BOARD OF EDUCATION
SUNSET RIDGE SCHOOL DISTRICT 29
525 SUNSET RIDGE ROAD
NORTHFIELD, ILLINOIS 60093
RETURN TO SCHOOL TASK FORCE MEETING
NOVEMBER 9, 2020
3:30 P.M.

Please join the live open session virtual meeting at 3:30 p.m. by using the following link:

Join Zoom Meeting https://us02web.zoom.us/j/82402613034
Meeting ID: 824 0261 3034

The Board of Education Secretary will accept public comments via email at: stangee@sunsetridge29.org., until 12:00 p.m.. on November 9, 2020. Those comments will be read aloud during the Public Comment agenda item and/or entered into the meeting minutes.

AGENDA

1. ROLL CALL

2. APPROVAL OF MINUTES
   a. Minutes from October 12, 2020 meeting

3. PUBLIC COMMENTS

4. TOPICS
   4.1 Informational Items:
      4.1a Dashboard Structure and Addition of North Suburban Cook County Data
      4.1b Winter Enrollment and Staffing
      4.1c Trimester II Enrollment Data, Class Sizes, and Desk Spacing

   4.2 Discussion: Mitigation Strategies
      4.2a Movement, Mask, & Snack Breaks
      4.2b Pods Structure
      4.2c Other Possible Mitigation Strategies
      4.2d Full Remote (Schedule & Logistics)

   4.3 Discussion: Band, Orchestra, & Choir Logistics

5. UPCOMING MEETINGS:
   a. December 7, 2020 at 3:30 p.m.

6. ADJOURNMENT

BOARD OF EDUCATION
SUNSET RIDGE SCHOOL DISTRICT 29
525 SUNSET RIDGE ROAD
NORTHFIELD, ILLINOIS 60093
RETURN TO SCHOOL TASK FORCE MEETING
OCTOBER 12, 2020
3:45 P.M.

MINUTES

ROLL CALL: (3:30 p.m.)

Mrs. Detlefsen called the meeting to order at 3:30 p.m. and upon roll call, the following were present via video-conferencing:

Present:	Mrs. Detlefsen, Mrs. Peterson, Ms. Alpert Knight, Mr. Subeck
Absent:	None
Also Present:	Dr. Stange, Dr. Sukenik. Ms. Kiedaisch, Mrs. Styczen, Mrs. Dunham, Mrs. Bell, Mrs. Meziere, Mrs. Berkhof, Mrs. Bauer, Mrs. Zogby, Mrs. Peck, Mrs. Mertes, Mrs. Westfall, Mrs. Malan, Mrs. McGarry, Dr. Friedman, Mr. Whittaker Mrs. Murokh, Mrs. Sokoulos, Mrs. Macina, Mrs. Kahn, Mr. Hayes, Mrs. Logan, Mrs. Brown, Mrs. Burgett

DISCUSSION:

2.1 Approval of Minutes

Mrs. Peterson motioned to approve the minutes from the September 15, 2020 meeting. Ms. Alpert Knight seconded the motion. The Board voted as follows:

Yea: Mrs. Detlefsen, Mrs. Peterson, Ms. Alpert Knight, Mr. Subeck
Nay: None
THE MOTION WAS APPROVED.

3.1 Public Comment

There were no public comments made at this time.

4.1 Discussion: 2020-2021 Return to School Planning

Ms. Alpert Knight discussed the intention to run the Return to School Task Force meetings moving forward in a manner consistent with all other Board Committees. She noted that Mrs. Detlefsen and herself would serve as the Co-Chairs of the Committee and report information from the Committee back to the full Board of Education at the following meeting.

Dr. Stange provided an overview of the most recent COVID-19 Metrics noting a sharp increase in the Test Positivity Rate and the number of New Cases per 100,000 residents.

Dr. Stange provided an summary of the recent Parent Feedback Survey as well as the Winter Travel/Socialization Plans Survey sent to staff and families.

Mrs. Detlefsen led the Task Force through a discussion of the options relative to movement between stages of the District 29 Return to School Plan. After a discussion of the relative benefits and challenges of various options (e.g., remain at the current Stage, move ahead to Stage III of the Plan, move ahead to a modified version of the Stage II of the plan), Mrs. Detlefsen summarized that the Task Force was recommending not change in the current Stage of the Plan.

Mrs. Alpert Knight led the Task Force through a discussion of the relative benefits and challenges of specific options relative to the winter calendar. After much discussion and debate, it was clear that the Task Force did not have a unified recommendation to make on this topic. Ms. Alpert Knight then indicated that she should share the various perspectives from the group with the full Board of Education at the next meeting.

ADJOURNMENT: At 5:31 p.m., Ms. Alpert Knight moved to adjourn the meeting, and Mrs. Peterson seconded the motion. All were in favor.

