



Interim Guidance on Management of COVID-19 Cases in PreK-12 Schools, Early Childcare, and IHE Settings

The following guidance refers to management of COVID-19 cases in schools and early childcare settings within the City of Chicago. For information on mitigation strategies by Community Level see [CPDH Interim Guidance on COVID-19](#)

For additional questions please contact the CDPH Youth Settings Team at schoolscd@chicago.gov or (312) 746-6015. For Quick reference see: [Decision Tree for Students with Symptoms Associated with COVID-19](#), [Checklist for COVID-19 Mitigation in Youth Settings](#), [Cohort Notification Letter](#)

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Key Points (updated 12/19/2022)

Effective 01/01/2023

- Report individual cases to CDPH only if:
 - a student or staff death occurs due to COVID-19 OR
 - a student or staff ICU hospital admission occurs due to COVID-19.
- The definition of a suspected COVID-19 outbreak/cluster has been updated as follows: at least 20% of a defined group/ cohort OR at least 5 cases among individuals within a defined group/cohort (whichever is lower) with symptom onset within seven days of each other.
- Non-high-risk congregate settings (including K-12 Schools, Early Childcare facilities, and Universities) are encouraged to internally monitor suspected outbreaks/ clusters in their settings and take steps to prevent further spread.
- Facilities should report suspect COVID-19 outbreaks/ clusters to CDPH if additional support is needed to manage the outbreak/ cluster (such as if cases exceed 20% of the cohort or if multiple cohorts in the facility are experiencing an outbreak). Notification should also occur if there is an unusual burden of disease in the facility with respect to COVID activity in the surrounding community. Suspect outbreaks/ clusters can be reported at the following link: <https://redcap.link/SchoolECEdiseaseReport>
 - See "[COVID-19 Reporting to CDPH](#)"
- Students and staff who have tested positive for COVID-19 must isolate at home and stay away from the school/ECE premises for **a minimum of 5 days after symptom onset or test date if no symptoms** (date of symptom onset or positive test date is day 0) and until [requirements for the end of isolation are met](#). Positive individuals should mask for an additional 5 days (days 6-10 after symptom onset or test date, if asymptomatic) upon return to school. ([CDC Operational Guidance for K-12 Schools and Early Childcare Programs to Support In Person Learning](#))
- **Schools may continue to use the 10 day isolation (for those that test positive for COVID-19) if their population is unable to mask or is at high risk of severe illness due to underlying medical issues.**
- As soon as possible after being notified that someone in the K–12 school has tested positive for or been diagnosed with COVID-19, K–12 school officials should notify the affected cohort of exposure, in accordance with applicable privacy and other laws.
- Students and staff who have been part of the same classroom or cohort as someone who tests positive for COVID-19 during their infectious period **should not be excluded from school, but they should mask for 10 days from the date of the exposure and test on day 5 (day 0 is date of exposure)**. Any close contacts who have [symptoms](#) or [test positive for SARS-CoV-2](#) should begin [isolation](#) regardless of [vaccination status](#).
 - See "[For students or staff that are part of the same cohort as a COVID-19 case](#)"
- For schools and ECEs in Chicago, all case investigation activities conducted should be consistent with CDPH policies and applicable federal and workplace, healthcare/medical, privacy, informed consent, data security, and confidentiality laws, regulations, and requirements.

Overview

K-12 schools should prepare policies and procedures to take a stepwise approach in response to COVID-19 cases in the school setting.

1. School receives report of COVID-19 case or identifies person with COVID-19 like symptoms
2. Isolate case.
3. Identify, and [notify affected cohort](#), and oversee adherence to [guidance for those who have been exposed](#),
4. [Report](#) clusters of 5 or more cases (or 20% of affected classroom) to CDPH. [See checklist appendix B](#)

CDPH will contact schools to discuss any pending issues following the report to CDPH. The CDPH Youth Settings Team is also available for consultation and to answer questions from school nurses and administrators via email (schoolscd@cityofchicago.gov) or phone (312-746-6015).

COVID-19 Reporting to CDPH

Clear guidance should be provided to parents and staff about acceptable methods of reporting COVID-19 lab results or diagnosis to the school as soon as possible. Schools should reinforce that children and staff be kept out of school pending the results of COVID-19 testing for any reason.

