

6. As of August 09, 2021, IDPH reports total deaths with COVID-19 at 23,503. (See Exhibit A) ¹
7. As of August 09, 2021, IDPH reports 237,409 cases of COVID-19 for the age group of under 20 years of age. (See Exhibit B) ²
8. Of those 237,409 reported cases, there have been 21 deaths of persons under the age 20 who had COVID-19 upon passing away. (See Exhibit C)
9. The CDC estimates that only (1 out of 4.2) 23.8% of all COVID infections are reported to the public health authorities. (See Exhibit D)
10. The CDC estimated that a much larger percentage, being (1 out of 1.3) 76.9%, of COVID deaths are in fact reported to the public health authorities. (See Exhibit D) ³
11. As such, in the State of Illinois, according to IDPH statistics and the CDC analysis of unreported cases, the survival rate of children under 20 years of age in Illinois, should he or she even contract COVID-19, is 99.9973%. Equation: $(237,409/.238)=997,517$ total reported and unreported cases / $(21/.769)=27$ total deaths both reported and unreported / $(1-(27/997,517))=99.9973\%$ survival rate.
12. In the State of Illinois, according to IDPH statistics and the CDC analysis of unreported cases, the survival rate of all persons in Illinois, should he or she even contract COVID-19, is not much less than younger school age persons as it lies at 99.4936%. Equation: $(1,436,353/.238)=6,035,097$ total reported and unreported cases / therefore

¹ To date IDPH has not disclosed actual deaths where COVID was the cause as compared to deaths of persons who merely had COVID when passing.

² While the age category for public schools is <17, the IDPH website doesn't offer this age category.

³ The reasoning behind the reported cases being only roughly 1 out of 4 is that non-symptomatic persons as well as those with mild symptoms never get tested leaving this positive case data unreported to public health agencies.

$(30,563/769)=30,563$ total deaths both reported and unreported / $(1-(30,563/6,035,097))=99.4936\%$ survival rate.

13. All guidance at the federal level recommends masking as a layered medical intervention strategy to assist in the prevention of the spread of COVID-19 within schools.⁴
14. On July 30, 2022, the District exercised its own discretion as provided them under Illinois law and passed a policy which was consistent with federal CDC guidance making masks recommended, but not required for students attending within the district. (See Exhibit E)
15. On or about August 04, 2020, Pritzker issued an executive order stating the local school districts were being mandated to comply with “to be issued” updated joint guidance by the Illinois Department of Public Health (“IDPH”) and the Illinois State Board of Education (“ISBE”).⁵ (See Exhibit F)
16. No updated guidance has yet to be issued by IDPH and ISBE and as such their most recent guidance adopts CDC recommendations. (See page 2 of Exhibit G)
17. Only as a direct result of this action by Pritzker, the District amended their local policy making masking required. (See Exhibit G)

⁴ While this federal guidance is not binding authority on any party involved, it bears mentioning to the Court that Pritzker constantly gaslights the public by stating he is following the facts and science until times like this when local governing bodies exercise their own informed discretion consistent with the facts and science of the federal government, but seemingly in a manner of which he disagrees.

⁵ Interestingly enough, as of the filing of this complaint, ISBE and IDPH have not issued any updated guidance which Pritzker stated was forthcoming and the current guidance issued as of August 02, 2021 is still consistent with CDC guidance which recommends masks but ultimately acknowledges it is a local decision of each district.

LEGAL BASIS

18. Currently the State of Illinois is in its eighteenth (18) month of an alleged public health emergency as declared by Pritzker under authority delegated to him by the Illinois Legislature pursuant to the Illinois Emergency Management Agency Act. (hereinafter the "IEMAA") (See 20 ILCS 3305)
19. Pursuant to Section 7 of the IEMAA, Pritzker issued his 85th executive order in regard to this alleged continuing public health emergency. (hereinafter referred to as "EO85") (See attached Exhibit F)
20. EO85 alleges, *inter alia*, that pursuant to the Illinois Constitution and the Illinois Emergency Management Agency Act, 20 ILCS 3305, Sections 7(1), 7(2), 7(3), 7(8), 7(12), and 7(19) thereof, and consistent with the powers in public health laws, that all local schools districts must follow the joint guidance to be issued by the Illinois State Board of Education (hereinafter referred to as "ISBE") and the Illinois Department of Public Health (hereinafter referred to as "IDPH")
21. Section 7(1) of 20 ILCS 3305 states: "to suspend the provisions of any regulatory statute prescribing procedures for conduct of State business, or the orders, rules and regulations of any State agency, if strict compliance with the provisions of any statute, order, rule, or regulation would in any way prevent, hinder or delay necessary action, including emergency purchases, by the Illinois Emergency Management Agency, in coping with the disaster."
22. Section 7(2) of 20 ILCS 3305 states: "to utilize all available resources of the State government as reasonably necessary to cope with the disaster and of each political subdivision of the State."

23. Section 7(3) of 20 ILCS 3305 states: “to transfer the direction, personnel or functions of State departments and agencies or units thereof for the purpose of performing or facilitating disaster response and recovery programs.”
24. Section 7(8) of 20 ILCS 3305 states: “to control ingress and egress to and from a disaster area, the movement of persons within the area, and the occupancy of premises therein.”
25. Section 7(12) of 20 ILCS 3305 states: “control, restrict, and regulate by rationing, freezing, use of quotas, prohibitions on shipments, price fixing, allocation or other means, the use, sale or distribution of food, feed, fuel, clothing and other commodities, materials, goods, or services; and perform and exercise any other functions, powers, and duties as may be necessary to promote and secure the safety and protection of the civilian population.”
26. While the EO refers to Section 7(19) of the IEMAA, there is no such provision within Section 7.
27. A fundamental goal of the People of the State is the educational development of all persons to the limits of their capacities. (See IL. Const. Art. X§1.)
28. The State shall provide for an efficient system of high quality public educational institutions and services. *Id.*
29. The Legislature in carrying out its constitutional duty passed the Illinois School Code. (See 105 ILCS 5/1 *et seq.*)
30. The Illinois School Code created local school boards.
31. The powers of local school boards are found within 105 ILCS 5/10 *et seq.*

32. Specifically, local school boards have been delegated the authority from the legislature to adopt and enforce all necessary rules for the management and government of the public schools of their district. (See 105 ILCS 5/10-20.5)
33. In this state the rule is firmly established that school directors and boards of education have authority, in cases of emergency, to institute temporary measures to prevent the spread of an infectious disease. *Hagler v. Larner*, 284 Ill. 547 (1918) (quoting *Potts v. Breen*, 167 Ill. 67, 47 N. E. 81, 39 L. R. A. 152, 59 Am. St. Rep. 262; *Lawbaugh v. Board of Education*, 177 Ill. 572, 52 N. E. 850; *People v. Board of Education*, 234 Ill. 422, 84 N. E. 1046, 17 L. R. A. (N. S.) 709, 14 Ann. Cas. 943)
34. Currently pending in the Illinois Legislature is a bill, which would if passed amend the law, that during the times of a public health emergency as declared by a governor of this state, suspend a local school districts authority, and compel them to comply with all public health requirements issued by IDPH. (See page 3 of HB2789 attached as Exhibit H)
35. HB2789 would also prohibit local school districts from passing any resolution which contradicts IDPH public health requirements during a public health emergency. (See page 3 of Exhibit H)
36. HB2789 would authorize ISBE to revoke recognition of local school districts for failure to abide by the public health requirements of IDPH issued during a public health emergency. (See Exhibit H)

COUNT I
DECLARATORY JUDGMENT
PRITZKER HAS NO AUTHORITY TO CREATE
SUBSTANTIVE LAW WHICH USURPS THE AUTHORITY
OF THE LOCAL SCHOOL BOARD

37. The Parents incorporate the allegations set forth in paragraphs 1-36 as if each was fully restated herein.
38. While Pritzker will spill gallons of ink on the history of the COVID pandemic and how his administration has worked to keep people "safe", none of this obfuscation is relevant to the precise question of what is the extent of his delegated power by the legislature under the IEMAA.
39. In EO85, Pritzker proclaims to have been delegated the authority to compel local school districts to comply with joint guidance of IDPH and ISBE. (See Section 1 of Exhibit F)
40. This question is one of first impression as the Court's over the last 18 months have primarily addressed Pritzker's ability to issue serial disaster proclamations so he can rule the state by executive fiat utilizing the enumerated emergency provisions of the IEMAA.
41. The question before the Court for the first time is whether the legislative branch of government has authorized Pritzker to create law which usurps the local authority of Illinois school boards during a time of a public health emergency.
42. Pritzker proclaims to have been delegated this authority by the legislature under five (5) express provisions of the IEMAA.
43. Section 7(1) of the IEMAA is in regard to the suspension of regulatory statutes and contains no language which grants Pritzker the authority to usurp the control of the local school district granted to the local board of education by the legislature.
44. Section 7(2) of the IEMAA is in regard to Pritzker utilizing the resources of state government and contains no language which grants Pritzker the authority to usurp the

control of the local school district granted to the local board of education by the legislature.