_____ Task Force Committee Chairperson

_____ Secretary, Board of Education

Approved_____, 2020

DISTRICT 29 COVID DATA DASHBOARD
NOVEMBER 9, 2020

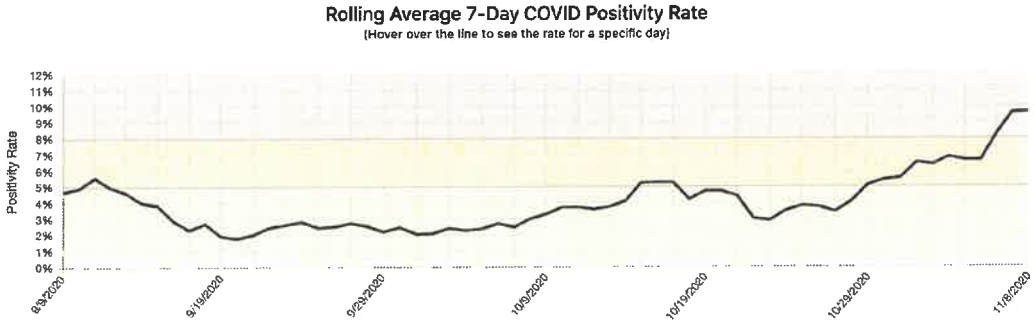
Level of Resurgence Risk

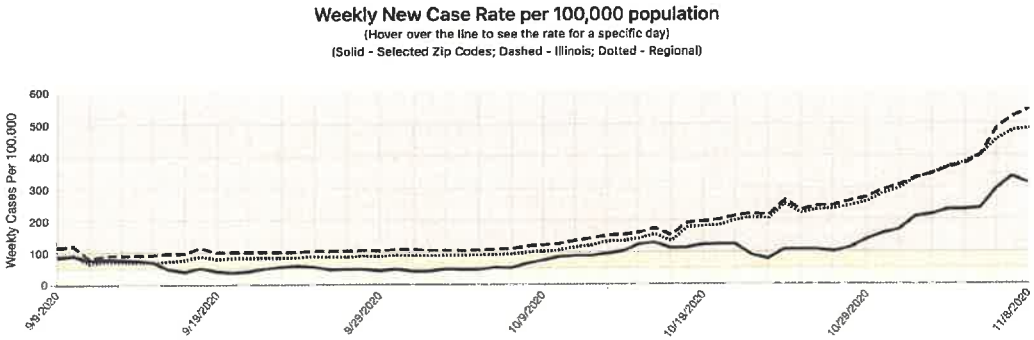
METRICS		MINIMAL	MODERATE	SUBSTANTIAL
RESTORE ILLINOIS PLAN		PHASE 5	PHASE 4	PHASE 3
COVID-19 METRICS				
REGIONAL POSITIVITY RATE	REGION 9	<=3%	3.1% TO 8%	>8%
	REGION 11	<=3%	3.1% TO 8%	>8%
SUBURBAN COOK COUNTY DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NORTH SUBURBAN COOK CO. DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NEW TRIER TOWNSHIP DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
DISTRICT 29 LOCAL AREA DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
SECONDARY METRICS REGION 10 (DAYS OF INCREASES)	TEST POSITIVITY	<=3	4 TO 6	>=7
	HOSPITAL ADMISSIONS	<=3	4 TO 6	>=7
OPERATIONAL METRICS				
D29 STAFFING DATA	DAILY ABSENCES	<=3	4 TO 9	>=10
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	UNFILLED ABSENCES	<=2	3 TO 4	>=5
	POSITIVE CASES/WK.	<=2	3 TO 4	>=5
D29 STUDENT DATA	MASK COMPLIANCE	>=4.5	4.4 TO 3.0	<3
	SOCIAL DISTANCING	>=4.5	4 TO 3.0	<3
	DAILY ABSENCES	<25	26 TO 50	>50
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	POSITIVE CASES/WK.	<=5	6 TO 10	>=11
D29 PPE SUPPLY (DAYS OF SUPPLY ON HAND)	MASKS	>=30	29 TO 15	<15
	SANITIZER	>=30	29 TO 15	<15
	CLEANING SUPPLIES	>=30	29 TO 15	<15

***All D29 COVID-19 Dashboard metrics are updated weekly, except Mask Compliance and Social Distancing rating which are updated monthly.**

