanding of the program. Consider recording synchronous sessions to use later as asynchronous training tools.

Students also will need regular access to technology support, whether through an email address, online form, or video bank. Consider teaching students how to troubleshoot common technology problems.

Schools should take stock of the technologies and lessons learned during remote learning to provide a plan for the 2020-21 school year. As a reminder, teachers and students will need a clear schedule with appropriate breaks to avoid burnout and confusion.

Health and Safety Protocols IDPH Guidance

Districts should proactively prepare staff and students to prevent the spread of COVID-19 or any other infectious disease. All employees should be trained on health and safety protocols related to COVID-19 prior to resuming in-person instruction. Consider referring to recommendations and strategies from the CDC: [Guidance for Businesses and Employers](#) and [Considerations for Schools for guidance](#). Sections of this guidance were previously published in Part 2 and may be updated.

Preparing for When a Student or Staff Member Becomes Sick

School districts need to be prepared and able to respond effectively when there is a case within the school community, whether it be a student or staff member participating in allowable activities. Schools and districts should communicate with families and staff that any individual who tests positive for COVID-19 or who shows any signs or symptoms of illness should stay home. Families and staff should also report possible cases to the school where the individual attends school or works to initiate contact tracing.

Currently known symptoms of [COVID-19](#) are fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea.

Attendance personnel should request specific symptom reporting when absences are reported along with COVID-19 diagnoses and COVID-19 exposure. Information should be documented and shared with the health staff or other appropriate personnel and the local health department.

In accordance with state and federal guidance, school community members who are sick should not return to school until they have met criteria to return. Schools may wish to consider a symptom checklist for families and staff to use to determine if they are well enough to attend that day. CDC and IDPH guidelines for students who were suspected of having COVID-19, whether

they were tested or not, state that 72 hours must elapse from resolution of fever without fever-reducing medication and 10 days must pass after symptoms first appeared. It is recommended that medically fragile and immunocompromised students consult their medical provider prior to attending school.

Students or staff returning from illness related to COVID-19 should call to check in with the school nurse or building administrator (if a nurse is unavailable) following quarantine.

Any individual within the school environment who shows symptoms should be immediately separated from the rest of the school population. Individuals who are sick should be sent home. If emergency services are necessary, call 911. When interacting with students or staff who may be sick, school nurses and personnel should follow CDC guidance on standard and transmission-based precautions.

Schools hosting allowable activities should designate a safe area to quarantine any individuals who are experiencing COVID-19-like symptoms and may be awaiting pickup/evaluation. Students should never be left alone and must always be supervised while maintaining necessary precautions.

Close off any areas of the school used by a sick person and do not use these areas until after proper cleaning and disinfection procedures have been completed. Open windows to increase air circulation in the area. It is advised by the CDC to wait at least 24 hours before cleaning and disinfecting; if 24 hours are not possible, wait as long as is possible. Clean and disinfect all areas, such as offices, bathrooms, common areas, shared electronic equipment, etc., used by the person who is sick. Vacuum the space, if needed, with a high-efficiency particulate air (HEPA) filter, if available. Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, and temporarily turn off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility. The area can be opened for use once it has been appropriately disinfected. Ensure cleaning products are stored and used a safe distance away from children and staff.

Individuals who did not have close contact with the person who is sick can return to work immediately after disinfection. Those who had contact with someone who tested positive for COVID-19 or is suspected of having COVID-19 infection should isolate at home and monitor for symptoms for 14 days. Close contact means the individual was within 6 feet of the individual with symptoms for more than 15 minutes. Additional cleaning and disinfection is not necessary if more than seven days have elapsed since the person who is sick visited or used the school. Continue routine cleaning and disinfection. This includes everyday practices that schools normally use to maintain a healthy environment.

Hand Hygiene

Districts should encourage frequent and proper handwashing. Ensure availability of supplies, such as soap and paper towels, hand sanitizer, tissues, etc., for all grade levels and in all common areas of the building. Cloth towels should not be used. Handwashing with soap and water is

always the first recommended line of defense, but where this is not feasible or readily accessible, the use of hand sanitizer with at least 60% alcohol may be used. Districts should be cognizant of any students or staff members with sensitivities or allergies to hand sanitizer or soap and ensure easy access to alternative handwashing stations.

Hands should be washed often with soap and water for 20 seconds. It is recommended that hand hygiene is performed upon arrival to and departure from school; after blowing one's nose, coughing, or sneezing; following restroom use; before food preparation or before and after eating; before/after routine care for another person, such as a child; after contact with a person who is sick; upon return from the playground/physical education; and following glove removal. Districts should determine any "hot spots" where germ transmission may easily occur and ensure hand sanitation/handwashing supplies are readily available.

Additionally, districts should adhere to recommendations for safe hand sanitizer use, including:

- Alcohol-based hand sanitizers should be used under adult supervision with proper child safety precautions and stored out of reach of young children to reduce unintended, adverse consequences. It will be necessary to ensure that students do not ingest hand sanitizer or use it to injure another person.
- Alcohol-based hand sanitizers must be properly stored – which includes away from high temperatures or flames – in accordance with National Fire Protection Agency recommendations.
- Hand sanitizers are not effective when hands are visibly dirty.
- Alcohol-based hand sanitizers do not remove allergenic proteins from the hands.
- Staff preparing food in the cafeteria/kitchen should ALWAYS wash their hands with soap and water. The IDPH Food Service Sanitation Code does not allow persons who work in school cafeteria programs to use hand sanitizers as a substitute for handwashing.
- The Food and Drug Administration controls sanitizers as over-the-counter drugs because they are intended for topical antimicrobial use to prevent disease in humans.

Educate staff and students on healthy hygiene and handwashing to prevent the spread of infection. Schools may wish to post handwashing posters in the bathrooms, hallways, classrooms, and other areas, as appropriate. See [Centers for Disease Control and Prevention: Handwashing: Clean Hands Save Lives](#) for free resources. Ensure availability of resources for teachers, nurses, and other staff members, so they can appropriately train students or review handwashing procedures. Various [classroom lesson, activities, and resources](#) are available. Districts should also consider additional signage to display on the correct methods for sneezing and coughing.

Staff and students should be directed and encouraged to avoid touching the face (eye, nose, mouth) to decrease the transmission of COVID-19 or other infectious diseases.

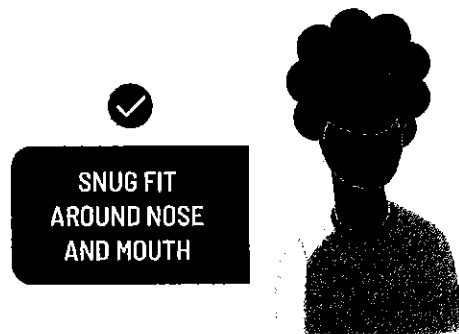
Face Coverings

All individuals in school buildings, including all public and nonpublic schools that serve students in prekindergarten through grade 12, must wear face coverings at all times unless they are younger than 2 years of age; have trouble breathing; or are unconscious, incapacitated, or

otherwise unable to remove the cover without assistance. Face coverings must be worn at all times in school buildings even when social distancing is maintained. Face coverings do not need to be worn outside if social distance is maintained. It is recommended that schools require physicians notes for students and staff who are not able to wear a face covering due to trouble breathing. It is recommended that schools and districts update policies to require the wearing a face covering while on school grounds and handle violations in the same manner as other policy violations.

Teachers may use face shields in lieu of masks. Face shields may be useful in situations where it is important for students to see how a teacher pronounces words (e.g., English Learners, early childhood, foreign language, etc.).

There is significant evidence that face coverings provide protection and decrease the spread of COVID-19. Ensure that the face covering fully covers the mouth and nose, and that the covering fits snugly against the sides of the face with no gaps. Reusable face coverings should be machine washed or washed by hand and allowed to dry completely after each use. Districts may wish to maintain a supply of disposable face coverings in the event that a staff member, student, or visitor does not have one for use. For additional information, visit [CDC: Coronavirus Disease 2019 \(COVID-19\)-Cloth Face Covers](https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf). Additionally, pay special attention to putting on and removing face coverings for purposes such as eating. After use, the front of the face covering is considered contaminated and should not be touched during removal or replacement. Hand hygiene should be performed immediately after removing and after replacing the face covering. See <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf> <https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf>.



Social Distancing

Districts should develop procedures to ensure 6-foot physical distance from other persons as much as possible. The expectation pertains to students and staff members in all areas and settings to the greatest extent possible. Districts may wish to post visual reminders throughout school buildings and lay down tape or other indicators of safe distances in areas where students congregate or line up (e.g., arrival and departure, lunchroom lines, hallways, recess lines, libraries, cafeterias).

Districts may wish to consider “staggering” schedules for arrivals/dismissals, hall passing periods, mealtimes, bathroom breaks, etc. to ensure student and staff safety. Staff and students should abstain from physical contact, including, but not limited to, handshakes, high fives, hugs, etc.

Staff break areas should be arranged to facilitate social distancing. Break times should be staggered to minimize eating with mask off near others.

Symptom Screenings

Schools and districts must conduct temperature and symptom screenings or require self-certification and verification for all staff, students, and visitors entering school buildings. Individuals who have a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius or currently known symptoms of COVID-19, such as fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea, may not enter buildings. Individuals who exhibit symptoms should be referred to a medical provider for evaluation, treatment, and information about when they can return to school.

Personal Protective Equipment

Ensure that appropriate personal protective equipment (PPE) is made available to and used by staff, as needed, based on exposure risk. Provide training to staff prior to the start of student attendance on the proper use of PPE, including putting on and removing PPE. In addition, training should also include directions on the proper disposal of PPE since inappropriate application or removal of PPE can increase the transmission. Employers are required to comply with Occupational Safety and Health Administration standards on bloodborne pathogens, including the proper disposal of PPE and regulated waste. See Appendix F for examples and uses of PPE and CDC guidelines.

Schoolwide Cleaning and Disinfection to Prevent the Spread of Infection

Districts should develop sanitation procedures per recommendations of the CDC, IDPH, and local health departments. More frequent cleaning and disinfection is necessary to reduce exposure. Visibly dirty areas should be scrubbed to remove visible dirt/soilage and then an approved disinfectant should be used to *kill* germs.

Clean frequently touched surfaces (e.g., door handles/knobs, desktops/tabletops, countertops, light switches, pencil sharpeners, computer keyboards, hands-on learning items, phones, toys, cubbies/coat and backpack areas, sinks and faucets, buses/vans) on a daily basis. Cloth toys or other cloth material items that cannot be disinfected should not be used.

Determine means to sanitize soft surfaces, such as carpeted areas, rugs and curtains. Clean with an approved soap/disinfectant for the surface area. Launder at high temperatures, if possible, and dry. If cleaning with soap and water is not feasible, disinfect with a household disinfectant that has been registered with the Environmental Protection Agency (EPA) and follow contact times on the label. Districts may wish to revisit and revise any green cleaning policies. Vacuum as usual.

Districts may wish to consider posting scheduled cleaning times and maintain appropriate documentation upon the completion of cleaning.