45. Section 7(3) of the IEMAA is in regard to Pritzker being able to transfer the direction, personnel or functions of State departments and agencies and contains no language which grants Pritzker the authority to usurp the control of the local school district granted to the local board of education by the legislature.
46. Section 7(8) of the IEMAA is in regard to Pritzker being able to control ingress and egress to and from a disaster area, the movement of persons within the area, and the occupancy of premises therein. and contains no language which purports to grant Pritzker the authority to usurp the control of the local school district granted to the local board of education by the legislature during times of an emergency.
47. Section 7(12) of the IEMAA is in regard to Pritzker being able to control, restrict, and regulate certain commodities, and contains no language which grants Pritzker the authority to usurp the control of the local school district granted to the local board of education by the legislature.
48. There is no Section 7(19) as identified in EO85.
49. There is no doubt Pritzker will provide this Court with some strained analysis of one or more of these enumerated provisions of the IEMAA which analysis contains significant mental gymnastics to support his proposition that one or more of these provisions of Section 7 of the IEMAA does provide him the authority to usurp control of the local school districts authority granted them by the Illinois legislature and compels them to follow the joint guidance of IDPH and ISBE.

50. Any such strained analysis must fail as the Courts review of the language within the statute alone will result in a finding no such authority has every been delegated to Pritzker under the IEMAA.
51. Any such delegation would be tantamount to vesting the executive branch with the full power of the legislature during times of a declared emergency, which proposition would be fraught with all sorts of legal and constitutional issues.
52. The clearest evidence in support of the proposition that the Illinois legislature has never delegated such authority to the executive branch is the general assembly has a bill currently pending on this very issue. (See Exhibit H)
53. Illinois House Representative Michelle Mussman, a Democrat member of the 56th district, is the house sponsor of HB2789.
54. One of HB2789's major considerations is amendments to provisions of Illinois law in limiting the authority of local school districts during times of an emergency as declared by a governor.
55. HB2789 would compel local school districts to adhere to guidance issued by IDPH and ISBE during times of an emergency as declared by a governor. (See page 3 of Exhibit H)
56. Should HB2789 become law, and if the local school districts failed to adhere to the guidance during an emergency, they would be subject to prescribed penalties as provided in HB2789. (See page 3 of Exhibit H)
57. Within HB2789, one of the prescribed penalties being considered is the local school districts recognition status could be impacted for failure to follow IDPH and ISBE guidance during a public health emergency. (See page 3 of Exhibit H)

58. Notwithstanding this bill is not yet law, Pritzker has threatened this very sanction should local school districts fail to follow IDPH and ISBE guidance.⁶
59. Pritzker contends he currently has the authority pursuant to the IEMAA to vest authority in IDPH and ISBE to create these guidelines and to compel local school districts to comply.
60. Only the legislature has such authority to vest new power in these administrative bodies, and to take power away from local school boards, and it's clear by their actions they have not yet done so.
61. One can only presume Pritzker is dissatisfied the legislature chose not to empower IDPH and ISBE with this authority, so he took it upon himself to pilfer the power of the legislature and for all intents and purposes made HB2789 a law on his own.
62. If such overreach is allowed to stand, the separation of powers will have been reduced to ashes and the executive will be allowed to disregard the legislature and create law, rules, and regulations at his or her pleasure.
63. It is clear the legislature takes the position no such delegation of authority to the executive, or any administrative body, exists which would compel local school districts to comply with guidance of IDPH and ISBE during times of an emergency, for if they already believed it existed, HB2789 would be an exercise in futility.
64. Left unchecked, Pritzker continues to usurp control over every level of state and local government under the guise of authority vested in him in Section 7 of the IEMAA.

⁶ HB2789 was specifically considering an amendment to the law granting ISBE the authority to take action against a local school districts recognition status for failure to adhere to IDPH and ISBE guidance during an emergency yet Pritzker is threatening local districts with this very penalty. It is as if he has pronounced himself all powerful and can create law, rules, regulations, and sanctions at will notwithstanding the legislature has expressly chosen to not take such action.

65. No such authority under the Illinois Constitution or the IEMAA vests Pritzker with authority to usurp the power of the Illinois legislature or units of local government who are exercising their lawful discretion in a manner which displeases him.
66. If such was the case, the separation of powers would be a nullity and the executive branch would be free to rule the state at will.
67. An actual controversy exists between the parties in regard to the authority of Pritzker to vitiate a local school districts lawful discretion and compel them to comply with ISBE and IDPH guidance during a public health emergency.
68. An immediate and definitive determination is necessary to clarify the rights and interests of the parties.

WHEREFORE, Plaintiffs herein requests that this court enter an Order as follows:

- A. Declaring Pritzker has no authority to compel local school boards to follow joint guidance issued by the Illinois Department of Health or the Illinois State Board of Education during times of an emergency;
- B. Declaring ISBE has no authority to revoke, suspend, or otherwise penalize, the recognition status of a local school district for failure to adhere to the recommended guidelines of ISBE and IDPH during times of an emergency;
- C. Awarding the Parent his 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.

Respectfully submitted,

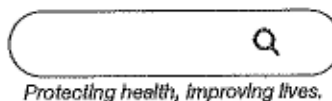
By: /s/ Thomas Devore
Silver Lake Group, Ltd.
IL Bar Reg. No. 6305737
118 N. 2nd St.
Greenville, IL 62246
tom@silverlakelaw.com

VERIFICATION

Under penalties of perjury 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 instrument are true and correct except as to matters therein stated to be on information and belief, if any, and as to such matters the undersigned certifies as aforesaid that the undersigned verily believes the same to be true.

Date: August 09, 2021

By: 
Jeremy Pate



[ABOUT/ABOUT-IDPH](#) | [EVENTS/EVENTS](#) | [CAREERS/EMPLOYMENT-OPPORTUNITIES](#)

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(<https://coronavirus.illinois.gov/s/vaccination-location>)
 (<https://coronavirus.illinois.gov/s/vaccination-location>) Anyone 12 years of age and older is eligible for the COVID-19 vaccine.
 Find your nearest vaccination location here or call (833) 621-1284 to schedule an appointment near you.
 (<https://coronavirus.illinois.gov/s/vaccination-location>)

COVID-19 Statistics

Total Cases 1,436,353	Positivity 7-Day Rolling Average Case Positivity 4.6% Test Positivity 5.2%	Total Tests Performed* 27,188,772
Deaths 23,503	Probable Deaths 2,489	