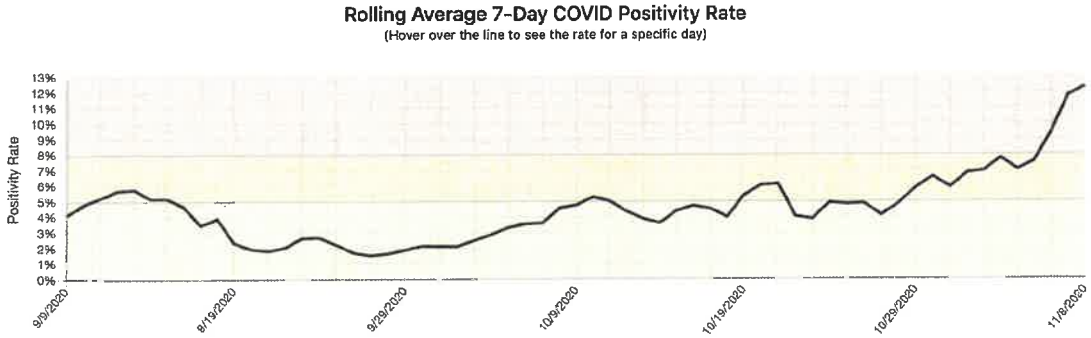
LONGITUDINAL DATA

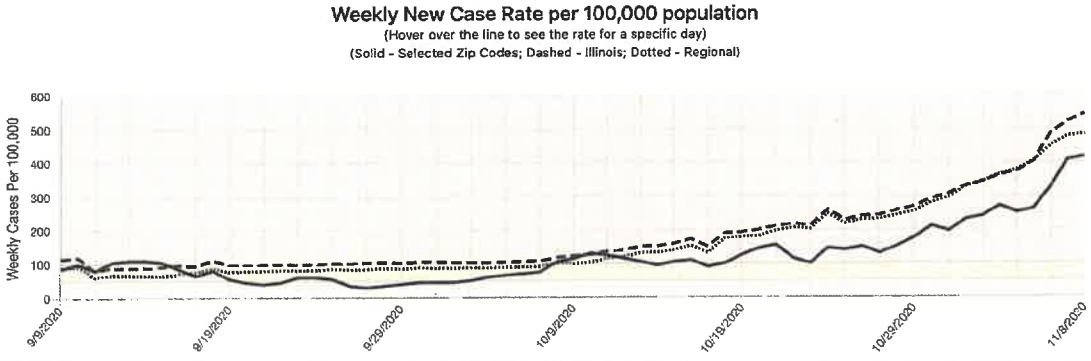
New Trier Region

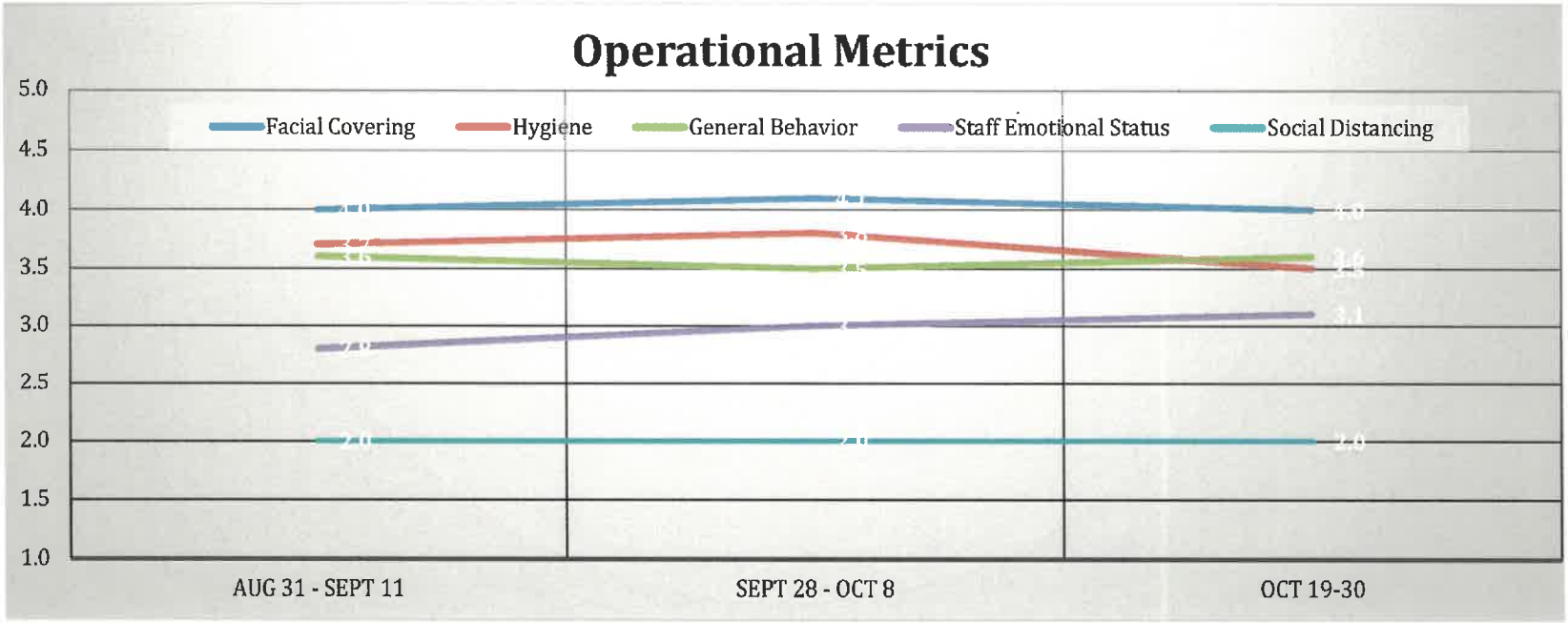




District 29 Area







Student Behavior (Face Covering, Hygiene, Behavior, Distancing)

1-Strongly Disagree

5-Strongly Agree

Staff Emotional Status

1-Struggling Everyday

5-Managing Expectations

DISTRICT 29 COVID DATA DASHBOARD
NOVEMBER 2, 2020

METRICS		Level of Resurgence Risk: MINIMAL	MODERATE	SUBSTANTIAL
RESTORE ILLINOIS PLAN		PHASE 5	PHASE 4	PHASE 3
COVID-19 METRICS				
REGIONAL POSITIVITY RATE	REGION 9	<=3%	3.1% TO 8%	>8%
	REGION 11	<=3%	3.1% TO 8%	>8%
SUBURBAN COOK COUNTY DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NORTH SUBURBAN COOK CO. DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NEW TRIER TOWNSHIP DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
DISTRICT 29 LOCAL AREA DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
SECONDARY METRICS REGION 10 (DAYS OF INCREASES)	TEST POSITIVITY	<=3	4 TO 6	>=7
	HOSPITAL ADMISSIONS	<=3	4 TO 6	>=7
OPERATIONAL METRICS				
D29 STAFFING DATA	DAILY ABSENCES	<=3	4 TO 9	>=10
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	UNFILLED ABSENCES	<=2	3 TO 4	>=5
	POSITIVE CASES/WK.	<=2	3 TO 4	>=5
D29 STUDENT DATA	MASK COMPLIANCE	>=4.5	4.4 TO 3.0	<3
	SOCIAL DISTANCING	>=4.5	4 TO 3.0	<3
	DAILY ABSENCES	<25	26 TO 50	>50
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	POSITIVE CASES/WK.	<=5	6 TO 10	>=11
D29 PPE SUPPLY (DAYS OF SUPPLY ON HAND)	MASKS	>=30	29 TO 15	<15
	SANITIZER	>=30	29 TO 15	<15
	CLEANING SUPPLIES	>=30	29 TO 15	<15