Ensure that EPA-approved disinfectants for use against the coronavirus are available to staff responsible for cleaning. If not available, consult your local health department for guidance on alternative disinfectants.

- Gloves and other appropriate Personal Protective Equipment must be used during cleaning and disinfection. Ensure that appropriate PPE is made available to and used by staff, as appropriate, based on job-specific duties and risk of exposure.
- Always follow label directions.
- Allow the required wet contact time.
- Keep all disinfectants out of the reach of children.
- Do not mix bleach or other cleaning products and disinfectants together.
- Ensure that cleaning supplies brought by staff and students are approved by the EPA.

Infection Control Procedures for Specific Areas

Classrooms

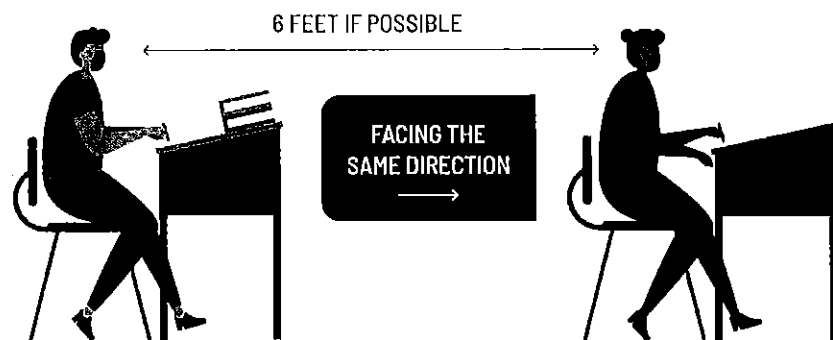
It is recommended that teachers provide assigned seating for students and require students to remain in these seats to the greatest extent possible. Teachers may also develop a marked path of travel inside the classroom to maintain social distancing from the entry point of the classroom to

the student's assigned seat. If possible, rearrange desks so that there is a 6-foot distance in all directions between the desks and face desks in the same direction. Open windows, if possible, for increased ventilation.

Only allow supervisors and staff who are required for instruction to be in the classrooms. Build in time for hand hygiene and/or schedule hand hygiene breaks, including before/after eating snacks/meals and upon exiting and returning to the classroom. Ensure adequate hygiene supplies, including tissues, hand sanitizer, extra face coverings, handwashing supplies if sinks are present, soap, paper towels, and gloves for staff, are present in the classroom.

Consider assigning classroom computers to minimize disease transmission. Computer keyboards and/or touchscreens can be difficult to clean, so consider utilizing keyboard covers to facilitate cleaning. Shared computers should have signs posted instructing proper hand hygiene before and after computer use, with handwashing facilities or hand sanitizers readily accessible.

Communicate with parents of younger students to discourage their children from bringing any toys from home to school. Consider labeling students' personal items and keeping them in a separate bag to ensure they remain separate from the belongings of other students.



Shared Objects

Restrict or discourage the borrowing or sharing of any items. The [CDC](#) recommends that electronic devices, toys, books, and other games or learning aids not be shared.

Electronics, including, but not limited to, tablets, touchscreens, keyboards, remote controls, lunchroom keypads, door entry systems, etc., should be cleaned before and after use. Consider using a wipeable cover on electronics and clean per the manufacturer's instructions or use wipes or sprays of at least 70% alcohol and dry completely.

It is recommended that items that must be shared or communally used be cleaned after each use - at a minimum -- and that the individuals perform hand hygiene between use.

Note that the use of liquid disinfectants is harmful to library and archives materials and is not recommended. Ultraviolet ray exposure as a means of sterilization is also not recommended. Utilization of hand sanitizer before and after use of books or library material is recommended.

Be mindful of items like play food, dishes, and utensils that are more likely to be placed in a younger child's mouth. Use materials that can be thrown out, cleaned after one use, or labeled for individual child use. Machine-washable cloth toys should be used by one individual at a time and cleaned in between uses or not be used at all.

Driver's Education Behind-the-Wheel Instruction

In order to provide behind-the-wheel training to students in driver's education in compliance with all Secretary of State and IDPH safety requirements, the following procedures must be followed:

- Allow only two students and one instructor per vehicle.
- Face coverings must be worn, unless medically contraindicated.
- Prohibit eating and drinking in the vehicle.
- Open the windows whenever possible.
- Do not make any stops during the training that are not applicable to driver's education to reduce the amount of time in the vehicle.
- Complete hand hygiene with soap and water or hand sanitizer, as appropriate, before and after driving and, at the minimum, upon completion. Hand sanitizer should be placed in each vehicle.
- Clean and disinfect the steering wheel, door handles, seatbelt fastener, controls/dials that the driver would come in contact with, keys, etc. in between each behind-the-wheel session.
- Conduct regular routine cleaning and disinfecting of the seats.

Music-Related Courses

There is documented evidence of substantial spreading of the coronavirus during musical events caused by the possibility of droplet and fomite (objects or materials likely to carry infections) transmission. Indoor rehearsals are discouraged. Consider moving music and band-related courses outside. It is recommended that music and band classes be organized into smaller classes, minimizing the number of students for sectional or group rehearsal to provide for social distancing. Where possible, use separate partitions in open spaces; utilize markings on classroom floor/wall/practice field.

Students should wear face coverings while singing and avoid touching, choreography, and singing/playing in circles. Students should sanitize hands prior to handling instruments. Instruments should not be shared at any time. Sanitize hands after using instruments. It is permissible for band members to remove their masks during the time they are

playing, but only if necessary. Students should provide their own equipment for class; sharing of equipment between students should be prohibited. Long-term rentals are permitted; however, instruments should be properly cleaned and sanitized between rentals. Students should disinfect musical instruments between classes, if possible. Instruments should be cleaned using approved disinfectant and recommended cleaning guidelines (National Federation of State High School Associations, National Association of Music Merchants, National Association for Music Education instrument cleaning). Special care shall be taken with instrument mouthpieces; it is recommended that reed players use plastic instead of cane reeds.

Conductors should face students from more than 10 feet away from the first row of singers/band members. Where possible, conductors are encouraged to wear glasses/goggles or install a plexiglass shield.

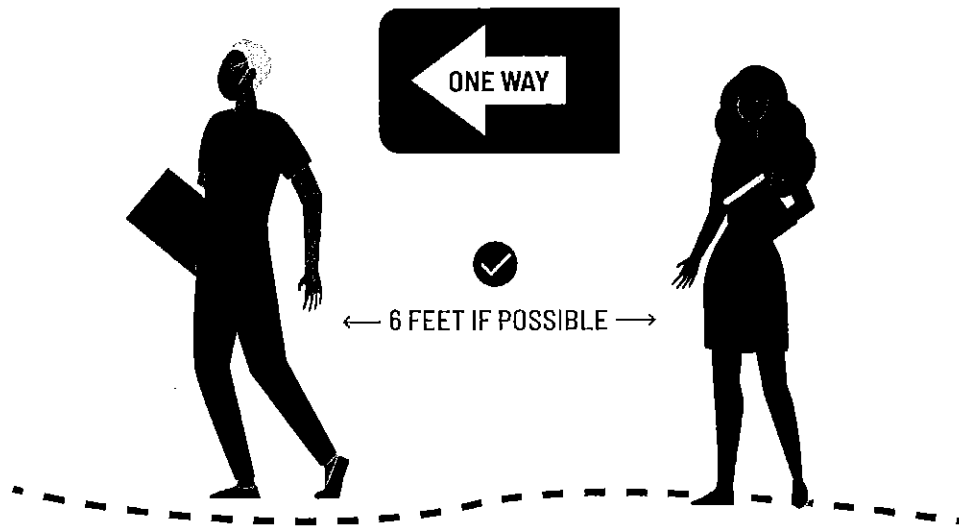
Consider blended/flipped classrooms, as well as individualized self-management programs, to reduce the risk of exposure and allow for personal choice/director choice with recording or practice performance.

Provide virtual learning opportunities or record class rehearsals and share recordings with students who are unable to attend school in-person.

Traffic Flow, Hallways, and Lockers

Face coverings must be worn at all times. Consider the following hallway procedures to adhere to social distancing requirements and IDPH limitations on gathering sizes, when possible:

- Limit number of persons within hallways at any given time to the greatest extent possible.
- Limit required movement of students between classes. Consider having staff rotate through classes rather than requiring movement/mixing of student groups.
- Provide hallway supervision using hall and bathroom monitors to ensure a limited number of persons enter bathrooms at one time.
- Hallways could have marked one-way paths and certain staircases could be designated one-way only, as possible.
- Place floor markings to delineate 6-foot distance between students in locations where they line up.
- Remove furniture or other items that may encourage congregating in certain areas.
- Limit number of riders in elevators to one or two students with an additional adult (when student needs continuous support or supervision).
- Suspend the use of lockers, if possible. Sharing lockers should be prohibited. If lockers must be used, consider staggering locker assignments and create schedules to stagger locker access to allow for 6-foot distancing between students. For example, students could be assigned to every other or every third locker depending on their width.



Restrooms

Districts should consider means to maintain social distancing in restroom areas. Schools may wish to consider scheduling restroom breaks and escorting individual classrooms to the restroom area to monitor social distancing, as appropriate. Districts may wish to add physical barriers, such as plastic flexible screens, between bathroom sinks and urinals. Appropriate sanitation of restrooms should be completed as scheduled. Post signs encouraging hand hygiene procedures in the bathrooms, hallways, classrooms, and other areas, as appropriate. See [Centers for Disease Control and Prevention: Handwashing: Clean Hands Save Lives](#) for free resources. Encourage students to properly wash hands following restroom use, as age appropriate. Ensure availability of supplies, such as soap and paper towels.

Drinking Fountains

The temporary shutdown or reduced operation of a building and reductions in normal water use can create hazards for returning occupants. Follow [CDC guidance](#) on flushing water systems and other measures to prevent the spread of mold and Legionella. Promote the use of reusable water bottles and train students and staff on appropriate use of drinking fountains:

- Do not place your mouth on the spout of the fountain or allow your water bottle to come into contact with the nozzle when refilling.
- Ensure the appropriate water flow height to discourage students placing the mouths on the spout.
- Test the water flow and let the water flow for 10 seconds to allow for fresh, clean water to come through prior to drinking.
- If the fountain requires you to push a button or lever, clean the surface before and after or use your elbow.
- Clean your hands afterward with an alcohol-based rub or wash them with soap and water.

Develop procedures to maintain social distancing during drinking fountain use by placing floor markers and signage around fountains. Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, and districts should determine how to maintain infection control between student use.

Cafeterias/Food Service

Schools should consider the number of students and adults in the cafeteria during each breakfast and lunch period and ensure that it does not exceed that maximum gathering size per the Restore Illinois plan (no more than 10 individuals during Phase 3 and no more than 50 individuals during Phase 4, if possible). Alternate scheduling or add meal service times to adhere to capacity limits. Stagger the release of classrooms to the cafeteria to help ensure social distancing while students wait in line. If possible, consider delivering meals to classrooms or having students eat outdoors while ensuring social distancing is implemented. If students eat in the classroom, consider how an allergy-free area will be provided, as needed. Additionally, the room should be disinfected after eating prior to resuming classroom activities.