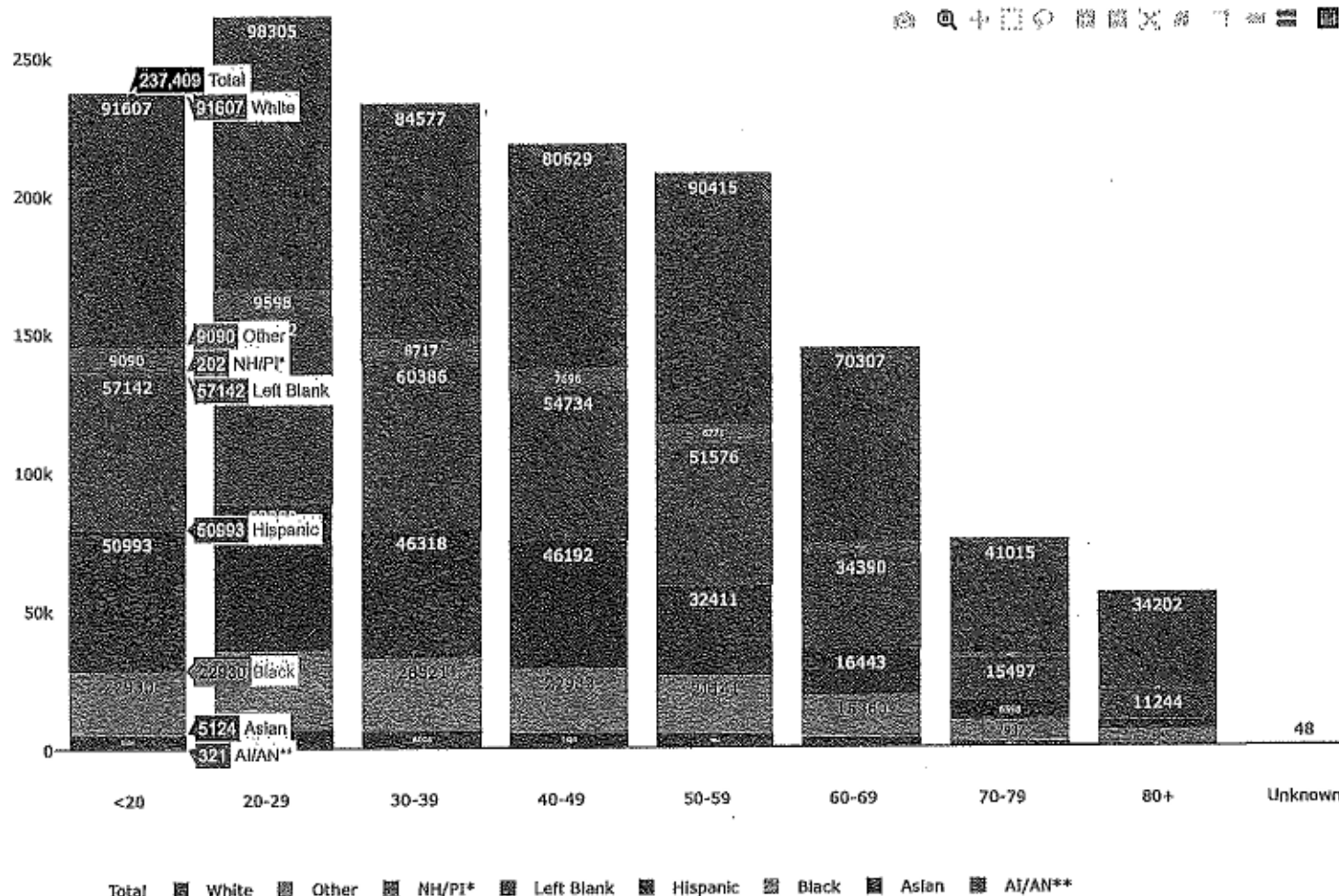
*Total molecular and antigen tests performed and reported electronically for testing of COVID-19 at IDPH, commercial or hospital laboratories. All numbers displayed are provisional and will change.
 Information regarding the number of persons under investigation updated on 8/8/2021.

[By County](#) | [By Zip](#)

Select Zip:

Illinois



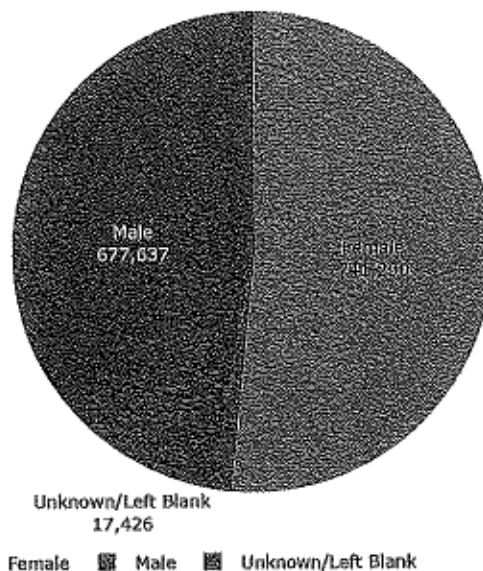
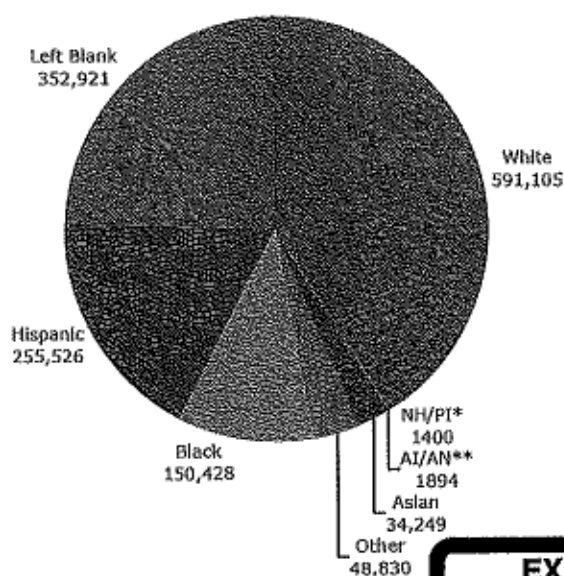