***All D29 COVID-19 Dashboard metrics are updated weekly, except Mask Compliance and Social Distancing rating which are updated monthly.**

DISTRICT 29 COVID DATA DASHBOARD
OCTOBER 26, 2020

		Level of Resurgence Risk				
METRICS		MINIMAL	MODERATE			SUBSTANTIAL
RESTORE ILLINOIS PLAN		PHASE 5	PHASE 4			PHASE 3
COVID-19 METRICS						
REGIONAL POSITIVITY RATE	REGION 9	<=3%	3.1%	TO	8%	>8%
	REGION 11	<=3%	3.1%	TO	8%	>8%
SUBURBAN COOK COUNTY DATA	TEST POSITIVITY RATE	<=3%	3.1%	TO	8%	>8%
	DAILY CASES PER 100,000	<7	7	TO	14	>14
NORTH SUBURBAN COOK CO. DATA	TEST POSITIVITY RATE	<=3%	3.1%	TO	8%	>8%
	DAILY CASES PER 100,000	<7	7	TO	14	>14
NEW TRIER TOWNSHIP DATA	TEST POSITIVITY RATE	<=3%	3.1%	TO	8%	>8%
	DAILY CASES PER 100,000	<7	7	TO	14	>14
DISTRICT 29 LOCAL AREA DATA	TEST POSITIVITY RATE	<=3%	3.1%	TO	8%	>8%
	DAILY CASES PER 100,000	<7	7	TO	14	>14
SECONDARY METRICS REGION 10	TEST POSITIVITY	<=3	4	TO	6	>=7
(DAYS OF INCREASES)	HOSPITAL ADMISSIONS	<=3	4	TO	6	>=7
OPERATIONAL METRICS						
D29 STAFFING DATA	DAILY ABSENCES	<=3	4	TO	9	>=10
	DAILY QUARANTINED	<=5	6	TO	10	>=11
	UNFILLED ABSENCES	<=2	3	TO	4	>=5
	POSITIVE CASES/WK.	<=2	3	TO	4	>=5
D29 STUDENT DATA	MASK COMPLIANCE	>=4.5	4.4	TO	3.0	<3
	SOCIAL DISTANCING	>=4.5	4	TO	3.0	<3
	DAILY ABSENCES	<25	26	TO	50	>50
	DAILY QUARANTINED	<=5	6	TO	10	>=11
	POSITIVE CASES/WK.	<=5	6	TO	10	>=11
D29 PPE SUPPLY (DAYS OF SUPPLY ON HAND)	MASKS	>=30	29	TO	15	<15
	SANITIZER	>=30	29	TO	15	<15
	CLEANING SUPPLIES	>=30	29	TO	15	<15

***All D29 COVID-19 Dashboard metrics are updated weekly, except Mask Compliance and Social Distancing rating which are updated monthly.**

DISTRICT 29 COVID DATA DASHBOARD
OCTOBER 19, 2020

		Level of Resurgence Risk		
METRICS		MINIMAL	MODERATE	SUBSTANTIAL
RESTORE ILLINOIS PLAN		PHASE 5	PHASE 4	PHASE 3
COVID-19 METRICS				
REGIONAL POSITIVITY RATE	REGION 9	<=3%	3.1% TO 8%	>8%
	REGION 11	<=3%	3.1% TO 8%	>8%
SUBURBAN COOK COUNTY DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NORTH SUBURBAN COOK CO. DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NEW TRIER TOWNSHIP DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
DISTRICT 29 LOCAL AREA DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
SECONDARY METRICS REGION 10 (DAYS OF INCREASES)	TEST POSITIVITY	<=3	4 TO 6	>=7
	HOSPITAL ADMISSIONS	<=3	4 TO 6	>=7
OPERATIONAL METRICS				
D29 STAFFING DATA	DAILY ABSENCES	<=3	4 TO 9	>=10
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	UNFILLED ABSENCES	<=2	3 TO 4	>=5
	POSITIVE CASES/WK	<=2	3 TO 4	>=5
D29 STUDENT DATA	MASK COMPLIANCE	>=4.5	4.4 TO 3.0	<3
	SOCIAL DISTANCING	>=4.5	4 TO 3.0	<3
	DAILY ABSENCES	<25	26 TO 50	>50
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	POSITIVE CASES/WK	<=5	6 TO 10	>=11
D29 PPE SUPPLY (DAYS OF SUPPLY ON HAND)	MASKS	>=30	29 TO 15	<15
	SANITIZER	>=30	29 TO 15	<15
	CLEANING SUPPLIES	>=30	29 TO 15	<15

***All D29 COVID-19 Dashboard metrics are updated weekly, except Mask Compliance and Social Distancing rating which are updated monthly.**