Meals should be individually plated. Buffets, salad bars, and the sharing of food and utensils should be prohibited. Ensure that students are served all items, including items such as milk and fresh fruits, rather than having students help themselves. Consider using disposable food service items (e.g., utensils, dishes). Ensure regular precautions are taken regarding food allergies and dietary needs. If disposable items are not available, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.

Areas where students consume meals should be thoroughly cleaned and disinfected between groups and after meals. Food service personnel must use appropriate PPE, including gloves and face coverings, while preparing and distributing food. Frequent hand hygiene should be required. Individuals should wash their hands after removing their gloves or after directly handling food service items that have been used.

Hand hygiene must be performed prior to and after eating a meal or consuming any food items. Face coverings must be removed during eating, so it is important to ensure 6-foot distance between individuals as much as possible. Considerations also should be given to food consumed during times other than mealtimes, such as by preschool students.

Communicate clear mealtime expectations with students and staff.

Administrative Offices and Staff Workspaces/Lounges

Limit any nonessential visitors, volunteers, and activities involving external groups or organizations, as possible. Restrict any visitors (if allowed) to the main office area, when possible. Hand hygiene facilities or hand sanitizer should be readily available for visitors to use upon entry.

Keep accurate records of visitors, including the individual's reason for visit, contact information, and all locations visited, in case contact tracing is needed.

Consider an outdoor drop box for material drop-off. Encourage electronic submission of documents and electronic payment of any fees. Any discipline meetings, IEP and 504 meetings, and other meetings between staff and visitors/families should be held remotely, to the greatest extent possible. However, if parents/guardians are unable to engage in a required meeting remotely, socially distanced in-person meetings may be held.

Employee workstations should be properly distanced so that employees may maintain a 6-foot distance from one another, when possible. Consider installing physical barriers within main offices, as needed. Consider using plastic rather than glass as the coronavirus has been shown to survive on glass for 96 hours and for 72 hours on plastic (CCDPH Partner Call 5/14/2020).

Provide readily accessible cleaning and disinfecting supplies, access to handwashing facilities or hand sanitizer, and gloves for employees, as appropriate. Maintain a regular cleaning and disinfection schedule of frequently touched items, which may include phones, desktops, fax machines or copiers, door handles, etc.

Where possible, provide each employee with a personal supply of office supplies, such as staplers, tape dispensers, pens, and pencils, to eliminate transmission through shared items. Any shared office supplies should be disinfected after each use. Staff workrooms and lounges also must adhere to 6-foot distancing. Consider capacity limitations, depending on the size of the space and availability of seating. Make cleaning supplies available and establish protocols for cleaning frequently touched items, such as copy machines, table surfaces, refrigerator door handles, microwaves, coffee makers, etc. Consider removing any items that cannot be properly cleaned and disinfected for reuse. Consider providing disposable plastic utensils. Post signs regarding proper hand hygiene, capacity limits, and other protocols.

Student Transportation

Schools and districts should create procedures to assure compliance with all applicable expectations under state and federal guidelines. All individuals on a bus must wear a face covering, no more than 50 individuals should be on a bus at one time, and social distancing must be maintained to the greatest extent possible. Students must undergo symptom and temperature checks, which may include self-certification, before boarding a bus. These procedures may need to be updated regularly. Students and families should be aware of procedures and expectations regarding transportation.

Drivers and monitors must wear approved and appropriate PPE and perform regular hand hygiene. See Appendix F for information regarding PPE. Drivers and monitors must undergo symptom and temperature checks or self-certify and verify that they are free of symptoms before the start of each workday. Drivers and monitors who have a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius or symptoms of COVID-19 may not work. Drivers and monitors who become ill during their route should contact their supervisor immediately.

All individuals on a bus must wear a face covering. Student transportation should apply the most feasible social distancing guidelines. The CDC recommends that entities should “create distance between children on school buses ...when possible.” No more than 10 individuals may be on a vehicle at any one time during Phase 3. No more than 50 individuals may be on a vehicle at any one time during Phase 4. All physical changes to school transportation vehicles must meet Illinois Department of Transportation (IDOT) and Secretary of State rules and regulations.

Districts are encouraged to provide visual guides to ensure that students comply with expectations set forth by the IDPH (e.g., floor decals, colored tape, or signs to indicate where students should not sit or stand may be used to assist in compliance).

Seating charts are also recommended. Seating arrangements with respect to social distancing can be adjusted for students who live in a household with other students. Schools and districts are encouraged to monitor students at school loading and unloading zones. IEP or 504 teams should meet to determine individual transportation needs for students who require special accommodations.

Considerations should be given to the provision of appropriate supplies to prevent the spread of COVID-19 (e.g., hand sanitizers, gloves, face coverings, tissues, and trash receptacles).

All required IDOT inspections should occur. In addition, sanitization should be completed daily or between use on all vehicles used for student transportation. Individuals should disinfect vehicles using only products that meet the EPA criteria and manufacturers’ guidelines.

Physical Education, Gymnasiums, Pools, and Locker Rooms

Physical activity can support students’ overall health and well-being and help reduce stress and anxiety. Face coverings must be worn. No more than 10 individuals may be in one space at any one time during Phase 3. No more than 50 individuals may be in one space at any one time during Phase 4. Activities must allow for 6-foot distance between students as much as possible. Games and sport activities that require close guarding and any potential physical contact with another player must be avoided in order to comply with IDPH requirements. Whenever feasible and weather permitting, educators should select outdoor physical education activities that allow natural social distancing.

If physical education must be taught inside, consider using separate partitions in open spaces, utilizing markings on the gymnasium floor/wall/field to maintain distance between participants. Hand shaking, high fives, or other physical contact is prohibited. It is recommended that educators have access to technology to broadcast instruction to maximize social distancing (e.g., megaphone or microphone).

Schools and districts with pools must follow IDPH guidance on swimming facilities.

Districts should consider eliminating the need for use of locker rooms, as well as allowing students to participate in activities without changing clothing. Shoe changes can be

done in the classroom prior to arrival in PE. Lockers that are used should not be shared, and showers should not be required for activities.

The use of shared equipment is not recommended. Any shared equipment must be cleaned between each student use and disinfected at the end of each class. Fitness center equipment, such as treadmills, ellipticals, stationary bicycles, weights, etc., should be cleaned and sanitized before and after each class. Focus on frequently touched surfaces, such as keypads, hand weights, handles, etc. Maintaining 6-foot distance between participants may include using only every other treadmill/bicycle or installing dividers between each machine or equipment piece.

Students and staff should perform hand hygiene at the start and end of each class period or when hands are visibly dirty. Students should also perform hand hygiene after the use of each piece of equipment.

Illness and Diagnoses Monitoring

Schools should institute a tracking process to maintain ongoing monitoring of individuals excluded from school because they have COVID-19-like symptoms, have been diagnosed with COVID-19, or have been exposed to someone with COVID-19 and are in quarantine. Tracking ensures CDC and local health authority criteria for discontinuing home isolation or quarantine are met before a student or staff member returns to school. Tracking methods include checking in with the school nurse upon return to school to verify resolution of symptoms and that any other criteria for discontinuation of quarantine have been met. Tracking should take place prior to a return to the classroom. Schools should communicate this process to all members of the school community prior to the resumption of in-person learning. This communication should be translated into the languages appropriate for the communities served.

Continual communicable disease diagnosis monitoring and the monitoring of student and staff absenteeism should occur through collaboration of those taking absence reports and school nurses/school health staff. Employees and families must be encouraged to report specific symptoms, COVID-19 diagnoses, and COVID-19 exposures when reporting absences. Districts should maintain a current list of community testing sites to share with staff, families, and students. Districts must be prepared to offer assistance to local health departments when contact tracing is needed after a confirmed case of COVID-19 is identified. This may include activities such as identifying the individual's assigned areas and movement throughout the building.

Confirmed cases of COVID-19 should be reported to the local health department by the school nurse or designee as required by the Illinois Infectious Disease Reporting requirements issued by IDPH. Districts should inform the school community of outbreaks per local and state health department guidelines while maintaining student and staff confidentiality rights.

Mental Health

Considerations should be given to the impact that COVID-19 has had on the mental health of faculty, staff, students, and their families. Consider monitoring the mental and emotional well-

being of students and staff members. Districts are encouraged to provide training to staff to increase awareness of the impact of COVID-19. Access to school counselors and supports should be as readily available as possible and communicated to students. Consider developing and implementing a crisis management team to provide supports, as needed, to staff and students. Provide support services to staff members (e.g., employee assistance programs).

Napping/Rest Time

Ensure that children's naptime mats and cots are spaced at least 6 feet apart as much as possible. Consider placing children head to toe to further reduce the potential for viral spread. Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed weekly. Keep each child's bedding separate and stored in individually labeled bins, cubbies, or bags. Label cots and mats individually for each child.

Instructional (Self-Contained) Classrooms Housing Students Who Are Medically Fragile or May Have Behavioral, Developmental, or Emotional Challenges

The risk of infectious disease exposure may be much higher for staff providing care for medically fragile students. Districts should provide appropriate PPE for continuous wear and during procedures (e.g., gowns and face shields during aerosolizing procedures). Maintaining strict social distancing will not likely be feasible due to the personal nature of common care and services, including feeding, toileting, suctioning, position changes, diaper changing, hand-over-hand assistance, physical therapy, occupational therapy. Appropriate PPE should be used in conjunction with appropriate hand hygiene and standard precautions.

Consider locations where specialized procedures (such as suctioning and tube feedings) currently occur, which may be in the classroom. Evaluate if this is safe to continue or should be moved to a clean area of the health office.

Plan for acute respiratory treatment care using up-to-date standards of care. Nebulizer treatments and suctioning are identified by the CDC as aerosol-generating procedures and require an N95 mask fitted to the health care worker. See CDC Guidance for Aerosol Generating Procedures.

Related Services for Students (OT/PT, Speech, Social Work Services, etc.)

Consider telehealth visits, if possible. Limit the number of therapists in the therapy room if on-site visits are needed or consider an alternative space for movement. Face coverings must be worn and social distance must be maintained, when possible. Add visual markers on the floor to aid in social distancing. Materials (e.g., Lycra tunnel or other porous materials, sensory swing, carpet squares, foam items) must be cleaned and sanitized between uses with enough time to let the material properly dry.

In-person instruction at home is allowed for medically homebound students. Find additional information on homebound instruction here.

Before- and After-Care and Other Programs

Many schools house before- and after-school programs administered by school districts or external entities. Visitors and the use of school facilities by external parties should be discouraged as much as possible, but some programs, such as child care, are critical to the communities they serve. Child care programs in schools, even if deemed license-exempt, should follow the IDPH and DCFS guidance for licensed child care facilities. Child care should be available for all families that need it in Phases 3 and 4 (not restricted to only families of essential workers as it was in Phases 1 and 2), according to the Restore Illinois Plan for Reopening Child Care in Illinois. Child care programs in schools will be required to follow all infection control measures that are used during the school day (e.g., social distancing when possible, face coverings, cleaning, and sanitation).