Clusters of 5 or more cases (or 20% of a classroom affected) in students or staff members should be reported through the confidential CDPH Online Report Form: <https://redcap.link/SchoolECEDiseaseReport> using the [Line List](#)

In order to complete the form, you will need the following information about the classroom(s) impacted:

- Total number of classrooms/cohorts that have a cluster (5+ cases or 20% or more of cohort)
- Total number of students and staff that have tested positive within each classroom/ cohort being reported
- Total number of students and staff that are in the classroom/cohort
- The first positive individual in each classroom/cohort's reported or observed symptom onset date
- The last positive individual in the classroom/cohort's last date at school
- The positive individuals' test dates
- CDPH will follow up to ensure that [appropriate control measures](#) have been put into place and that outbreak/ cluster is under control.

Schools, Early Childcare Facilities, and Universities should notify CDPH if assistance is needed to manage the outbreak/cluster, such as if cases exceed 20% of the cohort. Notification should also occur if something unusual is occurring (e.g., burden of disease in the non-high-risk setting is greater than expected relative to community activity). In addition to [outbreak mitigation measures](#) previously discussed:

- i. CDPH will collect additional information from school staff or parents to understand a possible source of the case increase. This may include information about positive case potential exposures (household contact with positive case, social gatherings, recent travel), testing type (rapid antigen vs PCR).

Pending further CDPH evaluation, public health actions may be recommended to control further spread in schools. These actions may include:

- suspending or requiring masking at high-risk activities such as extracurricular activities (e.g., band, chorus, indoor sports or events with close contact (e.g., dances),
- further increasing physical distancing in indoor spaces,
- increasing the size of a cohort that needs to be masked, or requiring for a longer duration,
- and/or increasing ventilation.

Isolation Recommendations

Definitions:

- **Isolation** is used to separate people **infected** with SARS-CoV-2, the virus that causes COVID-19, from people who are not infected. These individuals can have symptoms or no symptoms (asymptomatic). People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).
- **Symptoms of COVID-19:** Symptoms may appear 2-14 days after exposure to the SARS-CoV-2 virus but are most likely to occur within the first 5 days after exposure. Symptoms can include:
 - Fever (100.4°F or higher) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue from unknown cause

- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms and children and youth with SARS-CoV-2 infection may experience any, all, or none of these symptoms.

For student or staff with a **positive test**:

- Ensure the positive individual is aware that they should isolate, meaning stay home and away from others, until it has been at least 5 days (return day 6 or after) since their symptoms first appeared (or for asymptomatic individuals, from their test date) AND at least 24 hours with no fever (without using fever-reducing medications) AND symptoms have improved. Day 0 is date of symptom onset (or positive test, if asymptomatic).
 - After isolation period, individuals may return to school but must continue to wear a well-fitting mask through day 10, when around others.
 - If masks need to be removed (e.g., for lunch), individuals should ensure they wear their masks when not actively participating in these activities.
 - **Schools/ECEs may continue to use the 10 day isolation protocol if the individual cannot mask due to medical or age considerations, such as those that serve the population of 2 and younger for whom masking is not recommended.**
 - To shorten masking time upon return from isolation, individuals who are without a fever for ≥ 24 hours may present two negative rapid antigen tests ≥ 48 hours apart, with the first test taken no sooner than day 6 post symptom onset.
 - If either test result is positive, the individual must continue to wear a mask until they can present 2 consecutive negative tests taken ≥ 48 hours apart
- A positive result on any viral test [antigen, rapid antigen, molecular (Nucleic Acid Amplification Test (NAAT) such as an RT-PCR] should be considered positive for public health purposes. A confirmatory test is not needed.

For students or staff with symptoms suggestive of COVID-19:

- CDPH strongly recommends testing for all staff and students with new onset of symptoms of COVID-19 (see *Symptoms of COVID-19* above and [ISBE School Decision Tree](#)).
- If anyone on school campus or in a daily symptom screening check is identified with COVID-like symptoms, administrators should take immediate action, regardless of the person's vaccination status.
 - Separate the symptomatic person from other students/staff and ensure the symptomatic person and anyone they have contact with wears a mask, until transportation home or to a healthcare provider can be arranged. This will require a dedicated area in the facility and disinfection afterward. See guidance on [what to do if you are sick](#) for details on how to effectively separate someone with COVID-like symptoms. Consider ways to maintain privacy as may be required.
 - Refer the person with COVID-like symptoms to a healthcare provider or testing center to receive clinical evaluation and [diagnostic testing](#) for SARS-CoV-2. People being evaluated for COVID-19 should inform their healthcare provider of their vaccination status at the time they arrive for care.
 - If a student or staff member tests positive, they should be instructed to isolate (see "For students or staff with a positive test" section above).