Race Demographics

Gender

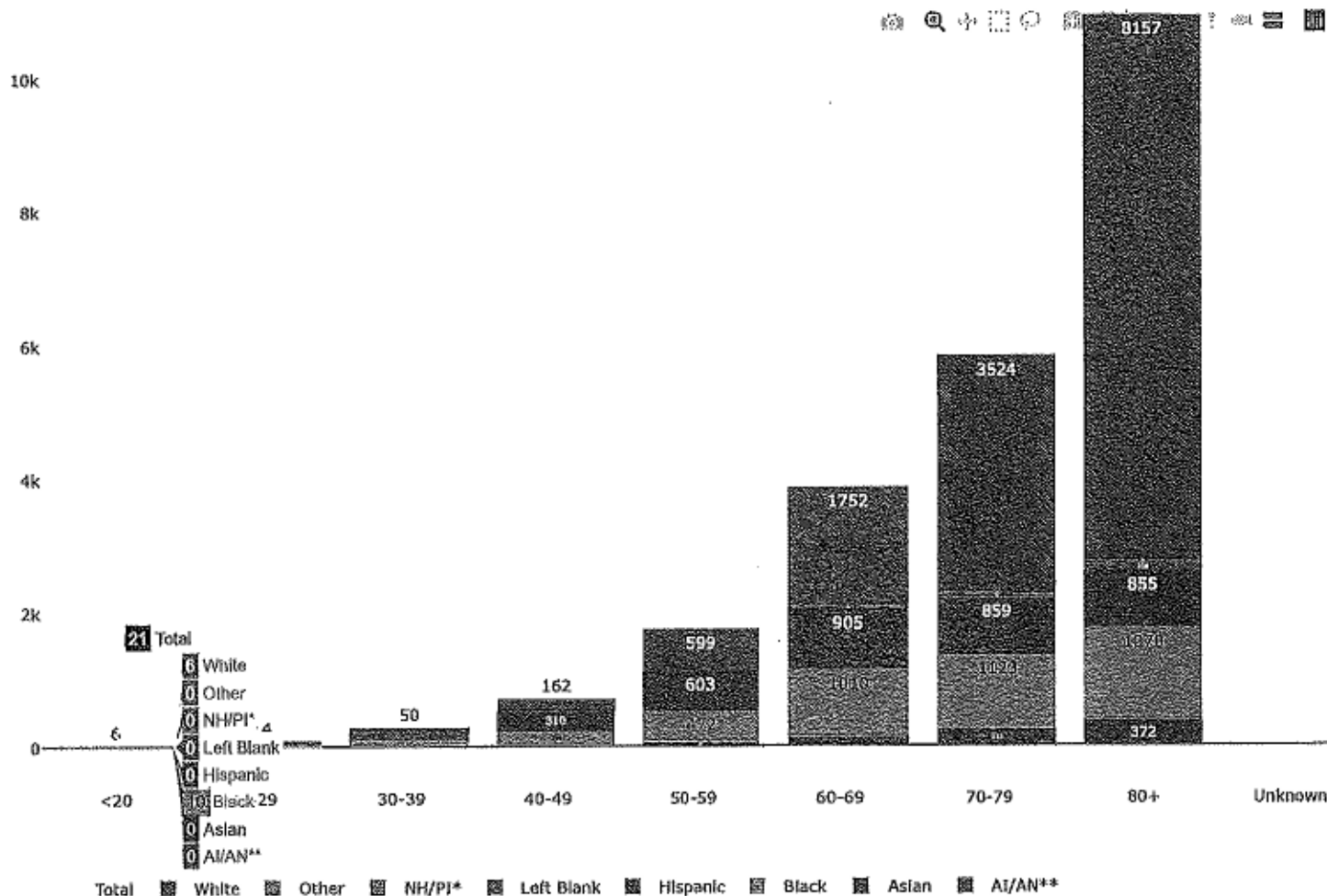
Total Cases Tested Deaths

Total Cases Tested Deaths



EXHIBIT

B

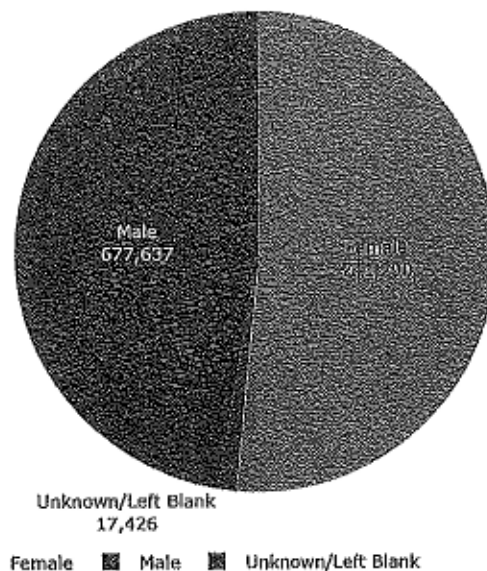
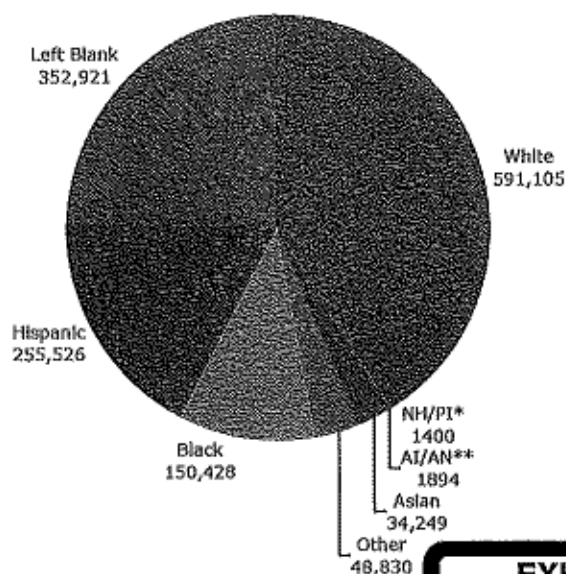


Race Demographics

Gender

Total Cases Tested Deaths

Total Cases Tested Deaths



EXHIBIT

C



COVID-19

Estimated COVID-19 Burden

Updated July 27, 2021

[Print](#)

- Estimated COVID-19 Infections, Symptomatic Illnesses, Hospitalizations, and Deaths in the United States
- What Can Be Learned from Estimates of COVID-19 Infections, Illnesses, Hospitalizations, and Deaths in the United States
- Why CDC Estimates COVID-19 Infections, Illnesses, Hospitalizations, and Deaths
- How CDC Estimates COVID-19 Infections, Symptomatic Illnesses, and Hospitalizations
- How CDC Estimates COVID-19 Deaths
- Limitations

To better reflect the full burden of COVID-19, CDC provides estimates of COVID-19 infections, symptomatic illnesses, hospitalizations, and deaths using statistical models to adjust for cases that national surveillance networks do not capture for a number of reasons. These estimates and the methodologies used to calculate them are published in *Clinical Infectious Diseases* [\[1\]](#) and *The Lancet Regional Health – Americas* [\[2\]](#). These estimates will be updated periodically.

Estimated COVID-19 Infections, Symptomatic Illnesses, Hospitalizations, and Deaths in the United States

CDC estimates that from February 2020–May 2021:



1 in 4.2 (95% UI* 3.6 – 4.9) COVID-19 infections were reported.

1 in 3.8 (95% UI* 3.4 – 4.3) COVID-19 symptomatic illnesses were reported.

1 in 1.8 (95% UI* 1.6 – 2.0) COVID-19 hospitalizations were reported.

1 in 1.3 (95% UI* 1.30 – 1.34) COVID-19 deaths were reported.

These estimates suggest that during this period, there were approximately:

120.2
Million
Estimated
Total Infections

101.8
Million
Estimated
Symptomatic
Illnesses

6.2
Million
Estimated
Hospitalization
s

767,000
Estimated
Total Deaths

Last Updated: May 29, 2021

Table 1: Preliminary estimated COVID-19 cumulative incidence United States, February 2020–May 2021†

Age group	Infections		Symptomatic Illness		Hospitalization	
	Estimate	95% UI*	Estimate	95% UI*	Estimate	95%
0-17 years	26,838,244	21,966,492 – 33,109,862	22,895,857	19,681,278 – 27,181,718	209,264	169 – 256
18-49 years	60,461,355	50,372,115 – 73,172,038	51,581,445	45,181,664 – 59,344,624	1,533,679	1,31 – 1,79

50-64 years	20,375,641	17,043,764	17,377,602	15,329,878	1,604,612	1,41
		–	–	–	–	–
65+ years	12,298,890	24,561,779	10,005,696	19,854,568	2,808,089	1,83
		9,934,247 – 15,460,317	8,872,135 – 11,338,584	–	–	2,47
All ages	120,259,370	103,321,791	101,886,269	90,959,297	6,156,065	5,50
		–	–	–	–	–
		140,873,869		115,248,191		6,95

* Adjusted estimates are presented in two parts: an uncertainty interval [UI] and a point estimate. The uncertainty interval provides a range in which the true number or rate of COVID-19 infections, symptomatic illnesses, hospitalizations, or deaths would be expected to fall if the same study was repeated many times, and it gives an idea of the precision of the point estimate. A 95% uncertainty interval means that if the study were repeated 100 times, then 95 out of 100 times the uncertainty interval would contain the true point estimate. Conversely, in only 5 times out of a 100 would the uncertainty interval not contain the true point estimate.

† These are preliminary estimates that may fluctuate up or down as more data become available and as we improve our understanding of the detection and reporting of COVID-19. CDC will continue to update these estimates periodically.

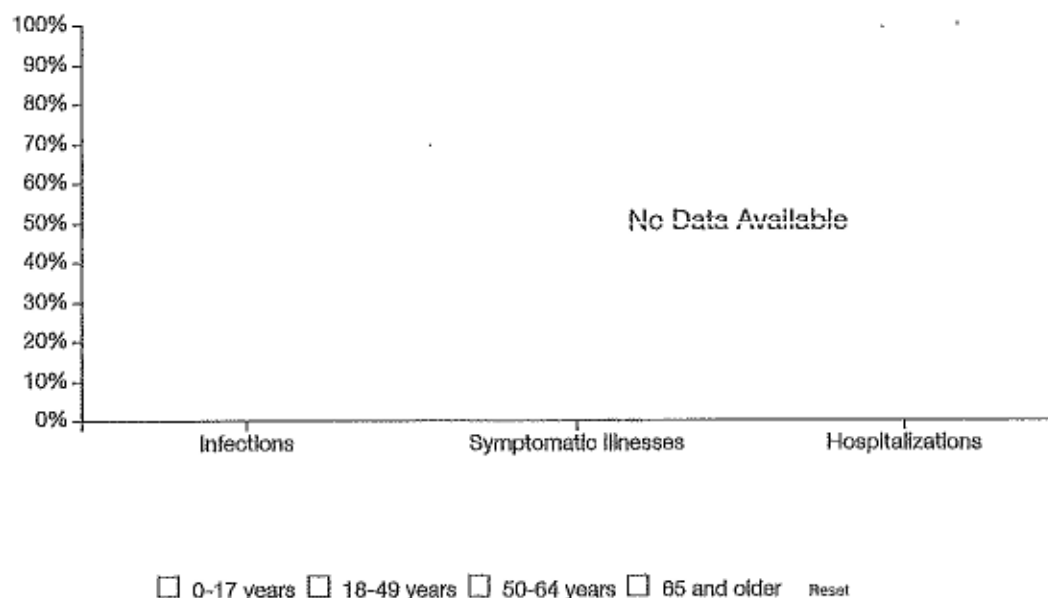
Table 2: Estimated rates of COVID-19 disease outcomes per 100,000, by age group — United States, February 2020–May 2021

Age group	Infection rate per 100,000		Symptomatic illness rate per 100,000		Hospitalization rate per 100,000		Death rate per 100,000	
	Estimate	95% UI*	Estimate	95% UI*	Estimate	95% UI*	Estimate	95% UI*
0-17 years	36,746	30,075 – 45,332	31,348	26,947 – 37,216	287	231 – 351	0.5	0.4 – 0.6
18-49 years	44,116	36,754 – 53,391	37,637	32,967 – 43,301	1,119	958 – 1,311	25	23-27
50-64 years	32,391	27,094 –	27,625	24,369 –	2,551	2,244 –	85	179-191

			39,045		31,562		2,911		
65+ years	22,751	18,377	18,509	16,412	5,195	4,577	1139	1124-	
		—		—		—		1154	
		28,599		20,975		5,955			
All ages	36,771	31,592	31,153	27,812	1,882	1,682	234	230-	
		—		—		—		327	
		43,074		35,238		2,126			

* Adjusted rates are presented in two parts: an uncertainty interval [UI] and a point estimate. The uncertainty interval provides a range in which the true number or rate of COVID-19 infections, symptomatic illnesses, hospitalizations, or deaths would be expected to fall if the same study was repeated many times, and it gives an idea of the precision of the point estimate. A 95% uncertainty interval means that if the study were repeated 100 times, then 95 out of 100 times the uncertainty interval would contain the true point estimate. Conversely, in only 5 times out of a 100 would the uncertainty interval not contain the true point estimate.