Once requirements are determined, organizations and groups that wish to access a school's facilities should submit a plan that addresses procedures for program implementation during the public health emergency. The school district and school nurse and/or other health-related officials should review such plans to ensure conformance with school district procedures. School districts may consider limiting or suspending non-critical in-person before- or after-school programs (e.g., leisure-based programs, social clubs, etc.) or offer remote opportunities for engagement.

Library Areas

Consider using the library space as a regular classroom if the school needs additional classroom space to adhere to capacity limits and social distancing requirements. A district could also stagger use of the library and disinfect it in between use. Consider delivering library items to classrooms or having library staff visit classrooms or provide video presentations, such as library instruction and read-a-louds.

Health Offices

Consider an appropriate health office space that allows for 6-foot distancing between students, separation area for sick students, sink for hygiene, appropriate lighting, and proper ventilation. A bathroom within or near the space is also recommended. Consider proper ventilation; open windows for fresh air, when possible. Consider use of plastic barriers around staff desks and between student care areas or curtains and the implementation of two separate entrances to the health office space to allow one to be used by students without illness symptoms and one to be used by students with illness symptoms.

Provide a supervised quarantine space for students/staff who are experiencing COVID-19-like symptoms and may be awaiting evaluation and/or pickup. Students must never be left alone and must be supervised at all times while maintaining necessary precautions within the quarantine space. Judgment of nursing professionals or administrator/designee (in the absence of a nurse) must determine who is placed in the quarantine space and the level of supervision (e.g., supervised by nurse or unlicensed personnel) required for persons within the quarantine space. Nursing documentation would reflect student placement in the quarantine space.

Evaluate the current school health office space and determine if there is space for quarantine. If space is not available, consider moving the school health work area to another larger location. Consider restroom access for persons in the quarantine space and ensure cleaning of the restroom is consistent with the quarantine space. Give preference to a room/space with an exterior door to avoid the need for an ill person to move throughout the building on exit. The quarantine space must be disinfected after it is occupied by a student and deep cleaned daily. Only essential staff and students assigned to the space may enter. Students exhibiting COVID-19-like symptoms must wear a face covering unless medically contraindicated. Per CDC Guidance, close off areas used by a sick person; do not use these areas until after cleaning and disinfecting. Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible.

Supply school nurses and/or the administrator/designee working with individuals with illness symptoms with appropriate PPE. School nurses should use PPE, including gloves and face coverings, when interacting with students and staff. Appropriate PPE should be used in conjunction with appropriate hand hygiene and standard precautions. Personal care aides working with medically fragile students should wear PPE (e.g., face shields, face masks, and gloves).

Implement strategies to reduce unnecessary visits from students, staff, and visitors; reduce health office congestion; reduce exposure to infection; and allow for separation. Consider asking school staff to call ahead or implement a pass or an online appointment process to ensure the capacity of the health office can handle additional visits in areas of social distancing and separation. Persons with common health conditions or those who need basic first aid should not report to the health office but may be managed in the classroom/alternate setting. Provide staff with first aid supplies, such as bandages and gauze, in the classrooms. In certain situations, students may need to stay in place for an in-person evaluation by the school nurse.

Healthy students reporting to the health office for medical management, such as medications, tube feeding, assessment of injury, or first aid, must be treated in a separate clean designated area inside or outside the health office to prevent contact with potentially ill children. Plan for medication/treatment schedules if students will not be present for in-person learning each day to ensure students have adequate supplies at home and at school and that health office staff are clear on student schedules to ensure medications and treatments are completed. Consider locations where specialized procedures, such as suctioning and tube feedings, currently occur (which may be in the classroom). Evaluate if these procedures are safe to continue in that space or should be moved to a clean area of the health office.

Plan for acute respiratory treatment care using up-to-date standards of care. See CDC Guidance for Aerosol Generating Procedures. Nebulizer treatments should be administered at home. Consult with health care provider for alternate asthma medication delivery systems. Any asthma action plans should be reviewed prior to student arrival at school. Staff should review the signs and symptoms of respiratory distress, as well as how to respond to respiratory distress. The health office must be routinely cleaned. High-touch surfaces in the health office must be cleaned daily with a disinfectant noted to *kill* the coronavirus. Require hand hygiene between each student encounter.

Parents, guardians, or other authorized individuals should pick up ill students within a reasonable amount of time; students should not be allowed to utilize the school bus or public transportation for the return to home.

Districts are encouraged to maintain a nurse in each building, if possible. Districts are encouraged to maintain a list of substitute nurses to provide nursing services in case of nurse absence, including prolonged absence due to COVID-19 diagnosis or exposure. In the absence of a nurse, each school district's administrators must determine who will be responsible for meeting the health-related needs of students and staff.

Extracurriculars

Extracurricular activities must follow the IDPH requirements set forth for the school setting, which include social distancing, appropriate use of PPE, limiting the number of individuals in one space to 10 individuals during Phase 3 and to 50 or fewer in Phase 4, and cleaning and disinfecting to prevent the spread of COVID-19.

Playgrounds

Playgrounds are closed during Phase 3. Playgrounds may be utilized during Phase 4; however, districts may want to consider not allowing the use of playground equipment due to social distancing requirements. Playground equipment that is to be used should be monitored, and the number of students using each piece of equipment should be limited. Consider staggering playground times to allow one class in a playground space at one time rather than multiple classes playing together. Maintain appropriate cleaning of playground equipment. Any equipment/items that cannot be cleaned should not be utilized. Discourage the sharing of toys. High-touch surfaces made of plastic/metal, such as swings/slides, railings, and other play structures, should be cleaned routinely and disinfected as per the most recent CDC guidance.

Students should perform hand hygiene prior to touching playground equipment and upon return from the playground.

Auditorium/Multi-Purpose Rooms

Schools must limit the number of individuals in one space to 10 or fewer in fewer during Phase 3 or 50 or fewer during Phase 4. Limit the mixing of different classes of students in the space at one time. Consider using auditoriums/multi-purpose rooms as regular classroom spaces to reduce the number of students in regular classrooms and maximize social distancing. Ensure auditoriums and multi-purpose rooms that are used are cleaned and sanitized daily and in between groups as much as possible.

Career and Technical Education and Dual Credit

Develop procedures and protocols to properly clean and disinfect career and technical education (CTE) equipment and workspaces. It may be impractical to individually disinfect all CTE

materials, such as nails, wires, clay, etc., so consider having CTE students wear disposable gloves when working with equipment. Individuals should wash their hands after removing their gloves.

Some CTE students take courses at both the high school and a career center or community college. When implementing modified schedules or Blended Remote Learning Days, consider the needs of CTE and other dually enrolled students. Consider exposure risks when traveling to a different school site and coming into contact with other groups. The CDC advises allowing minimal mixing between groups. Districts should maintain a log of the sites that students visit.

Districts are advised seek legal consultation if students are participating in medically related coursework, which requires clinical fieldwork experience.

If students are absent from school due to illness related to COVID-19, schools should take into consideration the requirements for certifications/credentialing and obtainment of early college credit. Districts should consider how a student's coursework could be modified due to illness or how field experience hours could be obtained when the student has recovered from COVID-19 illness and is cleared to return to school.

Districts should prohibit or limit the self-serving or sharing of food products in classes during which students prepare food. Outside food/food products should not be brought in from home. Districts are encouraged to seek guidance from their local health departments regarding guidelines for food handling/consumption. Students should use disposable items whenever possible and follow protocols in line with those of food service/cafeteria staff, which also provides an additional in-context learning opportunity.

Field Trips

Field trips are discouraged until state and local health officials have determined that it is safe to resume them. The CDC recommends pursuing virtual activities and events in lieu of field trips. When safe to resume, allow minimal interaction of different groups of students. Ensure IDPH requirements for social distancing, capacity limits, hand hygiene, and PPE both at the field trip destination and during travel to and from the location are met.

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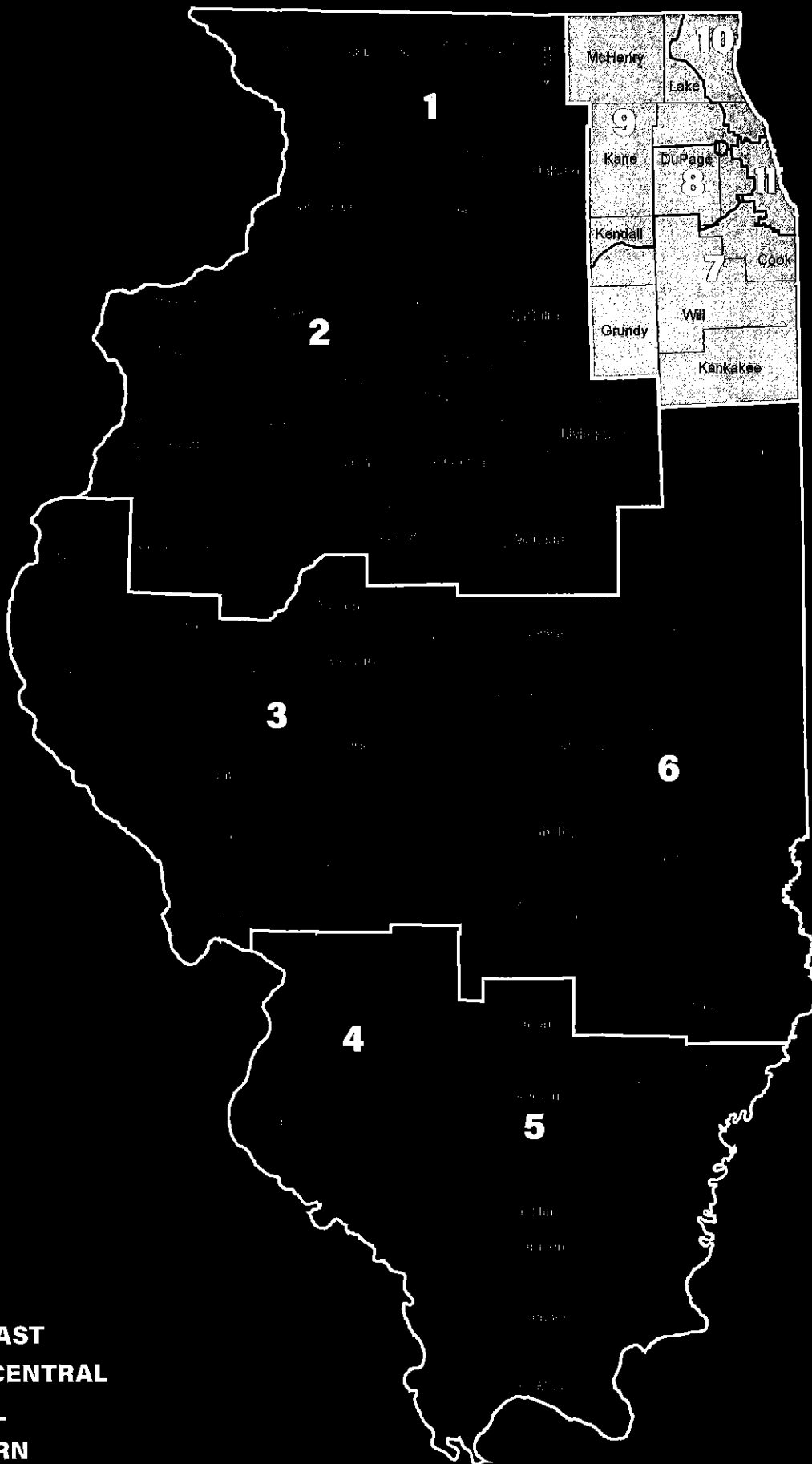
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RESTORE ILLINOIS HEALTH REGIONS