- Even if a student or staff member tests negative, ensure it has been 24-hours with no fever (without fever-reducing medication) AND with improved symptoms before allowing them to return to school.
- If a student or staff member has symptoms of COVID-19, and it is determined by a medical provider that the individual likely does NOT have a COVID-19 infection, the student or staff member still needs to be tested and may only return to school if the following are met:
 - Documentation of a negative test for COVID-19; AND
 - It has been 24-hours with no fever (without fever-reducing medication).
 - Only if the two above criteria are met would a note from a medical provider documenting an alternate diagnosis be acceptable if the student or staff member continues to be symptomatic for another reason besides COVID-19 infection (e.g., other viral illness).
- If a symptomatic student or staff member does not get tested for COVID-19, CDPH does not recommend relying on a medical provider's note alone without a negative COVID-19 test result to allow a symptomatic student or staff to return to school. COVID-19 cannot be ruled out by symptom history or clinical exam alone. Only the right test done at the right time can rule out COVID-19.

School/ECE Cohort Identification

Given your access to staff and student records, the need for prompt notification to cohorts of a positive case, and the relationship you have with your staff and families, your school is best positioned to conduct initial cohort identification and notification.

Cohort Identification First Steps

- Above all, ensure the identity of the positive individual is protected.
- Interview the staff member or student's parent/guardian by telephone as soon as you receive a verbal or written report that they tested positive. Questions to ask include:
 - Were they diagnosed through a test?
 - If so, what type (nose swab, mouth/oral swab, or blood test).
 - If they had only an antibody (blood test) and they have not had any symptoms, they are not a positive COVID-19 case.
 - What was the test date?
 - What was the last day they were at school? (Please confirm by looking at attendance files.)
 - If symptoms, please ask the first day of their symptoms.
 - If NO symptoms, confirm the test date again.
- While schools do not have to report individual cases to CDPH, it can be helpful to keep track of who has tested positive within the school community so that appropriate public health action can be taken and so that additional follow up can be performed if outbreaks occur.

Determining Who Is Part of a Cohort

Considerations for defining a cohort:

- Depending on the classroom structure selected by the individual school, all students and staff within the positive individual's grade may be considered part of the same cohort, if the students within this grade mix classes and have the same exposures.
- Assess whether there were any other staff members not assigned to the classroom/cohort or

students in other classrooms/cohorts with whom the positive individual had close contact (e.g., substitute teachers). Communications and public health actions for the affected cohort should include notification of these individuals as well.

- Include any extracurricular activity groups (e.g., sports, music, before- and after-school programs) and shared transportation in the assessment.
- In general, CDPH supports a broad definition of cohorts to facilitate timely communication public health action and reduce transmission. This should be balanced against educational and practical considerations.

For students or staff within the defined cohort:

- Students or staff that share a cohort with a person testing positive for COVID-19 should be:
 - Notified of their exposure by the school, **ideally no later than 24 hours** after identification of the positive case,
 - Encouraged to mask for 10 days after the exposure occurred (date of exposure is day 0).
 - Encouraged to monitor their symptoms for 10 days following the exposure. Individuals within the defined cohort may stay in school, regardless of vaccine status, [as long as they remain symptom-free](#) AND can always maintain masking through day 10.
 - It is best practice, though not required, to test on day 5 after exposure and follow isolation guidance if the test is positive.
 - **If individuals are unable to mask due to age or underlying medical conditions, a consecutive testing strategy is appropriate to keep students in school following an exposure, as follows:**
 - Individuals should be tested daily using a rapid antigen test.
 - If an individual develops symptoms suggestive of COVID-19 (above), they must stay home and isolate from others, as described previously.
 - If an individual has a positive test result, they must also stay home and isolate from others and can return if they are without a fever for ≥ 24 hours and can present two negative rapid antigen tests ≥ 48 hours apart, with the first test taken no sooner than day 6 post symptom onset.