Percentage of COVID-19 infections, symptomatic illness, and hospitalizations, and deaths, by age group—United States, February 2020–May 2021



Data Table

	Infections	Symptomatic Illnesses	Hospitalizations	Deaths
0-17 years	22%	22%	3%	4%
18-49 years	50%	51%	25%	5%
50-64 years	17%	17%	26%	15%
65 and older	10%	10%	46%	80%

[Download Table Data \(csv\)](#)

What Can Be Learned from Estimates of COVID-19 Infections, Illnesses, Hospitalizations, and Deaths in the United States

Estimating unreported cases, hospitalizations, and deaths helps to quantify the impact and severity of the COVID-19 pandemic on the healthcare system and society. Additionally, these estimates can inform how to direct and allocate healthcare resources; assist in planning for prevention and control measures, including vaccination; predict the future burden of COVID-19; and evaluate the potential impact of interventions.

Why CDC Estimates COVID-19 Infections, Illnesses, Hospitalizations, and Deaths

The cumulative burden of COVID-19 is an estimate of the number of people who

may have been infected, sick, hospitalized, or died as a result of a COVID-19 infection in the United States. Confirmed COVID-19 cases and deaths are nationally reported, but these cases and deaths likely represent only a fraction of the true number that have occurred in the population. COVID-19 infections, symptomatic illnesses, hospitalizations, and deaths might be underdetected and go unreported for a variety of reasons. For example:




- Some people infected with SARS-CoV-2 never show symptoms (asymptomatic infection), so their infection will likely go undetected.
- Case reports sent to CDC are often missing patient information, like age or hospitalization status, or are delayed.
- Not everyone who is sick will seek medical care and/or be tested; and patients may not be tested for COVID-19 while hospitalized or if they die.
- Even if a sick outpatient or hospitalized patient is tested, an infection with COVID-19 may not be accurately captured if, for example:
 - the test was not completed correctly or within the appropriate timeframe for capturing infection;
 - the test result was falsely negative for a COVID-19 infection due to the sensitivity of the test;
 - the test result was falsely negative for a COVID-19 infection due to the quality or quantity of the specimen collected; or
 - the confirmed COVID-19 case was never reported to the local and state public health agency and then to CDC.
- For patients with COVID-19, death can occur several days or weeks after being tested and reported, and the death might be incorrectly attributed to a cause other than COVID-19 because of the time between testing positive and death.
- COVID-19 may result in non-respiratory complications or it might increase the severity of chronic conditions, which can lead to death (e.g., sepsis, circulatory diseases, respiratory diseases, diabetes, or renal failure), and COVID-19 might be incorrectly omitted as a contributing cause of death on the death certificate.

Because current surveillance systems do not capture all cases or deaths of COVID-19 occurring in the United States, CDC provides these estimates to better reflect the larger burden of COVID-19. CDC uses these types of estimates to inform policy decisions and public messages.

How CDC Estimates COVID-19 Infections, Symptomatic Illnesses and Hospitalizations

To estimate COVID-19 infections, symptomatic illnesses, and hospitalizations, CDC

uses a statistical model applied to confirmed cases of COVID-19, adjusted for missing age and hospitalization status. Several data sources and surveillance systems are used to identify and characterize potential sources of underdetection, which include:

- **SARS-CoV-2 test sensitivity is lower.** People tested for SARS-CoV-2, the virus that causes COVID-19 disease, may not test positive even if infected with the virus due to the lower sensitivity of the test used. SARS-CoV-2 test sensitivity has been reported in the literature; a range of 79%-98% sensitivity for RT-PCR tests is used to account for false negative test results.
- **SARS-CoV-2 test is not ordered or not completed in a timely manner.** Not all outpatients who seek care for acute respiratory illness (ARI) or inpatients hospitalized with ARI are tested for COVID-19, and not all ordered tests are correctly completed in a timely manner. CDC uses two data sources to approximate how many outpatients with ARI are not tested for COVID-19:
 - IBM Watson Explorys Electronic Health Record database, a data repository of electronic health records from more than 39 health partners, 400 acute care facilities, and 400,000 unique providers; and
 - COVID Near You  (CNY), a website application launched by Harvard University in March 2020 where participants can submit information on self-reported symptoms, efforts to obtain health care, and COVID-19 testing.
- **Not all patients with symptoms seek care or testing services.** Not all sick patients seek care or are tested for COVID-19, and therefore they are not included in national case reports. To approximate the number of symptomatic people who never sought medical care, researchers use data from COVID Near You  (CNY) and Flu Near You  (FNY) sites on health care seeking behaviors. While COVID Near You launched in March 2020, FNY has been collecting self-reported Influenza participatory data since 2011.
- **Patients do not have symptoms.** Some people infected with SARS-CoV-2 never show symptoms (they have asymptomatic infection). People with asymptomatic infection are very likely to go undetected. The percentage of asymptomatic infections is reported in the literature and varies by age group. In people 0-64 years old, a range of 5%-24% is used to estimate asymptomatic infections, and for people 65 years and older, a range of 5%-32% is used.

The statistical model used to adjust hospitalized and non-hospitalized case counts for the above sources of underdetection is based on methods that have been previously used to estimate the disease burden of influenza, detailed elsewhere. These methods are peer-reviewed and published in *Clinical Infectious Diseases*.

How CDC Estimates COVID-19 Deaths



COVID-19 deaths are estimated using a statistical model to calculate the number of COVID-19 deaths that were unrecognized and those that were not recorded on death certificates and, as a result, were never reported as a death related to COVID-19.

To estimate these unrecognized COVID-19 deaths, all-cause deaths are obtained from the National Center of Health Statistics. Before applying the statistical model, reported COVID-19 deaths are subtracted by age, state, and week from all-cause deaths, so that these reported COVID-19 deaths are not included in the calculation of the expected deaths for the statistical model.

Then, to understand how many deaths may have not been recognized as being related to COVID-19, CDC uses a statistical model to estimate the number of expected deaths from all causes assuming that there was no circulation of COVID-19 (that is, those deaths expected in the absence of any COVID-19 illnesses). Researchers then use the model to predict the number of all-cause deaths that would have occurred taking into account information on COVID-19 circulation. To obtain the number of unrecognized COVID-19 deaths, the number of expected all-cause deaths (without COVID-19 circulation) are subtracted from the number of predicted all-cause deaths (with COVID-19 circulation). The model is used to calculate estimates by state and age (for six age groups: 0-17, 18-49, 50-64, 65-74, 75-84, and ≥85 years).

Once investigators estimate unrecognized COVID-19 deaths, they add documented COVID-19 deaths to the unrecognized deaths to obtain an estimate of the total number of COVID-19-attributable deaths. These methods are peer-reviewed and published in *The Lancet Regional Health – Americas* [\[1\]](#).

Limitations



These estimates of COVID-19 infections, symptomatic illnesses, hospitalizations and deaths are subject to several limitations, either from the data inputs used or some statistical assumptions made in the methods. A detailed discussion of these limitations can be found in *Clinical Infectious Diseases* [\[2\]](#) and *The Lancet Regional Health – Americas* [\[3\]](#). CDC continues to explore data sources and statistical methodologies for estimating COVID-19 disease burden and will refine estimates over time.

Last Updated July 27, 2021

Content source: National Center for Immunization
and Respiratory Diseases (NCIRD), Division of Viral
Diseases

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Breese Elementary District #12

Travis Schmale, Superintendent
Josh Johnson, Principal

Beckemeyer Campus
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August 6, 2021

Dear District 12 Families,

As you know, Breese Elementary District #12 sent the district's Safe Return to School Plan on July 30th stating that masks were recommended, but not required for the upcoming 2021 – 2022 school year. At a news conference conducted on Wednesday, August 4, Governor J.B. Pritzker announced that he was effectively taking away the ability for Illinois school districts to establish their own masking policies. During this news conference, Governor Pritzker announced that all students, staff, and visitors MUST wear a mask while inside a school building. This mandate will also apply to sporting events and recreational activities that are held inside of the school building.

