The Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE) have updated this joint summary, fully adopting the Centers for Disease Control and Prevention (CDC) Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning (released on August 11, 2022 and updated on May 11, 2023). This updated guidance supersedes all prior COVID-19 school guidance documents and applies to public and nonpublic schools that serve students in pre-kindergarten through grade 12 (pre-K-12).

Schools and local health departments should exercise their longstanding authority, including as described in the Communicable Disease Code and according to schools’ infectious disease policies, to address all infectious disease cases among students and staff. IDPH and ISBE strongly encourage schools to follow the CDC’s operational guidance on best practices and the recommendations of their local health department on isolation for confirmed and probable cases. Schools also are encouraged to follow the CDC’s best practices for all infectious diseases to keep students home if ill and use testing to confirm or rule out COVID-19 and other infection.

Remote learning under Sections 10-30 and 34-18.66 of the School Code [105 ILCS 5/10-30 and 105 ILCS 34-18.66] is applicable only if (1) the Governor has declared a disaster due to a public health emergency pursuant to Section 7 of the Illinois Emergency Management Agency Act and (2) the State Superintendent declares a requirement for the use of remote learning. Since the applicable gubernatorial disaster declaration is no longer in effect, remote learning under Sections 10-30 and 34-18.66 of the School Code can no longer be used. Note, however, that there are multiple sections in School Code that permit or require a district to offer remote learning in certain circumstances. ISBE’s Remote Learning Options Under Illinois Law Guidance identifies these School Code sections and summarizes their key requirements.

Vaccination is currently the leading public health prevention strategy to prevent adverse outcomes related to COVID-19. People who are up to date with COVID-19 vaccines are at low risk of severe infection, hospitalization, and death. Not only does it provide individual-level protection, but high vaccination coverage reduces the burden of COVID-19 on people, schools, health care systems, and communities. Schools should promote equitable access to vaccination.

On February 25, 2022, the CDC released a new framework to monitor the level of COVID-19 in communities. This approach, updated on May 11, 2023, focuses recommendations on minimizing severe disease, limiting strain on the health care system, and enabling those at highest risk to protect themselves against infection and severe disease. Rather than focusing on eliminating all virus transmission, the CDC recommends prevention measures, such as masks,
when the level of severe disease in communities has the potential to overwhelm the health care system. These prevention measures can reduce that strain and avoid crisis.

The **CDC guidance** recommends “strategies for everyday operations” or actions schools can take every day to prevent the spread of infectious disease, including the virus that causes COVID-19. The following strategies should be in place at all **COVID-19 Hospital Admission Levels**:

- Promote staying up to date with all routine vaccinations.
- Implement policies that encourage students and staff to stay home when sick.
- Optimize ventilation systems and maintain improvements.
- Reinforce proper hand hygiene and respiratory etiquette.
- Utilize proper cleaning and disinfection procedures.

The following COVID-19 prevention strategies outlined in the CDC guidance remain important to protect students and community members, especially those who are not up to date on COVID-19 vaccination, and in areas where the **COVID-19 Hospital Admission Levels** are medium or high, and to allow schools to safely deliver in-person instruction. Schools, with help from local health departments, should consider local context when selecting strategies to prioritize for implementation. Schools should balance risk of COVID-19 with educational, social, and mental health outcomes when deciding which prevention strategies to put in place. These strategies include:

- **Masking** for those testing positive for COVID-19 when returning on day six through day 10, for those with suspect or known exposure to a COVID-19 case, and for those that choose to wear a mask (universal masking is recommended by CDC when Hospital Admission Levels are high).
- **Diagnostic testing** to promptly identify cases, clusters, and outbreaks, and screening testing when **COVID-19 Hospital Admission Levels** are high for high-risk events (e.g., close contact sports or band) or key times in the year (e.g., prom or return from breaks).
- **Management of Cases and Exposures**. Schools should manage ill persons per the **Communicable Disease School Nurse Guidance (illinois.gov)**. For those exposed, **quarantine is no longer recommended by CDC but masks should be worn when indoors and around others for 10 days after being exposed** (Note: CDC no longer defines Close Contacts but addresses factors that indicate higher transmission risk.) Staff, volunteers, and students who have been exposed should follow **CDC’s recommendations** to wear a well-fitted mask and get tested.
- Responding to outbreaks by increasing prevention strategy (e.g., masking, screening, testing, or decreasing events where crowding exists) to reduce transmission even when **COVID-19 Hospital Admission Levels** are low. During outbreaks, using a Test to Stay approach with home testing can assist in mitigating the outbreak. Sample letters are
available from your local health department to send to parents with recommended testing cadence.

- Consideration for High-Risk Activities, including screening testing as described above, or consider temporarily stopping these activities to control an outbreak. Early childhood education programs may also consider layering prevention strategies, such as masking, when close contact occurs, such as during feeding and diapering young children and infants.

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