Outbreak mitigation (For checklist see [Appendix B](#))

Suspected outbreak/cluster status occurs in a Pre-K-12 school, Early Childhood Education facility, or University setting when at least 20% of a defined group (ie classroom or extracurricular activity) OR at least 5 cases (including those identified via home testing), among individuals (whichever is lower) with symptom onset within 7 days of each other, irrespective of whether the cases are linked via in-school or out of school exposure

While a classroom, cohort, or entire facility is under investigation for an outbreak, CDPH will advise that schools/ECEs adopt additional layers of mitigation as needed to contain further spread of the outbreak. Such measures may include:

- i. **Recommend masking for all members** of the core group until 10 days have passed from the onset date of the most recent case with no new cases in the cohort.
- ii. Notify workers/students/parents/caregivers of the outbreak and encourage them to:
 - stay home if symptomatic and return with a negative lab-based PCR (molecular) test or two negative antigen tests at least 48 hours apart².

- if asymptomatic and masking, use home antigen testing kits every other day prior to entering the facility and only enter if testing negative (isolate if positive)².
- if asymptomatic and not masking, use home antigen testing kits daily and only enter the facility if testing negative² (isolate if positive).
- iii. Improve [ventilation](#) (for example moving school activities outdoors, opening windows and doors, using air filters, upgrading HVAC systems).
 - Apply [School Ventilation tool](#) to minimize transmission
- iv. Increase physical distance in indoor spaces where possible and consider [activities that reduce risk](#).

Masking

- All members of a cohort (students of staff) that are having an outbreak or potential outbreak should mask for 10 days after the most recent case was in the classroom (date of exposure = day 0).

Outbreak testing

- All individuals in a cohort or classroom experiencing an outbreak should be tested at least twice per week for two weeks following the last case in the outbreak, using PCR or rapid antigen tests.
- Day 0 of outbreak testing will be the date of symptom onset (or positive test if asymptomatic) of the last case epidemiologically linked to the outbreak within the cohort.
- Schools should proactively procure sufficient supply of rapid antigen tests to allow for twice weekly testing for a minimum of two weeks, for each classroom in the school. Alternatively, if using a testing vendor, schools should proactively obtain parental consent for student testing and create a testing protocol should outbreaks occur in the school. An opt-out consent is recommended in outbreak scenarios to facilitate prompt public health action.

What Schools Can Expect After Reporting a Cluster of 5+ Cases in the Same Cohort or Classroom

1. CDPH's Youth Settings team reviews cluster reports.
2. After receiving a report, CDPH may contact your school to discuss infection controls in place at your school and ways to protect your staff and students.
3. CDPH may call the positive staff member or family of the student once the positive lab result is received from a healthcare provider and conduct household and community contact tracing outside of your school.
4. You should notify CDPH of additional positive cases are identified in your school by uploading a Line List to the CDPH COVID-19 confidential report: <https://redcap.link/SchoolECEDiseaseReport>
5. CDPH will also follow up with your school in approximately 7-10 days, to determine whether additional cases have been identified within the same cohort.
6. **During times of high COVID-19 transmission, CDPH and school investigations will prioritize cohorts in which 30% of the classroom (10 cases) or higher has been affected.**

Notifications

- Notify the identified cohorts that they were exposed to someone with COVID-19 at the school. It is recommended that you notify both staff and the families of students who are part of the affected cohort via a preferred, successful method of communication at your school. A sample close contact notification template is included at the end of this document and downloadable at www.chicagohan.org/covid-19 for those you may be unable to reach by other means or if you choose to send a written notification.
 - Those within the cohort should monitor their symptoms for 10 days and get tested if they develop symptoms of COVID-19.

Cleaning

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been at the school. Follow [CDC cleaning and disinfection recommendations](#) (updated 11/15/21). **Full school closures are not needed. Any decisions about full school closures for public health purposes (not operational purposes) should be made in consultation with CDPH.** Refer to [IDPH Public Health Interim Guidance for Pre-K-12 Schools](#) for additional instructions on environmental cleaning and disinfection.