As a result of the governor's announcement, District 12 will require masks to begin the 2021 – 2022 school year. All students, staff members, and visitors will be required to wear a facial covering when entering the school building. At the moment, all other items that were listed on the Safe Return to School Plan that was shared with families will remain the same.

Breese Elementary District #12 still plans to hold the Open Houses that are scheduled for next week. Kindergarten and First Grade Open House is taking place on Wednesday, August 11th, at the Beckemeyer campus. Kindergarten Open House is being held from 8:00 a.m. – 10:00 a.m. Kindergarten teachers have mailed out letter to families with additional information. First Grade Open House will begin at 8:00 a.m. and there will be a parent/guardian meeting at 8:15 a.m. Second Grade – Eighth Grade Open House is being held on Thursday, August 12th, from 6:00 p.m. – 7:00p.m. at the Breese campus. Please bring school supplies to Open House. Also, please ensure that you and your child have a face covering on prior to entering the building.

We continue to be frustrated with these constant changes and know that many of you are frustrated as well. We feel our original masking policy would have been appropriate as it allowed everyone to make their own decisions. However, this is no longer a possibility at this time. While we know that not everyone agrees with the governor's decision, we do ask that everyone adheres to the mask mandate and that we all work together to ensure that the school year gets off to a positive start.

Please do not hesitate to contact me at the school if you have any questions.

Sincerely,

Travis Schmale, Superintendent



Executive Order Number 18

(COVID-19 EXECUTIVE ORDER NO. 85)

August 04, 2021

WHEREAS, since early March 2020, Illinois has faced a pandemic that has caused extraordinary sickness and loss of life, infecting over 1,430,000, and taking the lives of more than 23,475 residents; and,

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a novel severe acute respiratory illness that spreads rapidly through respiratory transmissions; and,

WHEREAS, as Illinois continues to respond to the public health disaster caused by COVID-19, the burden on residents, healthcare providers, first responders, and governments throughout the State has been unprecedented; and,

WHEREAS, the Delta variant of the coronavirus is more aggressive and more transmissible than previously circulating strains, and poses new risks in the ongoing effort to stop and slow spread of the virus; and,

WHEREAS, the Delta variant may cause more severe disease than prior strains of the virus; and,

WHEREAS, the Centers for Disease Control and Prevention (CDC) estimates that the Delta variant now accounts for more than 90 percent of all sequenced coronavirus in the U.S.; and,



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

WHEREAS, it is critical that the State take every step possible to ensure children can attend school in-person; and,

WHEREAS, social distancing, face coverings, and other public health precautions have proven to be critical in slowing and stopping the spread of COVID-19; and,

WHEREAS, COVID-19 vaccines are effective at preventing COVID-19 disease, especially severe illness and death, but a proportion of the population remains unvaccinated and some residents, including younger children, cannot yet receive the vaccine; and

WHEREAS, the CDC has provided guidance for COVID-19 Prevention in K-12 Schools; and,

WHEREAS, the CDC recently updated its COVID-19 guidance for schools, and now indicates that everyone in K-12 schools should wear a mask indoors, including teachers, staff, students, and visitors, regardless of vaccination status; and,

WHEREAS, the American Academy of Pediatrics likewise recommends universal masking in schools of everyone over the age of two, regardless of vaccination status, because a significant portion of the student population is not yet eligible for vaccines, and masking is proven to reduce transmission of the virus and to protect those who are not vaccinated; and,

WHEREAS, the Illinois State Board of Education (ISBE) and the Illinois Department of Public Health (IDPH) are issuing updated joint COVID-19 guidance and recommendations designed to allow schools in Illinois serving pre-kindergarten through 12th grade students to conduct in-person teaching

and learning, while at the same time keeping students, teachers, staff, and visitors safe; and,

WHEREAS, the CDC continues to advise that day care providers use COVID-19 prevention strategies, including masking and physical distancing, even after day care providers and their staff are vaccinated; and,

WHEREAS, the Illinois Department of Children & Family Services (DCFS) and IDPH are issuing updated joint COVID-19 guidance and recommendations for day care facilities, including all licensed day care centers, day care homes, group day care homes, and license-exempt facilities; and,

WHEREAS, the CDC continues to advise that congregate facilities use COVID-19 prevention strategies, including masking and physical distancing, regardless of vaccination status; and,

WHEREAS, IDPH issues and updates COVID-19 guidance for nursing homes and other long-term care facilities, which includes mitigation strategies such as masking and physical distancing, even among vaccinated residents, staff, and visitors; and,

WHEREAS, on July 23, 2021, considering the 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, I declared all counties in the State of Illinois as a disaster area;

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, pursuant to the Illinois Constitution and the Illinois Emergency Management Agency Act, 20 ILCS 3305, Sections 7(1), 7(2), 7(3), 7(8), 7(12), and 7(19) thereof, and consistent with the powers in public health laws, I hereby order the following:

Section 1: School Mitigation Measures. All public and nonpublic schools in

Illinois serving pre-kindergarten through 12th grade students must follow the joint guidance issued by ISBE and IDPH and take proactive measures to ensure the safety of students, staff, and visitors, including, but not limited to:

- a. Requiring the indoor use of face coverings by students, staff, and visitors who are over age two and able to medically tolerate a face covering, regardless of vaccination status, consistent with CDC guidance; and,
- b. Implementing other layered prevention strategies (such as physical distancing, screening testing, ventilation, handwashing and respiratory etiquette, advising individuals to stay home when sick and get tested, contact tracing in combination with appropriate quarantine and isolation, and cleaning and disinfection) to the greatest extent possible and taking into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with CDC guidance.

Section 2: Day Care Mitigation Measures. All day care facilities in Illinois must follow the joint guidance issued by DCFS and IDPH and take proactive measures to ensure the safety of children, staff, and visitors, including, but not limited to:

- a. Requiring the indoor use of face coverings by children, staff, and visitors who are over age two and able to medically tolerate a face covering, regardless of vaccination status, consistent with CDC guidance; and,
- b. Implementing other layered prevention strategies (such as physical distancing, screening testing, ventilation, handwashing and respiratory etiquette, advising individuals to stay home when sick and get tested, contact tracing in combination with appropriate quarantine and isolation, and cleaning and disinfection) to the greatest extent possible and taking

into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with CDC guidance.

Section 3: Long-Term Care Mitigation Measures. All nursing homes and long-term care facilities in Illinois must continue to follow the guidance issued by the CDC and IDPH that requires the use of face coverings in congregate facilities for those over the age of two and able to medically tolerate a face covering, regardless of vaccination status.

Section 4: Savings Clause. 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.

JB Pritzker,

Governor

Issued by the Governor August 4, 2021

Filed by the Secretary of State August 4, 2021



View up to date Information on Illinois' Covid-19 vaccine plan and vaccination eligibility from the State of Illinois Coronavirus Response Site (<https://coronavirus.illinois.gov/s/vaccination-plan-overview>)

SCHOOL WELLNESS
(<https://www.isbe.net/Pages/SchoolWellness.aspx>)

Coronavirus

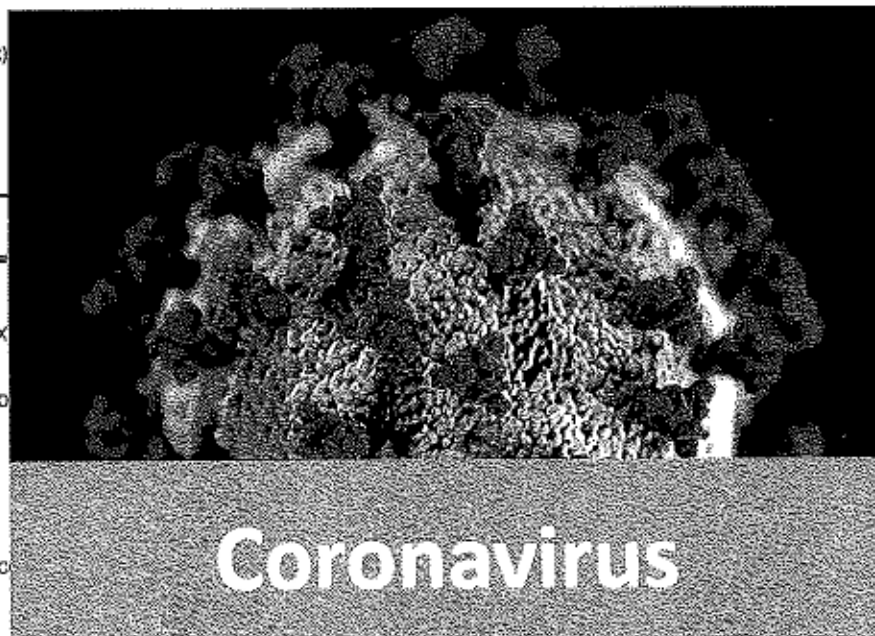
- Class of 2020
(<https://www.isbe.net/Pages/Class2020.aspx>)
- COVID-19 Student Learning Study
(<https://www.isbe.net/Pages/COVID19-Impact-Study.aspx>)