-  **NORTHEAST**
-  **NORTH-CENTRAL**
-  **CENTRAL**
-  **SOUTHERN**

Phase 4 Transition Guide

Facilities

Staff

Students

Parents/Community

1st week of preparation for in-person, teacher attendance, prior to instruction

- | | | | |
|--|---|---|---|
| <ul style="list-style-type: none"> • Communicate new safety protocols to all staff in advance. • Food service logistical preparation of kitchens and food service in classroom vs. in cafeteria as IDPH/ CDC recommends. | <ul style="list-style-type: none"> • Consider the location of Institute days for the start of year professional development, If social distancing is still required. • Professional development should address topics congruent with district needs based on the intake survey. | <ul style="list-style-type: none"> • Ensure that an adequate closure to the 2019-20 year has taken place or is scheduled. • Conduct Intake assessment survey. | <ul style="list-style-type: none"> • Communicate new safety protocols to include health related attendance and exclusionary criteria and any new schedules to all staff in advance. • Share Transition Plans with the community through direct communications, including phone call, text message, and email. |
|--|---|---|---|

Prior to student and teacher arrival

- | | | | |
|--|---|---|---|
| <ul style="list-style-type: none"> • Implement appropriate cleaning of facilities over summer and prepare schedule for the year. • Train building and grounds staff on any new sanitation protocols. • Train food service staff on serving guidelines. • Move in staff, relocate furniture, assess building preparedness for student arrival. • Prepare bus service to comply with IDPH/CDC requirements. | <ul style="list-style-type: none"> • Ensure all staff receive any relevant training, including any OSHA training or hygiene training. • Vertical articulation time for teachers to meet. • Staff time for teachers to prepare their classroom and close out any items from last year. • Coordinating comprehensive professional development opportunities with all employees. | <ul style="list-style-type: none"> • Ensure that an adequate closure to the 2019-20 year has taken place or is scheduled. • Conduct intake assessment survey. | <ul style="list-style-type: none"> • Communicate new safety protocols to include health related attendance and exclusionary criteria and any new schedules to all staff in advance. • Share Transition Plans with the community through direct communications, including phone call, text message, and email. |
|--|---|---|---|

1st week of in-person instruction

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|--|---|--|---|
| <ul style="list-style-type: none"> • All service providers, cleaning personnel, food service staff are all back to in-person work with fully established new structures and protocols | <ul style="list-style-type: none"> • Consider the location of institute days for the start of year professional development, if social distancing is still required. • Professional development should address topics of: <ul style="list-style-type: none"> - Assessing learning - Assessing learning gaps - Supporting SEL initiatives - Addressing Incomplete grades from 2019-20 | <ul style="list-style-type: none"> • Ensure that an adequate closure to the 2019-20 year has taken place or is scheduled. • The typical spring time "Step Up Day" to meet the new teacher, school, and classmates should be considered as a back to in-person instruction event for students entering a new building, following IDPH requirements. | <ul style="list-style-type: none"> • Continue parent education and communications for start of the year information. |
|--|---|--|---|

2nd week of in-person instruction

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|--|--|---|--|
| <ul style="list-style-type: none"> • Assess effectiveness of school service protocols and make any necessary revisions. | <ul style="list-style-type: none"> • Focus early institute days and early dismissals to provide staff time to focus on: <ul style="list-style-type: none"> - Unit planning for 1st quarter/ semester. - Adjust Pacing Guides for rest of year based on standards - Re-engagement of teaching and learning | <ul style="list-style-type: none"> • Majority of students are in full grade level routines and structures. • Students who are not regularly attending should be identified and provided additional supports. • Schools may consider a rolling entry for populations of students such as half days or modified schedules. | <ul style="list-style-type: none"> • Update families and communities on the start of the year experiences and events that have taken place. • Focus on reassuring parents, offering resources, and moving forward through the rest of the 1st quarter/semester |
|--|--|---|--|

3rd week of in-person instruction

- | | | | |
|---|---|---|--|
| <ul style="list-style-type: none"> • Routines are established and regularly reviewed based on IDPH requirements. | <ul style="list-style-type: none"> • Expand on supporting students through relationship building as content and instruction is provided to greater degrees. • All Incomplete grades from 2019-20 should be resolved or nearly resolved. | <ul style="list-style-type: none"> • Students know where to get help as needed, but almost all are fully integrated into the school routine. | <ul style="list-style-type: none"> • Individual meetings with parents to discuss student achievement and individualized plans to support student learning and socio-emotional growth in school and at home. |
|---|---|---|--|

Sample Student Intake/Needs Assessment

Student: _____

Parent/Guardian who was contacted:

Verify address: _____

Verify preferred contact information: _____

Verify preferred contact language in which to receive school communications:

Verify emergency contacts or persons to contact in case of student illness:

Reminder: If immunizations are due, students cannot attend unless there are immunizations on file or an appropriate exemption by _____.

What impact has the pandemic had on the family?

Illness: _____

Death: _____

Economic: _____

Other: _____

Are the parents/guardians employed? Yes No

Medical service provider?

First responder?

Is the student employed? Yes No

If so, what schedule? _____

What educational activities has the student been engaged in since school was last in session?

Is there access to reliable internet in the home? Yes No

Is there access to a reliable computer in the home? Yes No

Does the family have access to reliable transportation (not school-provided) to bring the student to and from school? Yes No

Does the family have any specific needs that the district might be able to assist?

Are there any concerns regarding the student returning to school?

Verify possession of district property and remind them to return.

Follow-Up Contact by/for:

Free and Reduced-Lunch Eligibility

Nurse

Homeless Coordinator

Counselor

Other: -----

Adapted from Missouri School Boards' Association's Center for Education Safety sample survey form developed by the School-Based Health Alliance of Missouri.

Schedules to Begin the School Year

Phase-In with Professional Learning

	Monday	Tuesday	Wednesday	Thursday	Friday
Group 1: 9th-12th Blue Team	In-person Planning for Teachers	Remote learning	In-person Planning for Teachers	Remote learning	In-person Planning for Teachers
Group 2: 9th-12th Gold Team	Remote learning	In-person Planning for Teachers	Remote learning	In-person Planning for Teachers	Remote learning

Full In-Person Instruction with Phase-In

	Week 1	Week 2	Week 3
In-Person Instruction	Elementary School	Elementary and Middle School	Elementary, Middle, High School
Remote Learning	Middle and High School	High School	

You may choose to prioritize in-person instruction for transitional grades

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	PreK-1st Grade 6th Grade 9th Grade	PreK-1st Grade 6th Grade 9th Grade	PreK-1st Grade 6th Grade 9th Grade	PreK-3rd Grade 6th-7th Grade 9th-10th Grade	PreK-3rd Grade 6th-7th Grade 9th-10th Grade
Week 2	PreK-3rd Grade 6th-7th Grade 9th-10th Grade	All students returned			

Blended Remote Learning Schedules

Blended Remote Learning with Alternating Weeks

	Week 1	Week 2
In-Person Instruction	Student Grouping #1 Prioritized IEP, 504, EL Students	Student Grouping #2 Prioritized IEP, 504, EL Students
Remote Learning	Student Group #2	Student Group #1

Blended Remote Learning with AM/PM

	8 a.m. - 11 a.m.	12 p.m. - 3 p.m.
Student Grouping 1	In-Person Instruction	Remote Learning
Student Grouping 2	Remote Learning	In-Person Instruction
Prioritized IEP, 504, EL Students	In-Person Instruction	In-Person Instruction

Blended Remote Learning with Alternative Dates

	Monday	Tuesday	Wednesday	Thursday	Friday
Prek-1st Grade	In-Person Instruction	In-Person Instruction	In-Person Instruction	In-Person Instruction	In-Person Instruction
2nd-3rd Grade	In-Person Instruction	Remote Learning	In-Person Instruction	Remote Learning	In-Person Instruction
4th-6th Grade	Remote Learning	In-Person Instruction	Remote Learning	In-Person Instruction	Remote Learning
Prioritized IEP, 504, EL Students	In-Person Instruction	In-Person Instruction	In-Person Instruction	In-Person Instruction	In-Person Instruction

Elementary Face-to-Face and Secondary Remote Learning

	Monday	Tuesday	Wednesday	Thursday	Friday
Elementary	In-Person Instruction	In-Person Instruction	In-Person Instruction	In-Person Instruction	In-Person Instruction
Prioritized IEP, 504, EL Students	In-Person Instruction	In-Person Instruction	In-Person Instruction	In-Person Instruction	In-Person Instruction
Secondary	Remote Learning	Remote Learning	Remote Learning	Remote Learning	Remote Learning

Full In-Person Instruction with Staggered A/B Schedules

	Group 1 – A Schedule	Group 2 – B Schedule
1st Period	8-9 a.m.	8:30-9:30 a.m.
2nd Period	9-10 a.m.	9:30-10:30 a.m.
3rd Period	10-11 a.m.	10:30-11:30 a.m.
Lunch	11 a.m. - Noon (in classrooms)	11:30 a.m. - 12:30 p.m. (in classrooms)
4th Period	Noon-1 p.m.	12:30-1:30 p.m.
5th Period	1-2 p.m.	1:30-2:30 p.m.

Personal Protective Equipment

Ensure that appropriate PPE is made available to and used by staff, based on job-specific duties and risk of exposure.

Item

Examples

Face Coverings



Types:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

1. N95 masks
2. Surgical masks
3. Homemade masks/face coverings. The Illinois Department of Public Health has provided guidance on when to where a mask, how to construct a mask and how to care for masks. <https://www.dph.illinois.gov/covid19/community-guidance/mask-use>. The U.S. Centers for Disease Control and Prevention (CDC) now recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission. CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.

Eye and Face Protective Tools

Types:

<https://www.cdc.gov/niosh/topics/eye/eye-infectious.html>

1. Face Shields
2. Safety Goggles
3. Safety Glasses

Gloves

Types:

1. Surgical gloves
2. Nitrile gloves
3. Food service gloves
4. Plastic gloves

Isolation Gown

Guidance for Schools

<https://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/schools-guidance>

Cleaning Supplies/Disinfectant

Normal janitorial cleaning and disinfectant supplies probably are sufficient, but preference should be given to items on USEPA's List N: Disinfectants for use against SARS CoV 2.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Soap

Regular soap is sufficient provided individuals washes their hands for twenty seconds using soap and warm water.