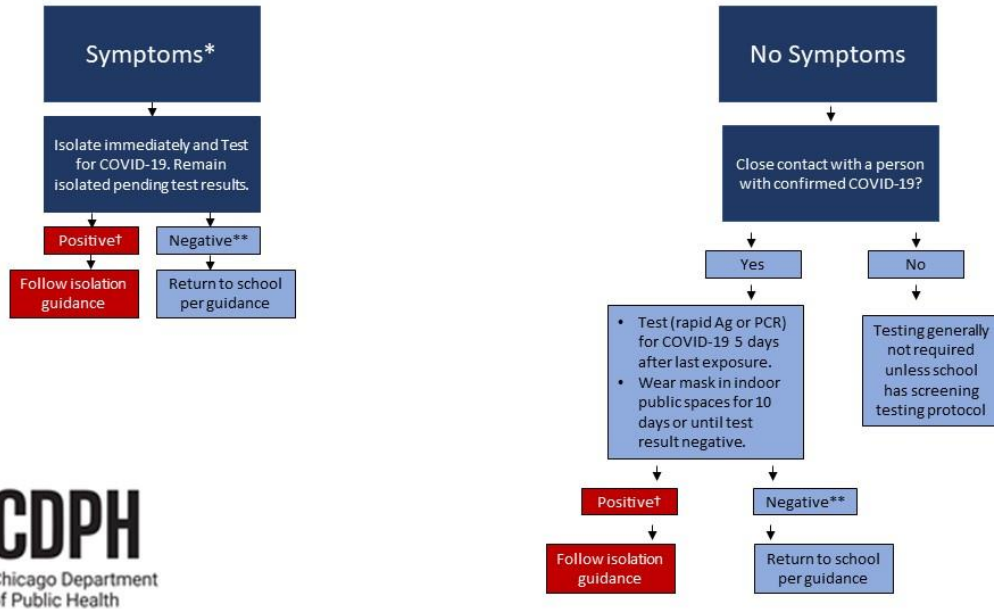
Recommendations for Students and Staff Following Travel

Generally, CDPH aligns with [IDPH](#) and [CDC](#) on actions for travelers. Please refer to [Chicago's COVID-19 Travel Guidance](#) for details. Schools are recommended, though not required, to follow this Guidance for their students and staff.

Parents and guardians should check with their local school for specific policies. ([CPS Travel Policy](#), [Archdiocese Travel Policy](#)) CDPH recommends that individuals follow the full CDC recommendations for international travel, which can be found [here](#).

Appendix A.

COVID Decision Tree for Schools and Early Childcare Facilities in Chicago



* New onset of symptoms including fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell, fatigue from unknown cause, muscle or body aches from unknown cause. ([IDPH Exclusion Protocols](#))

† A positive result on any single viral test (antigen, rapid molecular or PCR) with appropriate pre-test probability as determined by the clinician should be considered positive for public health purposes. Subsequent negative tests do not change requirements for quarantine and isolation.

** Clinicians should choose an appropriate test based on their clinical suspicion of COVID-19. For example, if high clinical suspicion exists due to clinical appearance or risk factor (e.g. contact with a confirmed case), and an antigen or other rapid test is negative, healthcare providers may consider obtaining a PCR test.

§ Schools should ensure that symptom monitoring and testing if symptoms develop continue.

Appendix B. Checklist for COVID-19 Mitigation in Youth Settings (K-12, ECE/Daycares, IHE)

| Checklist Actions | Complete? |
|--|--------------------------|
| Response to a Single Case in a Cohort | |
| Ensure exclusion of individuals who have tested positive for five days. Day 0 = date of symptom onset or positive test. | <input type="checkbox"/> |
| If symptoms have improved, ensure positive individual returns wearing mask days 6-10 post symptom onset or positive test date. | <input type="checkbox"/> |
| If individual cannot mask, either exclude days 6-10 OR require two NEGATIVE rapid tests 48 hours apart, NO SOONER than day 6. | <input type="checkbox"/> |
| Notify classroom/cohort(s) of outbreak/cluster via parent letter. | <input type="checkbox"/> |
| Encourage masking of individuals in cohort for 10 days post exposure. | <input type="checkbox"/> |
| Encourage testing (rapid antigen) at day 3 and day 5, if available. Supply tests if resources allow. | <input type="checkbox"/> |
| Maintain awareness of any additional cases that arise in the same cohort within next seven days. | <input type="checkbox"/> |
| Response to Five Cases or 20% of a Cohort | |
| Ensure exclusion of individuals who have tested positive for five days. Day 0 = date of symptom onset or positive test. | <input type="checkbox"/> |
| Ensure positive individuals return wearing mask days 6-10 post symptom onset or positive test date. | <input type="checkbox"/> |
| Ensure individuals are not coming to a non-high-risk setting with symptoms. | <input type="checkbox"/> |
| Notify classroom/ cohort(s) of outbreak via parent letter. | <input type="checkbox"/> |
| Recommend and enforce masking in affected cohort for 10 days after last case. | <input type="checkbox"/> |
| Recommend testing every other day for seven days after last case in the cohort (or daily if cohort cannot mask). Supply tests if feasible. | <input type="checkbox"/> |
| Maintain awareness of any additional cases that arise in the same cohort within next seven days. | <input type="checkbox"/> |

