



Illinois State Board of Education

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Frequently Asked Questions Revised Public Health Guidance Part IV – Transition Joint Guidance Updated: March 11, 2021

This Frequently Asked Questions document is being developed as a supplement to the [Revised Public Health Guidance for Schools, Part IV – Transition Guidance](#) (“Revised Guidance”) issued by the Illinois Department of Public Health and the Illinois State Board of Education on March 9, 2021. Questions and answers will continuously be added in support of questions from the field.

1. Under the Revised Guidance, what public health guidelines are required for schools? (3/9/21)

The Revised Guidance requires the following for schools:

- Require universal and correct use of appropriate personal protective equipment (PPE), including face masks;
- Require social distancing be observed, as much as possible;
- Require contact tracing in combination with isolation of those with suspected or confirmed COVID-19 and quarantine of close contacts, in collaboration with the local health department;
- Require an increase in schoolwide cleaning and disinfection and maintenance of healthy environments; and
- Require promotion and adherence to handwashing and respiratory etiquette.

Please see the relevant sections of the Revised Guidance for specific information on each of these requirements.

2. Does the Revised Guidance prescribe capacity limits for spaces within a school? (3/9/21)

Generally, no. Capacity limits for in-person learning, including non-academic school hour activities such as lunch, are now determined by the space’s ability to accommodate social distancing, and not a set capacity limit number or percentage. Bus capacity remains at no more than 50 people per bus.

3. The Revised Guidance makes allowances for social distancing of at least 3 feet. Does 3 feet of social distancing apply in all scenarios? (Updated 3/11/21)

No. Social distancing for in-person learning is now defined as 3 to 6 feet for students and fully vaccinated staff. Unvaccinated staff should maintain 6 feet social distance as much as possible because adults remain more susceptible to infection than children. Strict adherence to 6 feet social distancing must be maintained and monitored by school staff when face masks are removed in the limited situations listed on page 4 of the Revised Guidance. For example, schools must ensure that all individuals maintain social distancing of at least 6 feet when masks are removed for eating.

Note: In cases where 3 feet of social distancing is allowed, 3 feet of social distancing must be planned for and maintained when groups of students and/or unvaccinated staff are gathered, including but not limited to, during instructional activities and in classrooms. However, nothing in this social distancing

guideline prohibits incidental, unplanned for or brief moments when students and/or unvaccinated staff are within 3 feet of one another.

4. Do the new social distancing guidelines of at least 3 feet, as allowed, change the definition of “close contact” for purpose of isolation, quarantine and contact tracing? (3/11/21)

No. For purposes of isolation, quarantine and contact tracing, “close contact” still means the individual was within 6 feet of the individual who tested positive for COVID-19 or is suspected of having COVID-19 infection for more than 15 minutes.

5. Must school districts continue to offer a remote education options to students? (3/9/21)

Students who are at increased risk of severe illness, who have special health care needs, or who live with people at increased risk must be given the option of remote instruction. Students who are not at increased risk of severe illness, who do not have special health care needs, or who don’t live with people at increased risk may be given the option of remote instruction. If a district chooses to discontinue remote education for students who are not at increased risk of severe illness, who do not have special health care needs, or who don’t live with people at increased risk, the district must provide sufficient time and support for families to make plans for in-person instruction, including ensuring that students transferring to in-person instruction from remote education have had an opportunity to obtain required health examinations and immunizations if not already compliant.

6. How may a district confirm that remote education is necessary for a student who is at increased risk of severe illness, who has special health care needs, or who lives with people at increased risk? (3/11/21)

It is recommended that schools review information such as a physician’s note documenting the medical condition for any individual who is not able to participate in in-person learning.

For additional information, please visit www.isbe.net/covid19 or email covid19@isbe.net.