Thermometers

Non-contact thermometers preferred.



**Illinois
State Board of
Education**



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH. IMPROVING LIVES



6/30/2020

COVID-19 Guidance for Places of Worship and Providers of Religious Services

This document provides guidance for places of worship and providers of religious services to support the safest possible environment for faith leaders, employees, volunteers, scholars, and all other types of workers, as well as congregants, worshippers, and visitors.

This guidance does not obligate or encourage places of worship to resume in-person activity. Indeed, it is strongly recommended that places of worship continue to facilitate remote services, particularly for those who are vulnerable to COVID-19, including older adults and those with chronic conditions. Even with adherence to physical distancing, multiple different households convening in a congregational setting to worship carries a higher risk for widespread transmission of the virus that causes COVID-19, and may result in increased rates of infection, hospitalization, and death, especially among more vulnerable populations. In particular, the high risk associated with activities like singing, and group recitation can negate the risk-reducing behaviors, such as 6 feet of physical distancing.

Recognizing the centrality of worship in many people's lives and the spiritual and emotional value of prayer, community, and faith, this guidance provides recommendations for places of worship that choose to resume or expand in-person activities.

The Safest Options: Remote Services and Drive-In Services

A common thread joining many faiths is a deep respect for human life and health, which prioritizes protecting our neighbors and the vulnerable among us. Places of worship may choose to express those values by practicing the safest forms of worship through remote services and drive-in services.

Remote services

Remote services can be streamed online, broadcast by radio, and/or conducted by telephone or dial-in. Remote services are the only way to guarantee places of worship will not become sources of new infection.

Drive-in services

Drive-in services involve congregants driving to a common location and worshipping together from their vehicle, while listening to either a remote service or one broadcast through speakers. If done correctly, these types of services pose a low risk of infection.

Some best practices include:

- Congregants who are living together travel together, without introducing new people to the vehicle.
- Congregants always remain in their vehicles.



- Maintain distance between cars so that there is more than 6 feet between any group of congregants and another group of congregants – particularly if car windows are open.
- Regularly sanitize restrooms and have sufficient soap and hand sanitizer.

For further guidance

Places of worship may look to the additional guidance referenced below:

CDC Interim Guidance for Communities of Faith: <https://www.cdc.gov/coronavirus/2019-ncov/php/faith-based.html>

Guidelines for re-configuring places of worship for social distancing

Reconfigure seating and standing areas to maintain physical distancing of 6 feet or more between congregants/visitors from different households. Consider both limiting seating to alternate rows and assigning seating in advance.

Shorten services to limit the length of time congregants/visitors spend at facilities whenever possible. This could include limiting speeches/sermons and asking congregants/visitors to put on garments at home before arrival.

Consider implementing a reservation system to limit the number of congregants/visitors attending facilities at a time. This can include the use of digital platforms or other types of tools.

Consider offering additional times for services or meetings (per day or per week) so fewer guests attend at one time. Dedicate staff to direct guests immediately to their seats upon entry to places of worship rather than congregating in lobbies or common areas.

Consider using ushers to help people find places to sit and stand that are at least 6 feet apart from other guests/household groups. Develop and communicate a plan to welcome and dismiss congregants/visitors from seating areas, altars, podiums, and meeting rooms in an orderly way to maintain physical distancing and minimize crossflow of traffic.

Avoid assembly line type greetings at the beginning or conclusion of services. Ask congregants/visitors to arrive and leave in a single household group to minimize crossflow of people.

Consider assigning spaced household arrival times to minimize congregants arriving all at once. Prop or hold doors open during peak periods when congregants/visitors are entering and exiting facilities, if possible and in accordance with security and safety protocols.

Close or restrict common areas, such as break rooms, kitchenettes, and foyers where people are likely to congregate and interact. Consider installing barriers or increase physical distance between tables/seating when continued use of these areas cannot be avoided. If possible, provide bottled water or touchless water fountains. For touch drinking fountains, discourage forming a line and create markings to allow social distancing while waiting, have paper towels available to touch the fountain, and clean and disinfect frequently.

Remove from service or find low-community touch alternatives for communal/religious water containers, such as fonts, sinks, and vessels. Empty and change water between services/uses. Where there is a possibility of contaminant splash, strongly encourage staff, congregants, visitors, and others to use equipment to protect their eyes, noses, and mouths using a combination of face coverings, protective glasses, and/or face shields.

Reusable protective equipment, such as shields and glasses, should be properly disinfected between uses. When washing is a required activity, modify practices whenever possible to limit splashing and the need to clean and disinfect washing facilities.

Physical distancing guidelines

Continue to provide services through alternative methods (such as via internet live and/or recorded streaming, telephone, and drive-in) whenever possible. Implement measures to ensure physical distancing of at least 6 feet between workers, staff, and congregants/visitors. This can include use of physical partitions or visual cues (e.g., floor or pew markings or signs to indicate where people should sit and stand). Members of the same household may be seated together but should maintain at least 6 feet apart from other households. Encourage congregants/visitors to meet with the same group, particularly when services meet frequently and/or require a certain number of people to be present. This can reduce the spread of transmission by minimizing the number of different individuals who come into close contact with each other. Consider dedicating staff or volunteers to help people maintain distances during services or activities.

Take steps to ensure limited attendance at gatherings that encourage congregants/visitors to travel and break physical distances, such as concerts and large holiday and life event celebrations and remembrances. Discontinue these activities whenever possible.

Children should remain in the care of those in their household unit and not interact with children of other parties at any time while visiting facilities. Close play areas and discontinue activities and services for children where physical distancing of at least 6 feet cannot be maintained.

Limit touching for religious purposes, such as shaking hands or holding hands, to members of the same household.

Cleaning and disinfecting protocols

Perform thorough cleaning of high traffic areas, such as lobbies, halls, chapels, meeting rooms, offices, libraries, and study areas, and areas of ingress and egress, including stairways, stairwells, handrails, and elevator controls. Frequently disinfect commonly used surfaces including doorknobs, toilets, handwashing facilities, pulpits and podiums, donation boxes or plates, altars, and pews and seating areas.

Discourage sharing items used in worship and services (such as prayer books, cushions, prayer rugs) whenever possible and provide single-use or digital copies or ask congregants/visitors to bring personal items instead. Where such items must be shared, disinfect between uses. Disinfect microphones and stands, music stands, instruments and other items on pulpits and podiums between each use.

Install hand sanitizer dispensers, touchless whenever possible, at entrances and contact areas such as meeting rooms, lobbies, and elevator landings.

Consider limiting the number of people that use the restroom at one time to allow for physical distancing. Consider placing a towel dispenser near the restroom exit with signage for using a towel to touch the door or having touchless exit.

Discontinue passing offering plates and similar items that move between people. Use alternative giving options such as secure drop boxes that do not require repeated opening/closing and can be cleaned and disinfected. Consider implementing digital systems that allow congregants/visitors to make touch-free offerings.

Mark walking paths between spaces designated for congregants/visitors to sit/kneel so that people do not walk where someone may be touching the floor.

During meetings and services, introduce fresh outside air by opening doors/windows (weather permitting) and operating ventilation systems.

Modify high-risk religious practices

Consider modifying practices that are specific to faith traditions that might encourage the spread of COVID-19. Examples are discontinuing kissing of ritual objects, discontinuing bathing rites, allowing rites to be performed by fewer people, providing pre-packed communion items on chairs prior to service, avoiding the use of a common cup, and offering communion in the hand instead of on the tongue.

Individual control measures and screening

Ensure proper use of face coverings. Congregants/visitors and staff should be screened for temperature and/or symptoms upon arrival to places of worship and asked to use hand sanitizer and to wear face coverings. Encourage staff and congregants/visitors who are sick or exhibiting symptoms of COVID-19, or who have family members who are ill, to stay home.

Post signage in strategic and highly visible locations, to remind congregants/visitors that they should use face coverings and practice physical distancing whenever possible. Use social media, websites, texts, emails, and newsletters to communicate the steps being taken to protect congregants/visitors and staff so they are familiar with the policies (including to stay home if experiencing symptoms or at an increased risk of becoming sick, face coverings, physical distancing, handwashing and/or sanitizing, and cough etiquette), before arriving at the facility. Staff and volunteers are strongly encouraged to remind congregants/visitors of these practices with announcements during services or on welcoming guests.

Consider reaching out separately to those who are ill but desire to be engaged in worship services. Develop a plan to include those participants by phone, video, or a safe alternative.

Monitor for staff illnesses and have staff remain home if they are ill or have been exposed to a person who is ill. Know and communicate where staff and congregants can get tested for COVID-19 if they develop symptoms. Have a clear plan to facilitate contact tracing if an attendee later tests positive for COVID-19.

Recruit non-vulnerable volunteers to assist in activities, particularly those that may require close contact. Limit offerings of classes or services for children to groups of 50 or fewer and devise an age-appropriate plan for children to practice social distancing and wear face coverings.

Avoid the riskiest activities

COVID-19 spreads primarily through respiratory droplets in person-to-person contact (within 6 feet); risk grows as exposure time increases. Some activities at places of worship pose a heightened risk that should be avoided:

Singing and group recitation

Strongly consider discontinuing singing (and post signage discouraging singing), group recitation, and other practices and performances where there is increased likelihood for transmission from contaminated exhaled droplets. Modify practices by calling for silent recitation, using prerecorded music, or having a single singer in a separate area with speaker transmission. If these practices cannot be discontinued, strictly limit the number people reciting or singing, ensure physical distancing significantly greater than 6 feet between people, and consider installing plexiglass to provide physical barriers between people, or opt to celebrate these practices outside with significant physical distancing and other precautions. Use microphones to discourage loud speaking and provide a barrier (plexiglass) for the speaker.

Food and beverages

Discontinue offering food and beverages. Do not hold potlucks or buffet-style meals or events that increase the risk of cross contamination. If food and beverages must be served, provide items in single-serve containers (disposable containers whenever possible), and ensure congregants or others who are living together are seated together and more than 6 feet apart from others. Employees or volunteers serving food should wash hands frequently and wear disposable gloves and face coverings.

Greetings and person-to-person contact

Discourage staff, congregants, and visitors from engaging in handshakes, hugs, and similar greetings that break physical distance. Take measures to remind people to wave or use other greetings.

Additional guidance for in-person activities

As places of worship navigate COVID-19, the guidelines below are designed to make in-person indoor worship and activities safer – recognizing that the safest and recommended options are those listed above, and that larger gatherings pose greater risk. Strict social distancing, wearing face coverings, and cleaning and disinfecting are paramount to reducing the risk of infection for in-person gatherings. Places of worship should develop a COVID-19 plan and be prepared to adapt to updated public health guidance and to restrict in-person activities if the incidence of COVID-19 within their communities increases. Places of worship should provide training to both staff and congregants on their COVID-19 plans and share the new safety protocols and processes by email, video, mail, and posted signage – with frequent updates as new safety protocols are implemented.