| | |
|---|--------------------------|
| Increase ventilation by holding class outside, opening windows, or adding HEPA purifier. | <input type="checkbox"/> |
| Report cases to CDPH. Schedule follow up meeting with CDPH in 7-10 days to report any additional cases and to receive further guidance. | <input type="checkbox"/> |
| If Cases Continue to Escalate | |
| Continue to follow the guidelines for 20% attack rate. | <input type="checkbox"/> |
| Conduct case interviews to evaluate for common source of exposure. | <input type="checkbox"/> |
| Use targeted messaging to focus on activities that are increasing risk. | <input type="checkbox"/> |
| Consider requiring two negative tests 48 hours apart to return. | <input type="checkbox"/> |
| Consider site visit to determine areas for improvement on infection prevention. | <input type="checkbox"/> |
| Consider pausing extracurricular activities. | <input type="checkbox"/> |

Appendix C. Notification Templates

COHORT NOTIFICATION

Subject: Exposure to COVID-19 Case at (SCHOOL)

Dear (INDIVIDUAL'S NAME),

We are writing to update you on a recent development regarding the Coronavirus Disease 2019 (COVID-19). We have learned that a (SCHOOL) community member has been diagnosed with COVID-19. You were identified as a contact of this individual.

You should monitor your health starting now through (DATE OF 10 DAYS AFTER LAST EXPOSURE TO POSITIVE CASE). Symptoms of COVID-19 include fever (temperature greater than 100.4 degrees Fahrenheit), chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, nausea or vomiting, and diarrhea.

You may stay in school/work as long as you remain fully masked while in school.

If you develop [symptoms of COVID-19](#), please contact your medical provider to discuss evaluation and testing. Any individuals who are sick with or exhibiting symptoms of COVID-19 must stay home and away from others for at least 5 days since their symptoms first appeared and at least 1 day (24 hours) with no fever (without using fever-reducing medications) and improved symptoms, whichever is longer. See the Chicago Department of Public Health's [guidance on what to do if you are sick](#). If your symptoms are severe, such as difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or difficulty waking up, or bluish lips or face, please seek the closest emergency department or call 9-1-1 immediately.

If you do not have symptoms, it is recommended to be tested 5 days after your exposure to a positive case, which was (DATE OF EXPOSURE), **even if you are up-to-date on vaccination**. Close contacts of positive cases are encouraged to call their healthcare provider to arrange for testing. If other testing options are needed, refer to the [City of Chicago's coronavirus testing website](#). If you test positive, you must stay home for at least 5 days after your test date AND at least 24 hours with no fever (without using fever-reducing medications) AND symptom improvement, and fully masked for at least 10 days since your symptoms first appeared.

For any additional COVID-19 questions or support, please visit www.chicago.gov/coronavirus for the most reliable information. If you do not find the information you need on the website, reach out to your School Administrator for further guidance.

The health and wellness of our staff and students are the highest priority of (SCHOOL). We continue to follow Chicago Department of Public Health and CDC guidelines as we ensure proper protocols and preventative measures are in place for the health and safety of our staff and students. Please contact us at (SCHOOL CONTACT INFORMATION) if you have any questions.

Sincerely,

(SIGNATURE)

Resources

Refer to the following resources for further information:

- a. www.chicago.gov/coronavirus
- b. www.chicago.gov/reopening
- c. [CDC Smartbrief: Transmission of SARS-CoV2 in K-12 Schools](#)
- d. [CDC:Operational Guidance for K-12 Schools and Early Childcare Settings](#)
- e. [Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems – United States, August 2022](#)
- f. [CDC SARS-CoV-2 Transmission in K-12 Schools and ECE](#)
- g. [IDPH: Interim Guidance on Testing for COVID-19 in Community Settings in Schools](#)
- h. [IDPH School Exclusion Protocols](#)
- i. [IDPH Guidance for Child's Face Covering Medical Tolerance](#)
- j. [ISBE: School Wellness- Coronavirus](#)
- k. [IDPH- Public Health School Guidance- Updated 1.11.22](#)
- l. [State of Illinois Executive Order 2022-03](#)