QUICK LINKS

- Early Childhood Education
(</Pages/Early-Childhood.aspx>)
- Educational Technology
(</Pages/Educational-Technology.aspx>)
- Homeless Education
(</Pages/Homeless.aspx>)
- Licensure (</Pages/Educator-Licensure.aspx>)
- Continuous Learning Resources
(</keeplearning>)
- Mental Health Resources
(</Pages/MentalHealthResources.aspx>)
- Multilingual Education
(</Pages/Multilingual-Services.aspx>)
- Nutrition Resources (</nutrition>)
- Special Education (</Pages/Special-Education-Programs.aspx>)

SCHOOL WELLNESS CORONAVIRUS

CORONAVIRUS (COVID-19) UPDATES AND RESOURCES



ISBE is working in partnership with the Illinois Department of Public Health (IDPH) to ensure we are providing the most current resources and guidance to support Illinois education communities regarding the coronavirus

2019 (COVID-19) outbreak. Please know that this is a rapidly evolving situation and we will continue to share up-to-date information as it becomes available.

LATEST UPDATES - August 2, 2021
















- BACK TO SCHOOL 2021-22
 - View the FAQ on the Centers for Disease Control and Prevention (CDC) updated guidance (</Documents/ISBE-School-FAQs-20210802.pdf>) that was released on August 2, 2021.

Supporting COVID-19 Vaccinations


Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations. Please continue to promote and provide opportunities for your school community to get vaccinated.

EXHIBIT

6

- **Hosting a Vaccination Event**  (</Documents/Vaccination-site-request-ISBE-IDPH.pdf>) Contact information and instructions for hosting a vaccination event at one or more schools. - July 21, 2021
- **Parent Letter**  (/_layouts/Download.aspx?SourceUrl=/Documents/Parent-Letter-Vaccine.docx) Letter to send to parents and families on either IDPH and ISBE letterhead or district letterhead to communicate about options for eligible children to receive the COVID-19 vaccine if your district does not host a vaccination event. - May 14, 2021
 - **Arabic**  (/_layouts/Download.aspx?SourceUrl=/Documents/Parent-Letter-Vaccine-Arabic.docx) - June 1, 2021
 - **Chinese Simplified**  (/_layouts/Download.aspx?SourceUrl=/Documents/Parent-Letter-Vaccine-Chinese-Simplified.docx) - June 1, 2021
 - **Chinese Traditional**  (/_layouts/Download.aspx?SourceUrl=/Documents/Parent-Letter-Vaccine-Chinese-Traditional.docx) - June 1, 2021
 - **Polish**  (/_layouts/Download.aspx?SourceUrl=/Documents/Parent-Letter-Vaccine-Polish.docx) - June 1, 2021
 - **Tagalog**  (/_layouts/Download.aspx?SourceUrl=/Documents/Parent-Letter-Vaccine-Tagalog.docx) - June 1, 2021
 - **Urdu**  (/_layouts/Download.aspx?SourceUrl=/Documents/Parent-Letter-Vaccine-Urdu.docx) - June 1, 2021
 - **Spanish**  (/_layouts/Download.aspx?SourceUrl=/Documents/Parent-Letter-Vaccine-Spanish.docx) - May 14, 2021
- **Strategies to Build Vaccine Confidence**  (</Documents/Strategies-to-Build-Vaccine-Confidence.pdf>) - May 10, 2021
- **How to Talk About the COVID-19 Vaccine**  (</Documents/How-to-Talk-About-the-COVID-19-Vaccine.pdf>) - May 10, 2021
- **COVID-19 Vaccination for Young People FAQs**  (</Documents/20210611-COVID-19-Youth-Vaccination.pdf>) - June 11, 2021
- **Vaccination Options for Children and Families**
 - **English**  (</Documents/Infographic-COVID-19-12-and-Over-Vaccinated.pdf>) - July 21, 2021
 - **Spanish**  (</Documents/Infographic-COVID-19-12-and-Over-Vaccinated-Spanish.pdf>) - July 21, 2021
- **ICAAP Vaccination Letter**  (</Documents/ICAAP-Vaccination-Letter-20210721.pdf>) - July 21, 2021

BACK TO SCHOOL 2021-22 - Last Update: August 2, 2021

- The Illinois Department of Public Health (IDPH) has fully adopted the Centers for Disease Control and Prevention (CDC) updated guidance for COVID-19 Prevention in Kindergarten (K)-12 Schools (<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>) released on July 9, 2021. The guidance takes effect immediately for all Illinois schools, public and nonpublic.
 - View the CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>).
 - View the IDPH press release (<http://www.dph.illinois.gov/news/illinois-department-public-health-adopts-cdc-covid-19-prevention-school-guidance>).
 - View the FAQ  (</Documents/ISBE-School-FAQs-20210802.pdf>) - August 2, 2021

BACK TO SCHOOL 2020-21 - Last Update: April 27, 2021

MESSAGES FROM THE SUPERINTENDENT - Last Update: March 30, 2021

IDPH SUPPLEMENTAL RESOURCES - Updated June 8, 2021

PROGRAM RESOURCES - Last Update: January 26, 2021

FEDERAL FUNDING - ESSER - Last Update: June 17, 2021

ADDITIONAL RESOURCES - Updated January 15, 2021

PPE & CLEANING SUPPLIES MASTER CONTRACTS - Last Update: October 6, 2020

EMERGENCY ACTIONS

EXECUTIVE ORDERS - Last Update: November 23, 2020



EMERGENCY RULEMAKING - Last Update: October 7, 2020



The Illinois State Board of Education provides the following links to guidance by federal and state entities as a convenient resource for schools and stakeholders; the links do not constitute an endorsement of the resource. Prior to relying on any information in a resource, the Illinois State Board of Education recommends that schools and stakeholders confirm the accuracy of all resources directly with the underlying source.

U.S. DEPARTMENT OF EDUCATION UPDATES & GUIDANCE - Last Update: May 13, 2021



OFFICE OF THE ATTORNEY GENERAL GUIDANCE - Last Update: July 2, 2020



CDC UPDATES & GUIDANCE - Last Update: January 4, 2021



DCFS & CHILDREN'S ADVOCACY CENTERS OF ILLINOIS RESOURCES - Latest Update: April 24, 2020



ARCHIVED RESOURCES

BACK TO SCHOOL - ARCHIVED RESOURCES



TRANSITION CONSIDERATIONS - Last Update: June 4, 2020



GENERAL GUIDANCE - Last Update: June 2, 2020



STAFFING - Last Update: March 27, 2020



CONTACT INFORMATION

Questions? Please email COVID19@isbe.net (mailto:COVID19@isbe.net) with any questions or concerns.



Bills & Resolutions

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[Public Acts](#)
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Bill Status of HB2789 102nd General Assembly

[Full Text](#) [Votes](#) [Witness Slips](#) [View All Actions](#) [Printer-Friendly Version](#)

Short Description: SCHOOL-PUBLIC HEALTH EMERGENCY

House Sponsors

Rep. [Michelle Mussman](#)

Senate Sponsors

(Sen. [Christopher Belt](#) - [Mattie Hunter](#))

Last Action

Date	Chamber	Action
6/15/2021	Senate	Rule 3-9(a) / Re-referred to Assignments

Statutes Amended In Order of Appearance

20 ILCS 2310/2310-705 new

[105 ILCS 5/24-6](#)

105 ILCS 5/34-18.67 new

[110 ILCS 205/9.40 new](#)

Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. If the Governor has declared a disaster due to a public health emergency, requires the Department of Public Health to establish metrics for school districts and public institutions of higher education to use during the public health emergency in determining if the district or institution may safely conduct in-person instruction or if the district or institution must implement remote learning or blended remote learning to keep students and staff safe. Provides that the metrics shall be enforced by the Department, in cooperation with the State Board of Education and the Board of Higher Education. Requires the Department, the State Board of Education, and the Board of Higher Education to follow all guidelines of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services as it pertains to schools and institutions of higher education during the public health emergency. Provides that the Department shall be responsible for providing rapid COVID-19 testing in public schools and public institutions of higher education. Amends the School Code and the Board of Higher Education Act. Requires school districts and public institutions of higher education to grant paid sick leave to their employees if they contract the illness for which the public health emergency was declared. Effective immediately.