Capacity limits

As gatherings grow, they pose a greater risk of becoming a source of COVID-19 transmission. The current statewide guidelines recommend gatherings of no more than 50 people. Where the 50-person limit cannot be followed in places of worship, these guidelines are recommended:

Set a capacity limit for the place of worship that allows for extensive social distancing (6 feet or more) between congregants. Consider limiting attendance to 25% of building capacity or a maximum of 100 attendees, whichever is lower. Expand capacity limits gradually, rather than all at once, to allow the opportunity to test and improve safety protocols. Conduct multiple small services as opposed to one large service. Consider small, separate services for certain groups – such as those over 65 years of age or those who have serious underlying medical conditions, or those with small children who will have difficulty social distancing. During services for those over 65 years of age or those who have serious underlying medical conditions, enforce strict safety protocols. Consider a reservation system to limit capacity, to assign seating to ensure social distancing, and to allow for contact tracing in the event of a confirmed COVID-19 case and the need to contact exposed individuals. Develop and communicate a social distancing plan that includes where congregants will sit, how they will enter and exit seating areas (including staggered and scheduled arrival times and varied exit times), and how social distancing can be maintained at all times given the physical layout of the place of worship. Use the social distancing plan to determine a safe capacity limit.

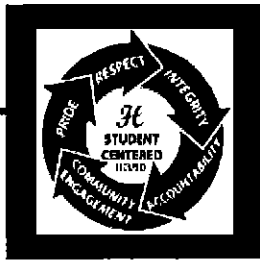
Relatively Safe Options for In-Person Worship

Faith communities also cherish fellowship. The desire for the human connection of worshipping together, particularly during a time of crisis, is understandable. However, gatherings of any size pose a risk of COVID-19 transmission. For places of worship that choose to hold in-person activities, the safest course of action is to congregate outdoors and/or in groups of less than 50 people

Congregate outdoors

Where weather and facilities permit, it is safer for worship and other activity to occur outdoors rather than indoors. Some best practices include: Congregants who are living together sit together, at least 6 feet apart from other congregants and groups. Wear face coverings. Refrain from singing and group recitation, which significantly increases the risk of transmission of the virus by projecting respiratory droplets. Consider pre-recorded music or other alternatives. If continuing with singing and group recitation, increase social distance to at least 10 feet between groups and ensure face coverings are worn. Restrooms should be regularly sanitized and have sufficient soap and hand sanitizer. Follow applicable guidance below for in-person activities. Congregate in groups of less than 50 people indoors. For in-person services that are indoors, the safest choice is to limit the number of people during a given service. Consider holding multiple services for multiple small groups, limiting to 50 in-person services to special events (e.g., weddings, funerals, baptisms), or limiting in-person activities to private prayer and worship. Some best practices include:

- Congregants who are living together sit together, at least 6 feet apart from other groups.
- Wear face coverings.
- Especially indoors, refrain from singing and group recitation, which significantly increases the risk of transmission of the virus by projecting respiratory droplets. Consider pre-recorded music or other alternatives.
- If continuing with singing and group recitation, increase social distance to at least 10 feet between groups and ensure face coverings are worn.
- Restrooms should be regularly sanitized and have sufficient soap and hand sanitizer. Follow applicable guidance below for in-person activities.



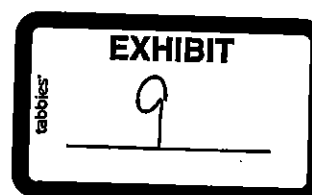
HILLSBORO CUSD 3

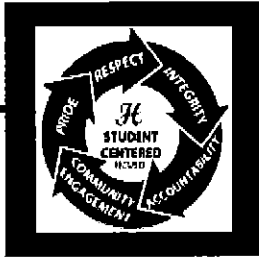
Reopening Plan

2020-2021 School Year

The 2020-2021 school year will present unique challenges as we continue to provide a rigorous education for children while at the same time doing everything in our power to ensure their mental and physical health.

This plan is an overview of the instructional and health/safety guidelines that will be implemented during the 2020-2021 school year consistent with guidance from the Illinois Department of Public Health (IDPH) and the Illinois State Board of Education (ISBE). Additional information about COVID-19 issues impacting schools can be located on both the [ISBE](#) and [IDPH](#) websites.





Instructional Plan

To give our staff additional time for training and other preparations unique to the current situation, we are moving the first day of student attendance to **Wednesday, August 19th**.

As a district, we have developed a model that gives students and families a choice between in-person instruction and remote learning. Having both options will ease the transition between in-person and remote learning should mandatory closures begin. With this said, the educational experience is greatly enhanced by the face-to-face relationships that accompany in-person instruction. Our district's preferred instructional delivery is in-person with students and staff building these relationships in a safe, supportive environment.

In Person Instruction

- ❑ In-person instruction will occur Monday through Friday from 8:00am to 1:45pm (may vary by building).
- ❑ Student schedules will be followed with modified times. Both core academic and elective classes will be offered.
- ❑ Instruction, grading, and attendance will closely mirror past practices with the addition of many health and safety protocols.

Remote Learning

- ❑ The remote learning option will be very different from the program we ran this spring.
- ❑ Remote learning will occur Monday through Friday. Students should be available for video conferencing with teachers from 1:45pm to 3:45pm each day (may vary by building).
- ❑ Students will be tasked with independent and teacher-directed study activities. Students will be expected to complete school related tasks for approximately 5 hours a day.
- ❑ Daily participation, assignment submission, grading, and attendance is required.
- ❑ Any who sign up for remote learning and then do not participate in earnest will be referred to our truancy program.

Specific Building Plans*

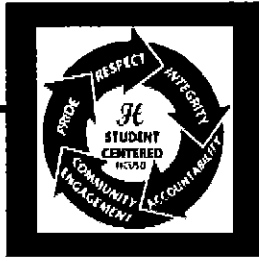
Please note that the following is the generalized plan for the district. Each building has formed a committee of staff and parents to develop protocols particular to their student needs. These plans will be released following a special board meeting on August 4th.

Registration

All returning students should register online via Skyward Parent Access beginning Monday, July 27th. If you need your Skyward Parent Access login credentials, please contact your child's school. New students and those unable to register online can register in-person at his or her school on Friday, July 31st from 10:00am to 6:00pm.

Selection of Program

As part of the registration process, you will be asked to select in-person instruction or remote learning. During the course of the year, program selection may be changed according to individual circumstances.



Arrival

Students may not be dropped off earlier than 7:45am to ensure safe and effective procedures and supervision. Before exiting the vehicle, students should be masked. Parents are asked to remain in vehicles. The student's temperature will be taken by a staff member. At each school, specific protocols have been developed to screen every student before he or she enters the building (see Health and Safety Protocols). Students will go directly to their assigned classrooms upon entering the building.

Dismissal

School specific dismissal procedures have been developed and will be part of each school's reopening plan.

Transportation

We will provide transportation for up to 50 students on regular buses with social distancing maintained to the greatest extent possible. All riders, drivers, and staff members must wear face masks on the bus. A staff member will conduct symptom and temperature checks for each child prior to boarding the bus. It is recommended that a parent wait at the bus stop with the child so that students who do not pass the symptom check can return home. The District is asking anyone who has alternative transportation (parent, sibling, relative, neighbor) to consider using those methods. We appreciate your help and support, as fewer children on buses will not only help prevent the spread of COVID-19 but also result in shorter commute times and fewer routes.

Food

Sack lunches from home will be permitted, but parents will not be allowed to drop off food during the school day. Students will be assigned a lunch location where social distancing will be observed to the extent possible. This may include some students eating in classrooms, while others eat in the cafeteria in groups less than 50 (per each building's reopening plan). No sharing of food/drink items will be allowed. No food or other gift exchanges will be allowed for birthdays, etc. All of these restrictions are designed to limit the use of shared items to help reduce the transmission of COVID-19.

School Supplies

School supply lists will be posted with registration materials. Our staff will encourage less sharing/more individual use of school supplies.

Recess/Outdoor Activities

Students will be allowed to remove their masks when outdoors while maintaining social distancing. As of this writing, the use of playground equipment is still under consideration.

Enforcement of Expectations

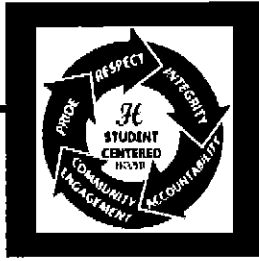
The COVID-19 pandemic is requiring a focus on others over self which can be, especially for young children, a difficult developmental concept to master. Please discuss the concept of ensuring the safety of others/self with your child prior to the start of the school year. Refusal to comply with safety regulations such as washing hands and wearing a mask or intentionally compromising the safety of others will not be tolerated. These will result in discipline.

Lockers/Personal Items

Lockers will not be used. Each student should bring a book bag/backpack to school, but additional personal items such as purses, bags, etc., are discouraged.

Water Fountains

The district is adding water fountains with bottle stations at all buildings this summer. Only the bottle filling stations will be operational. Students are encouraged to carry a personal water bottle with them; please ensure that your child's name is prominently displayed on the water bottle.



Health and Safety Protocols

Face Masks

While at school and on the bus, students age 2 and older and adults must wear face masks except under specific exceptions. Masks should fully cover the mouth and nose, and fit snugly against the sides of the face. Reusable masks should be washed and dried after each use. Health experts recommend the use of face masks to prevent the spread of COVID-19. We recognize that this issue has become politicized and controversial. We need your help. Please talk with your child about this new expectation of wearing a face mask at school. Refusing to wear a face mask, or otherwise engaging in conduct that compromises the safety of others, will result in disciplinary consequences.

There will be times throughout the day where removing masks is permitted (e.g. lunch, recess, band) while social distancing is maintained. Teachers may provide instruction or frequent breaks outdoors so that students have relief from masks.

Please provide a mask for your child to wear. We will also be distributing washable masks to each student and employee when they are available. Disposable masks will also be available on every bus and at the entrance to every building. There might be some very rare situations that will preclude a student or staff member from wearing a mask. In these cases, other precautions will be put into place to keep students and staff safe.

Hand Washing/Sanitizing

Students will be provided with multiple opportunities to wash hands and use hand sanitizer while at school. Sanitizing stations will be available throughout all school buildings.

Symptom Checks

Everyone will be screened prior to entering a bus or building and monitored for symptoms throughout the day. Anyone exhibiting symptoms associated with COVID-19 will immediately be quarantined and assessed by the school nurse, and parents will be notified.

School Closures

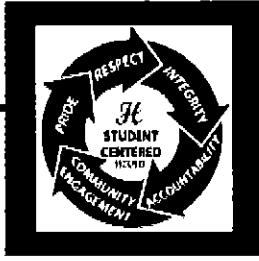
In the event that a short-term closure to clean and disinfect the school or a long-term school closure is required or mandated, all students will transition to remote learning. This will be communicated as soon as possible after state and local health officials make this determination.

Cleaning and Fresh Air Supply

The School District has implemented extensive daily cleaning protocols for our school buildings and buses. Student work areas and shared equipment will be sanitized throughout the day between users. Each building will be deep cleaned and sanitized nightly. In addition, our HVAC systems have been adjusted to provide the maximum amount of fresh air to be blended with conditioned air and circulated in our buildings.