DISTRICT 29 COVID DATA DASHBOARD
OCTOBER 12, 2020

		Level of Resurgence Risk		
METRICS		MINIMAL	MODERATE	SUBSTANTIAL
RESTORE ILLINOIS PLAN		PHASE 5	PHASE 4	PHASE 3
COVID-19 METRICS				
REGIONAL POSITIVITY RATE	REGION 9	<=3%	3.1% TO 8%	>8%
	REGION 11	<=3%	3.1% TO 8%	>8%
SUBURBAN COOK COUNTY DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NORTH SUBURBAN COOK CO. DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NEW TRIER TOWNSHIP DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
DISTRICT 29 LOCAL AREA DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
SECONDARY METRICS REGION 10 (DAYS OF INCREASES)	TEST POSITIVITY	<=3	4 TO 6	>=7
	HOSPITAL ADMISSIONS	<=3	4 TO 6	>=7
OPERATIONAL METRICS				
D29 STAFFING DATA	DAILY ABSENCES	<=3	4 TO 9	>=10
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	UNFILLED ABSENCES	<=2	3 TO 4	>=5
	POSITIVE CASES/WK	<=2	3 TO 4	>=5
D29 STUDENT DATA	MASK COMPLIANCE	>=4.5	4.4 TO 3.0	<3
	SOCIAL DISTANCING	>=4.5	4 TO 3.0	<3
	DAILY ABSENCES	<25	26 TO 50	>50
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	POSITIVE CASES/WK	<=5	6 TO 10	>=11
D29 PPE SUPPLY (DAYS OF SUPPLY ON HAND)	MASKS	>=30	29 TO 15	<15
	SANITIZER	>=30	29 TO 15	<15
	CLEANING SUPPLIES	>=30	29 TO 15	<15 DAYS

***All D29 COVID-19 Dashboard metrics are updated weekly, except Mask Compliance and Social Distancing rating which are updated monthly.**

DISTRICT 29 COVID DATA DASHBOARD
OCTOBER 5, 2020

		Level of Resurgence Risk		
METRICS		MINIMAL	MODERATE	SUBSTANTIAL
RESTORE ILLINOIS PLAN		PHASE 5	PHASE 4	PHASE 3
COVID-19 METRICS				
REGIONAL POSITIVITY RATE	REGION 9	<=3%	3.1% TO 8%	>8%
	REGION 11	<=3%	3.1% TO 8%	>8%
SUBURBAN COOK COUNTY DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NORTH SUBURBAN COOK CO. DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
NEW TRIER TOWNSHIP DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
DISTRICT 29 LOCAL AREA DATA	TEST POSITIVITY RATE	<=3%	3.1% TO 8%	>8%
	DAILY CASES PER 100,000	<7	7 TO 14	>14
	D29 POSITIVE CASES	<=2.75	2.8 TO 5.4	>=5.5
SECONDARY METRICS REGION 10 (DAYS OF INCREASES)	TEST POSITIVITY	<=3	4 TO 6	>=7
	HOSPITAL ADMISSIONS	<=3	4 TO 6	>=7
OPERATIONAL METRICS				
D29 STAFFING DATA	DAILY ABSENCES	<=3	4 TO 9	>=10
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	UNFILLED ABSENCES	<=2	3 TO 4	>=5
	POSITIVE CASES/WK	<=2	3 TO 4	>=5
D29 STUDENT DATA	MASK COMPLIANCE	>=4.5	4.4 TO 3.0	<3
	SOCIAL DISTANCING	>=4.5	4 TO 3.0	<3
	DAILY ABSENCES	<25	26 TO 5	>50
	DAILY QUARANTINED	<=5	6 TO 10	>=11
	POSITIVE CASES/WK	<=5	6 TO 10	>=11
D29 PPE SUPPLY (DAYS OF SUPPLY ON HAND)	MASKS	>=30	29 TO 15	<15
	SANITIZER	>=30	29 TO 15	<15
	CLEANING SUPPLIES	>=30	29 TO 15	<15 DAYS

***All D29 COVID-19 Dashboard metrics are updated weekly, except Mask Compliance and Social Distancing rating which are updated monthly.**

Metrics, Data Sources, & Targets

The following metrics and data sources will be considered by the District 29 Return to School Task Force in making recommendations to the administration and Board of Education regarding the District's capacity to provide in-person and remote instructional programming, and the need to modify protocols, procedures, and staffing plans. These metrics a) reflect the most recent guidance from the Illinois State Board of Education and the Illinois Department of Public Health, b) are intended to be utilized as a guide versus definitive decision making metrics and, c) are subject to change to revision.

I. **Illinois Regional COVID-19 Data:**

Source: Illinois Department of Public Health (IDPH)

a. Region 9 (Lake County) 7-day Rolling Average Test Positivity Rate:
    i. https://www.dph.illinois.gov/regionmetrics?regionID=9
b. Region 11 (Chicago) 7-day Rolling Average Test Positivity Rate:
    i. https://www.dph.illinois.gov/regionmetrics?regionID=11

II. **Suburban Cook County COVID-19 Data:**

Source: Illinois Department of Public Health (IDPH)

a. 7-day Rolling Average Test Positivity Rate:
   https://www.dph.illinois.gov/countymetrics?county=Cook
   https://ccdphcd.shinyapps.io/covid19/
b. Average Daily New Cases Per 100,000 Residents:
   https://www.dph.illinois.gov/countymetrics?county=Cook
   https://ccdphcd.shinyapps.io/covid19/