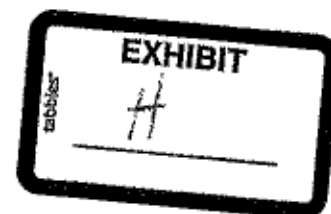
House Committee Amendment No. 1

Deletes reference to:

[110 ILCS 205/9.40 new](#)

Adds reference to:

105 ILCS 5/10-20.75 new



105 ILCS 5/34-18.68 new

110 ILCS 205/9.41 new

Replaces everything after the enacting clause. Reinserts the contents of the introduced bill with the following changes. Provides that Department of Public Health shall establish metrics and develop recommended guidelines (rather than establish metrics) for school districts and public institutions of higher education to use during the public health emergency. Removes the enforcement provisions and other provisions concerning the State Board of Education and the Board of Higher Education. Provides that the rapid COVID-19 testing shall be paid for from federal relief funds. Provides that an employee shall receive paid sick leave only if the employee (i) has used the full amount of paid sick leave already allotted to the employee and (ii) the employee provides medical documentation that the employee has contracted the illness for which the disaster was declared. Further amends the School Code. Provides that during the public health emergency, a school board and the exclusive bargaining representative of the district's teachers, if any, shall negotiate the procedures and protocols that shall be implemented to safely conduct in-person instruction. Provides that the procedures and protocols agreed to by the board and the exclusive bargaining representative shall become part of the district's plan to reopen schools safely and the State Board of Education and the Department of Public Health shall enforce the terms of the plan. Provides that if the school board and the exclusive bargaining representative cannot agree on the procedures and protocols that shall be implemented to safely conduct in-person instruction, the school board shall follow the recommended guidelines developed by the Department of Public Health. Makes other changes. Effective immediately.

House Floor Amendment No. 2

Deletes reference to:

105 ILCS 5/10-20.75 new

105 ILCS 5/24-6

105 ILCS 5/34-18.67 new

105 ILCS 5/34-18.68 new

110 ILCS 205/9.41 new

Adds reference to:

105 ILCS 5/22-92 new

Replaces everything after the enacting clause. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Department shall establish requirements by rule for providing in-person instruction at nonpublic schools and public schools that include, but are not limited to, personal protective equipment, cleaning and hygiene, social distancing, occupancy limits, symptom screening, onsite isolation protocols, and shall provide those requirements nonpublic schools and public schools with the assistance of the Illinois State Board of Education. Provides that upon receipt of a complaint that a school cannot or is not complying with the Department's rules, the Department or local public health department shall investigate the complaint. Provides that if upon investigation, a school is found to be in violation of the rules, the Department has the authority to take the appropriate action necessary to promote the health or protect the safety of students, staff, and the public, including, but not limited to, closure of a classroom, gym, library, lunch room, or any other school space until such time that the Department determines that the violation or violations have been remedied. Makes other changes. Amends the School Code. Provides that in order to provide in-person instruction, nonpublic schools and public schools must follow the requirements for providing in-person instruction adopted by the Department by rule. Effective immediately.

Senate Committee Amendment No. 1

Deletes reference to:

20 ILCS 2310/2310-705 new

105 ILCS 5/22-92 new

Adds reference to:

5 ILCS 100/5-45
105 ILCS 5/2-3.25
105 ILCS 5/2-3.25o
105 ILCS 5/10-20
105 ILCS 5/10-30
105 ILCS 5/21B-5
105 ILCS 5/34-18.66

from Ch. 127, par. 1005-45
 from Ch. 122, par. 2-3.25
 from Ch. 122, par. 10-20

Replaces everything after the enacting clause. Amends the School Code. In provisions concerning standards for schools, provides that the State Board of Education may issue, refuse to issue, or revoke recognition (rather than may issue, refuse to issue, or revoke certificates of recognition) for schools. Provides that the State Board of Education may revoke recognition for schools that fail to comply with public health requirements issued by the Illinois Department of Public Health when a public health emergency is declared by the Governor. Amends provisions concerning the registration and recognition of nonpublic schools by requiring a nonpublic school to comply with public health requirements issued by the Illinois Department of Public Health during a public health emergency. Prohibits a school board from passing any resolution that is in contravention of any requirement established by the Illinois Department of Public Health during a public health emergency. Makes similar changes to provisions concerning the licensure powers of the State Board of Education. In provisions concerning the Chicago school district, public schools, and nonpublic schools, requires a school to comply with all public health requirements issued by the Illinois Department of Public Health during a declared public health emergency. Requires schools to investigate complaints of noncompliance with the public health requirements; sets forth complaint procedures. Provides that the State Superintendent of Education may require a school to operate fully remotely if the public health requirements are not followed. Sets forth penalty provisions. Provides for rulemaking by the State Board of Education. Makes a corresponding change in the Illinois Administrative Procedure Act.

Actions

Date	Chamber	Action
2/18/2021	House	Filed with the Clerk by <u>Rep. Michelle Mussman</u>
2/19/2021	House	First Reading
2/19/2021	House	Referred to <u>Rules Committee</u>
3/9/2021	House	Assigned to <u>Elementary & Secondary Education: School Curriculum & Policies Committee</u>
3/22/2021	House	House Committee Amendment No. 1 Filed with Clerk by <u>Rep. Michelle Mussman</u>
3/22/2021	House	House Committee Amendment No. 1 Referred to <u>Rules Committee</u>
3/23/2021	House	House Committee Amendment No. 1 Rules Refers to <u>Elementary & Secondary Education: School Curriculum & Policies Committee</u>
3/24/2021	House	House Committee Amendment No. 1 Adopted in <u>Elementary & Secondary Education: School Curriculum & Policies Committee</u> ; by Voice Vote
3/24/2021	House	Do Pass as Amended / Short Debate <u>Elementary & Secondary Education: School Curriculum & Policies Committee</u> ; 015-007-000
4/8/2021	House	Placed on Calendar 2nd Reading - Short Debate
4/20/2021	House	House Floor Amendment No. 2 Filed with Clerk by <u>Rep. Michelle Mussman</u>
4/20/2021	House	House Floor Amendment No. 2 Referred to <u>Rules Committee</u>
4/21/2021	House	House Floor Amendment No. 2 Rules Refers to <u>Elementary & Secondary Education: School Curriculum & Policies Committee</u>
4/21/2021	House	Second Reading - Short Debate

4/21/2021	House	Held on Calendar Order of Second Reading - Short Debate
4/21/2021	House	House Floor Amendment No. 2 Recommends Be Adopted <u>Elementary & Secondary Education: School Curriculum & Policies Committee</u> ; 014-009-000
4/22/2021	House	House Floor Amendment No. 2 Adopted
4/22/2021	House	Placed on Calendar Order of 3rd Reading - Short Debate
4/22/2021	House	Third Reading - Short Debate - Passed 070-042-000
4/23/2021	Senate	Arrive in Senate
4/23/2021	Senate	Placed on Calendar Order of First Reading
4/23/2021	Senate	Chief Senate Sponsor <u>Sen. Christopher Belt</u>
4/23/2021	Senate	First Reading
4/23/2021	Senate	Referred to <u>Assignments</u>
5/18/2021	Senate	Assigned to <u>Executive</u>
5/20/2021	Senate	Senate Committee Amendment No. 1 Filed with Secretary by <u>Sen. Christopher Belt</u>
5/20/2021	Senate	Senate Committee Amendment No. 1 Referred to <u>Assignments</u>
5/21/2021	Senate	Rule 2-10 Committee Deadline Established As May 29, 2021
5/24/2021	Senate	Senate Committee Amendment No. 1 Assignments Refers to <u>Executive</u>
5/27/2021	Senate	Added as Alternate Chief Co-Sponsor <u>Sen. Mattie Hunter</u>
5/27/2021	Senate	Senate Committee Amendment No. 1 Adopted
5/27/2021	Senate	Do Pass as Amended <u>Executive</u> ; 010-006-001
5/27/2021	Senate	Placed on Calendar Order of 2nd Reading
5/27/2021	Senate	Second Reading
5/27/2021	Senate	Placed on Calendar Order of 3rd Reading May 28, 2021
5/31/2021	Senate	Rule 2-10 Third Reading Deadline Established As June 15, 2021
6/15/2021	Senate	Rule 3-9(a) / Re-referred to <u>Assignments</u>

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