Social Distancing

The joint ISBE and IDPH guidance recognizes that 6-foot physical social distancing between individuals is recommended, but that this will not be feasible at all times. We have taken steps to reconfigure some of our classrooms, lunchrooms and other shared spaces with social distancing in mind. Each building is taking steps to choreograph student movement with the goal of maintaining social distancing.



Student Illness

Please let us know when your child is ill. We simply cannot protect the health of our students and staff without your help. We are obligated by law to keep this information confidential. We are required to track both staff and student illnesses to inform local health officials and initiate contact tracing, if necessary. Both ISBE and IDPH have issued the following list of COVID-19 symptoms that must be reported to school and that require exclusion from school: fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea.

School personnel will communicate with you directly regarding the necessary school exclusion period and return to school protocols.

During absences due to illness, your child will be allowed to make up all missed work and assignments. The missed school days will be marked 'excused' and your child may participate in the remote learning platform if deemed appropriate.

Close Contact at Home

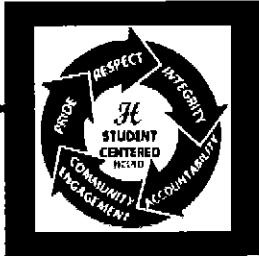
One of the most complex and daunting aspects of COVID-19 for schools is the contagious nature of the virus. For this reason, we ask that you let us know if your child has had close contact with a family member or friend who is either exhibiting symptoms of or has been diagnosed with COVID-19. Examples include siblings, parents, grandparents, other relatives, babysitters, etc., whether they reside in your home or not. We are asking for this information because it tends to be one of the first questions that local health officials ask us for purposes of contact tracing. This additional information will help us stay ahead of our reporting obligations and also help us better serve your child, who will potentially need additional social-emotional supports.

Close Contact at School

Either local health officials or school personnel will notify you if your child comes in close contact at school with a student or staff member who has contracted COVID-19. We will provide this information to you without specifying names or any other personally identifiable information. We understand that this may be frustrating, but school districts are bound by strict confidentiality laws. You may receive this notification directly from the local health authorities and not school personnel due to coordination of efforts and contact tracing requirements.

Visitors

Due to the pandemic, visitors to our school buildings will be limited to essential business. All visitors will be screened and may be denied entry.



Additional Considerations

Extracurricular Activities

Extracurricular activities will be limited to protect against the spread and transmission of COVID-19. More information about any offerings will be provided to you at the building level.

Social Emotional Resources

The COVID-19 pandemic has impacted the mental health of all of our stakeholders - teachers, staff, community members, students and their families. School personnel are trained to monitor and address the mental and emotional wellbeing of students and staff members. Individual and small group counseling will be available for students at school. Please contact your building principal for more information.

Family Assistance

We recognize that this is a complex and difficult time for many of our families. If your family requires extra assistance in relation to any basic need such as food, clothing, school supplies, etc., please contact the building principal who will work with you to locate assistance. Please do not hesitate to ask for help - we are here to help you through this difficult time.

We are 'prepared for the unexpected' and will stay in close contact with you as the situation develops. In the meantime, we are excited to welcome your children back to school!

Please know that you have our thanks and gratitude. The end of last school year was especially difficult for parents who were required to oversee remote learning from your homes. We recognize your efforts and we are prepared to meet your child's needs. We cannot predict exactly what lies ahead of us, but know that we are committed to you and your child. We will get through this together.

View up to date information on how Illinois is handling the Coronavirus Disease 2019 (COVID-19) from the [State of Illinois Coronavirus Response Site \(https://coronavirus.illinois.gov/\)](https://coronavirus.illinois.gov/)

Illinois.gov (/)

SHARE

Executive Order 2020-47

July 24, 2020

EXECUTIVE ORDER 2020-47

EXECUTIVE ORDER 2020-47

(COVID-19 (Coronavirus Disease 2019) EXECUTIVE ORDER NO. 44)

WHEREAS Coronavirus 2019 (COVID-19), a novel severe acute respiratory illness, has rapidly spread throughout Illinois in a short period of time, necessitating stringent guidance from federal, state, and local public health officials and significant measures to respond to the increasing public health disaster; and,

WHEREAS, COVID-19 can spread among people through respiratory transmissions, asymptomatic people can transmit the virus, and there is currently no effective treatment or vaccine; and,

WHEREAS, on March 9, 2020, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area in response to the outbreak of COVID-19; and,

WHEREAS, on April 1, 2020, I declared all counties in the State of Illinois as a disaster area due to the exponential spread of COVID-19; and,

WHEREAS, on April 30, 2020, due to the expected continuing spread of COVID-19, the resulting health impacts across the State, and the need to address the potential shortages of hospital beds, ICU beds, ventilators, personal protective equipment and materials for testing for the virus, I declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, on May 29, 2020, due to the thousands of lives lost to COVID-19 in Illinois, the continued increase of cases, the continued threat of shortages of hospital beds, ER beds, and ventilators, the improved but still insufficient testing capacity, and the economic devastation caused by the virus, I again declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, on June 26, 2020, due to the ongoing burden on hospital resources, the expected continuing spread of COVID-19, and the ongoing health and economic impacts caused by COVID-19, I again declared all counties in the State of Illinois as a disaster area; and,

WHEREAS, on July 24, 2020, considering the expected continuing spread of COVID-19 and the ongoing health and economic impacts that that will be felt over the coming month by people across the State, I again declared all counties in the State of Illinois as a disaster area (together with the previous proclamations identified in this Executive Order, the Gubernatorial Disaster Proclamations); and,

WHEREAS, it is necessary and appropriate for the State of Illinois to continue to take immediate and significant measures to prevent or slow the spread of COVID-19 and protect public health during the COVID-19 outbreak; and,

WHEREAS, Restore Illinois is a five-phased plan to reopen Illinois, guided by health metrics and involving the cautious resumption of distinct business, education, and recreation activities in each phase; and,

WHEREAS, the Restore Illinois plan establishes four health regions in Illinois, each with the ability to independently move through the phased approach; and,

WHEREAS, as of July 24, 2020, all four health regions are in Phase 4 of the Restore Illinois plan; and,

WHEREAS, Phase 4 allows for schools to reopen and provide in-person instruction, in accordance with Illinois Department of Public Health (IDPH) guidance; and,

WHEREAS, on June 4, 2020, I issued Executive Order 2020-40 allowing all public and nonpublic schools in Illinois to reopen for limited in-person instruction during Phase 3 and requiring schools to adhere to IDPH guidance to ensure the safety of students, staff, and visitors; and,

GOVERNMENT (/GOVERNMENT)

Executive Branch (/government/executive-branch)

Executive Orders (/government/executive-orders)

Judicial Branch (/government/judicial-branch)

Legislative Branch (/government/legislative-branch)

Resources & Records (/government/resources-records)

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Manage your Employees (/business/manage-your-employees)

Registration, Licenses, & Permits (/business/registration-licenses-permits)

EMPLOYMENT (/EMPLOYMENT)

Employee Rights (/employment/employee-rights)

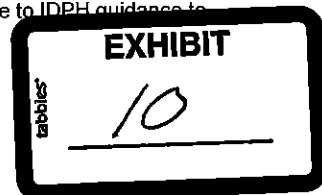
Find Jobs (/employment/find-jobs)

Professional Licenses (/employment/professional-licenses)

Volunteering (/employment/volunteering)

EDUCATION (/EDUCATION)

Educators



WHEREAS, on June 26, 2020 I issued Executive Order 2020-44, which amended Executive Order 2020-40 to accommodate the transition to Phase 4, under which gatherings of up to fifty people are permitted; and,

WHEREAS, at my request and under my authority, the Illinois State Board of Education and IDPH issued the Transition Joint Guidance with requirements and recommendations to make the reopening of schools for in-person instruction during the 2020-2021 school year as safe as possible; and,

WHEREAS, on July 15, 2020, I issued an updated mitigation plan as part of Restore Illinois which further divides the State into eleven health regions but has no effect on the applicability of the Transition Joint Guidance to preK-12 schools;

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, pursuant to the Illinois Constitution and Sections 7(1), 7(2), 7(8), and 7(12) of the Illinois Emergency Management Agency Act, 20 ILCS 3305, and consistent with the powers in public health laws, I hereby order the following, effective July 24, 2020:

Section 1. All public and nonpublic schools in Illinois serving pre-kindergarten through 12th grade students may open for in-person educational purposes following the completion of the regular 2019-2020 school term. All public and nonpublic schools must follow IDPH and ISBE guidance during Phase 4 and take proactive measures to ensure the safety of students, staff, and visitors, including, but not limited to the following public health guidelines:

- a. Limiting the number of people in one space to fifty or fewer.
- b. Ensuring compliance with social distancing requirements to the greatest extent possible. For purposes of this Executive Order, social distancing includes maintaining at least six-foot distance from other individuals and discouraging physical contact between individuals.
- c. Requiring symptom screenings and temperature checks or requiring individuals to self-certify that they are free of COVID-19 symptoms before entering school buildings.
- d. Ensuring appropriate hygienic practices, including washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow, not hands), discouraging the sharing of personal items, and regularly cleaning and disinfecting high-touch surfaces.
- e. Requiring the use of appropriate personal protective equipment by students, staff, and visitors, including the use of face coverings by individuals who are over age two and able to medically tolerate a face covering. Schools must provide face coverings to all employees who are not able to maintain a minimum six-foot social distance at all times and, to the extent possible, make face coverings available for all students.

Section 2. This Executive Order supersedes any contrary provision of any other prior Executive Order. Any provisions that are not contrary to those in this Executive Order shall remain in full force and effect.

Section 3. If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Issued by the Governor July 24, 2020

Filed by the Secretary of State July 24, 2020

- (/education/educators)
- Learning Resources (/education/learning-resources)
- Parents (/education/parents)
- Students (/education/students)
- RESIDENTS (/RESIDENTS)
- Cars & Transportation (/residents/cars-transportation)
- Citizen Resources (/residents/citizen-resources)
- Family & Home (/residents/family-home)
- Health & Safety (/residents/health-safety)
- Neighborhoods/Housing (/residents/neighborhoods-housing)
- Parent/Child Resources (/residents/parent-child-resources)
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- Veteran Resources (/residents/veteran-resources)
- VISITING (/VISITING)
- Arts and Culture (/visiting/arts-and-culture)
- Family Attractions (/visiting/family-attractions)
- Museums (/visiting/museums)
- Outdoors (/visiting/outdoors)
- Travel & Recreation (/visiting/travel-recreation)
- ABOUT (/ABOUT)
- History (/about/history)
- State Information (/about/state-information)
- EMAIL UPDATES (/PAGES/COMMUNICATIONSOPT)
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-  [Missing & Exploited Children \(http://www.missingkids.com/\)](http://www.missingkids.com/)
-  [Amber Alerts \(http://www.amberillinois.org/\)](http://www.amberillinois.org/)
-  [Illinois Privacy Info \(/Pages/About/Privacy.aspx\)](#)