III. **New Trier Township COVID-19 Data:**

Source: Northwestern Medicine (Compiled from IDPH)

a. 7-Day Rolling Average Test Positivity Rate:
   http://covid-dashboard.fsm.northwestern.edu/
b. Average Daily Cases Per 100,000 Residents:
   http://covid-dashboard.fsm.northwestern.edu/

IV. **District 29 Area COVID-19 Data:**

Source: Northwestern Medicine (Compiled from IDPH)

a. 7-Day Rolling Average Test Positivity Rate:
   http://covid-dashboard.fsm.northwestern.edu/
b. Average Daily New Cases Per 100,000 Residents:
   http://covid-dashboard.fsm.northwestern.edu/
   https://ccdphcd.shinyapps.io/covid19/
c. Weekly number of current cases among staff and student

V. **District 29 Staffing Data:**

Source: Business Office Report

a. Weekly Staff Absences
b. Weekly Staff Quarantined
c. Weekly Unfilled AbsenceS

VI. District 29 Student Data:

Source: Monthly Staff Survey

a. Mask Compliance
b. Social Distancing Compliance
c. Overall Behavioral Compliance

VII. District 29 PPE Supply Data:

Source: Buildings & Grounds Supply Weekly Inventory Report

a. Face Coverings
b. Sanitizer (Wipes, Disinfectant)
c. Cleaning Supplies

VIII. Secondary Metrics Data:

Source: Illinois Department of Public Health (IDPH)

a. Test Positivity Rate Increase:
   https://www.dph.illinois.gov/regionmetrics?regionID=10
b. Hospital Admissions Increase:
   https://www.dph.illinois.gov/regionmetrics?regionID=10

8/17/2020

Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments

Purpose:

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) and is largely based on the CDC's Interim Guidance for Administrators of US K-12 Schools and Child Care Programs. IDPH will update this document as needed, based on accrued experience, new information, and future guidance from the CDC. This guidance has been prepared for Local Health Departments (LHD) to support school officials in making decisions using current relevant information. LHD staff should monitor and track the County Level COVID-19 Risk Metrics available on the IDPH website to help guide decision making (https://www.dph.illinois.gov/countymetrics). This guidance document should be used in conjunction with the previous guidance released by IDPH and the Illinois State Board of Education (ISBE) as well as IDPH/ISBE FAQs, which addresses key topics of significance for local school officials.

Background:

LHDs working collaboratively with school administration and local officials play an important role in slowing the spread of disease, protecting vulnerable students and staff, and helping to ensure that students have safe and healthy learning environments. Schools should consult the public health requirements included in the Part 3 Joint Transition Guidance: Starting the 2020-21 School Year to prevent the spread of COVID-19 among their students, teachers and staff and should work with LHDs, local government officials and local school officials to determine strategies for responding to a variety of scenarios that may arise over the course of the school year.

School preparations should build on previous guidance released by IDPH and ISBE, include normal everyday practices (e.g., encouraging hand hygiene, monitoring absenteeism, communicating routinely with parents and staff, sanitization) and include strategies for *before*, *during*, and *after* a possible outbreak.

Decisions about implementing school-based strategies (e.g., pivot to remote learning, event or extracurricular cancellations, other social distancing measures) should be made locally, in collaboration with local health officials, who can help determine the level of transmission in the community, and in conformity with ISBE/IDPH Joint Guidance. This document acknowledges that school resources, social determinants impacting the school population, and feasibility in

achieving optimal educational goals must be considered when implementing the best strategy to reduce disease transmission and keep community members healthy. Implemented strategies should aim to balance educational needs and the reduction of COVID-19 transmission.

Potential school-based strategies include, but are not limited to:

1. Isolation/quarantine measures for affected populations (e.g. affected classroom, teammates, etc.);

2. Limiting classroom capacity and/or cancelling events or activities, such as extracurriculars;

3. Pivot to remote learning (duration to be determined on a case-by-case basis) in a particular classroom, school, school district/area or region; or

4. Making return to school optional and providing parents a choice of remote learning.

Community Transmission:

Community transmission exists when a case is identified without a clear source of the infection in a community, i.e. when you can no longer identify how someone was infected. Specifically, an infected person does not know where or how they were infected and did not travel out of the community during their incubation period.

The Table below aligns the IDPH County Level COVID-19 Risk Metrics to levels of community transmission (minimal, moderate, substantial). A county level metric color change should prompt a discussion by the school authorities and local health department to determine if increased community transmission warrants an adaptive pause to implement strategies to further mitigate transmission.

- Blue indicates that the county is experiencing overall stable COVID-19 metrics.
- Orange indicates there are warning signs of increased COVID-19 transmission in the county.

All metrics are updated weekly, based on the previous week. Please click on this link for a detailed description of County Level COVID-19 Risk Metrics:
https://www.dph.illinois.gov/countymetrics

The role of the LHDs is to be available for consultation to vet proposed school interventions. These interventions as outlined below, should be aligned with current best practices to decrease acquisition and transmission of COVID-19. The role of school authorities is to address students' education needs, including adapting to ensure continuity of student learning.

Remote Learning as Adaptive Pause:

An Adaptive Pause is a strategy that allows for movement into any level of remote learning to prevent disease transmission during a pandemic. An Adaptive Pause may result in delayed reopening at the start of a specific school term or a pivot to remote learning once the school year is underway for school officials to have time to plan for next steps with parents, teachers and staff. An Adaptive Pause may also include a pivot to remote learning for a classroom, a grade level, a wing, a building or school- or district-wide remote learning. At all levels of community transmission, school officials may need an Adaptive Pause to consult with their LHD to understand community transmission metrics and to plan for how to respond to a given scenario. Adaptive Pauses may be for a set period of time or indefinite, depending on the specific metrics related to transmission and infection rates within a county or school district/area and its student population. The school officials will make the determination on how long an Adaptive Pause will last (days, weeks, months, rest of school year) in order to respond effectively.

Several Adaptive Pauses may be needed until COVID-19 transmission is controlled and an effective vaccine is available. However, the goal of implementing the suggested interventions is to reduce the frequency of these interruptions and allowing for in-person learning when feasible.

Metric Guidance for Local Health Departments to Prompt Discussion with School Officials

	Minimal Community Transmission	Moderate Community Transmission	Substantial Community Transmission
County-Level Metric	Alert for one metric but remained BLUE at any point in the last 4 weeks Weekly county case rates <= 50 per 100,000 Weekly county overall case numbers increase for two consecutive weeks with a >5% to <=10 increase occurring each week Weekly county youth case numbers increase for two consecutive weeks with a >5% to <=10 increase occurring each week Weekly test positivity <=5% Neighboring county in orange once in the last 4 weeks*	Transitioned to ORANGE once in last 4 weeks Weekly county case rates >50 to <= 100 per 100,000 Weekly county overall case numbers increase for two consecutive weeks with a >10 or <=20% increase occurring each week Weekly county youth case numbers increase for two consecutive weeks with a >10 or <=20% increase occurring each week Weekly test positivity >5% but <=8%	Remained in ORANGE for >2 consecutive weeks Weekly county case rates above > 100 per 100,000 Weekly county overall case numbers increase for two consecutive weeks with a > 20% increase occurring each week Weekly county youth case numbers increase for two consecutive weeks with a >20% increase occurring each week Weekly test positivity >8%
Regional Resurgence Metric**			Region moved to Tier 1 mitigation

*Should also monitor and track contiguous counties and those in adjoining states

**Involving just one Region of the state

Epidemiological Considerations for Local Health Department Consultation with School Officials:

Whether county transmission is minimal, moderate, or substantial, there are signs and signifiers of community transmission that are relevant to addressing prevention of COVID-19 in schools. Even minimal transmission may warrant consideration for pivoting to remote learning, along with the other strategies that are discussed in this document, depending on the specific data in the county. LHDs should assess the data described above and take into account the following in advising school districts.[1]

A) LHDs and school officials should consider Internal epidemiological conditions, such as:

- School COVID-19 outbreak that is Epi-linked (person, place, time) and is spreading rather than contained
- Poor student adherence to use of face coverings, social distancing, or contact tracing whether within an entire school or just by grade or classroom

B) When considering potential responses to a change in a county's level of transmission, the LHD should take into consideration the circumstances of that change. For example, a shift in color may have been triggered by an outbreak that would not necessarily warrant action within a school.

C) Keep in mind that a color change that warrants intervention may bring about differential response among schools in the same area. This is because the schools may be starting at different places in their preparation, lack vital capital or human resources needed for response, or have a disproportionate number of students or staff who would be adversely affected by the preferred intervention. Within the same county, more densely populated centers/districts may opt to take a different response within their schools in contrast to a district that is less populated.

D) If community transmission occurs but is controlled (containment without further spread), consideration should be given to keeping the school open but shutting down communal places, sporting activities, band/choir or other activities. However, community transmission that is uncontrolled may lead to a pivot to remote learning.

E) LHDs are strongly encouraged to monitor and track the local epidemiology within neighboring counties and in neighboring states. Similarly, schools draw students or staff from different localities and so stakeholders should be cognizant of regional activity. This includes relevant county test positivity, case rates, and qualitative information such as significant outbreaks. This is vital because populations cross borders for employment, healthcare and commerce that may put them at increased risk for COVID-19.

[1] In circumstances in which a local school district straddles two or more counties, the LHD that covers most of the school district footprint will lead on providing COVID-19 related guidance to that school district.

F) LHDs are strongly encouraged to work with school officials to encourage them to report trends in absenteeism, disease activity and other indicators to further inform their collaboration.

CDC Interim Guidance Regarding Levels of Community Transmission:

The guidance below adapts the CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs to address the following scenarios and includes recommendations that LHDs and school officials should discuss:

1) ***When there is minimal community transmission***
2) ***When there is moderate community transmission***
3) ***When there is substantial community transmission***

The recommended strategies are minimal steps to be considered at each stage of transmission. LHDs and school officials should use this guidance in conjunction with the considerations recommended above.

When there is minimal and moderate community transmission

The most important thing to do is to **plan and prepare**. Administrators should reinforce healthy practices for schools that include their students and staff. As the global outbreak evolves, attention to community-level outbreaks will continue to be important. So that schools can **be ready** as community level transmission occurs, here are some crucial actionable strategies that may be implemented during times of minimal or moderate community transmission:

1. **Review, update, and implement emergency operations plans (EOPs).** This should be done in collaboration with LHDs and other relevant partners. Focus on the components, or annexes, of the plans that address infectious disease outbreaks.

   - Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease and influenza vaccination when that becomes available. The plan should also include strategies for remote learning, meal programs, and other related services in the event of suspension of in-person instruction.

   - Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.

   - Ensure the plan includes covers the critical importance of masking, social distancing and containment for CoVID-19.

   - Reference key resources while reviewing, updating, and implementing the EOP:

- Multiple federal agencies have developed resources on school planning principles and for creating plans to build and continually foster safe and healthy school communities *before*, *during*, and *after* possible emergencies. Key resources include guidance on developing high-quality school emergency operations plans and a companion guide on the role of school districts in developing high-quality school emergency operations plans.

- The Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center's and ISBE's website contain free resources, trainings, and TA to schools and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.

2. **Develop information-sharing systems with partners.**

   - Information-sharing systems can be used for day-to-day reporting (on information such as changes in absenteeism) and disease surveillance efforts to detect and respond to an outbreak.

   - Local health officials should be a key partner in information sharing.

3. **Teach and reinforce healthy hygiene practices.**

   - Train staff on healthy hygiene practices so they can teach these to students at age appropriate levels.

   - Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; before and after socially-distanced playground activities; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers should be used under adult supervision with proper child safety precautions and stored out of reach of young children to reduce unintended, adverse consequences. It will be necessary to ensure that students do not ingest hand sanitizer or use it to injure another person.

   - CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.

   - Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.

4. **Intensify cleaning and disinfection efforts.**

   - Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs,

light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- Ensure that commonly used surfaces (e.g., keyboards, desks, remote controls) can be cleaned and disinfected before use.
- Ensure adequate supplies to support cleaning and disinfection practices.

5. **Monitor and plan for absenteeism.**
   - Review the usual absenteeism patterns at your school among both students and staff.
   - As school officials monitor student and staff absenteeism, they may be in close consultation with local health departments, particularly if absences appear due to respiratory illnesses (like the common cold or the "flu," which have symptoms similar to COVID-19).
   - Review attendance and sick leave policies. Encourage students and staff to stay home when sick.
   - Discourage the use of perfect attendance awards and incentives.
   - Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
6. **Assess group gatherings and events. Consider postponing non-critical gatherings and events.**
   - Ensure you have a clear understanding of all upcoming group gatherings for your school community. Indoor events with more than 50 individuals in attendance are not permitted. Large events are strongly discouraged, even if they comply with IDPH attendee and social distancing requirements.
   - Consider whether any of these events should be held virtually, canceled, or postponed. Speak with local health officials to help determine the best approach.
7. **Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.**
   - Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible. Evaluate options with the

LHD should a child still be sent to school despite being ill or having symptoms. A parent/guardian may willingly agree to keep their child home without the use of an isolation/quarantine order issued by the LHD. COVID-19 testing to confirm diagnosis should be strongly encouraged to minimize uncertainty regarding illness.

- Keep sick students and staff, particularly those with symptoms of respiratory illness, separate from well students and staff until they can leave. Plan to have areas where these individuals can be isolated from well students and staff until they can leave the school.
- Remember that **schools are not able to identify cases of COVID-19 but should take note of symptoms if a child or staff member appears ill**. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.
- Share resources with the school community to help families understand when to keep children home.

8. **Create and test communications plans for use with the school community.**
   - Include strategies for sharing information with staff, students, and their families.
   - Include information about steps being taken by the school or childcare facility to prepare, and how additional information will be shared.
   - Test communication tools, and reiterate steps staff, students, and families can take to stay healthy and guidance that they should stay home if sick.
   - Ensure families have access to information (e.g. consider translating information and addressing technology barriers).
9. **Assess and reinforce multiple social distancing strategies.** Select strategies based on feasibility given the unique space and needs of the school. Not all strategies will be feasible for all schools. For example, limiting hall movement options can be particularly challenging in high schools. Many strategies that are feasible in elementary or high schools may be less feasible in child-care settings. Administrators are encouraged to think creatively about all opportunities to increase the physical space between students and limit interactions in large group settings. Schools may consider strategies such as:
   - **Cancel field trips, assemblies, and other large gatherings – or hold them virtually.** Cancel activities and events such as field trips, student assemblies, extracurricular activities, athletic events or practices, special performances, school-wide parent meetings, or spirit nights.
   - **Cancel or modify classes where students are likely to be in very close contact.** For example, in physical education or art classes, consider having teachers come to

classrooms to prevent classes mixing with others in the gymnasium or art room and alternate curriculum instruction. Classes such as choir or band are strongly encouraged to be held outdoors.

- **Increase the space between desks.** Rearrange student desks to maximize the space between students. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing). Consider reduction of class size to accommodate social distancing requirements and square footage in the classroom.
- **Avoid mixing students in common areas.** For example, allow students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria. If it is not possible to suspend use of common areas, try to limit the extent to which students mix with each other, and particularly with students from other classes or grade levels (e.g., stagger lunch by class, segregate lunch and recess area by class, send a few students into the library to pick out books rather than going as a class, suspend the use of lockers). Restrict hallway use through homeroom stays or staggered release of classes. Try to avoid taking multiple classes to bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess). In childcare or elementary school settings, consider staggering playground use rather than allowing multiple classes to play together, and limit other activities where multiple classes interact. Although playgrounds may be utilized in Phase 4, schools may wish to consider not allowing the use of playground equipment due to social distancing requirements.
- **Consider if and how to honor requests of parents who may have concerns about their children attending school due to underlying medical conditions of their children or others in their home.** For example, consider requests for in-person accommodations (e.g. requests to eat lunch outdoors) on a case-by-case basis.
- **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations and times. Such accommodations will need to be done in conjunction with school bus companies and families during drop off and pick up times.
- **Reduce congestion in the health office.** For example, use the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution.
- **Limit nonessential visitors.** Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities.
- **Limit cross-school transfer for special programs.** For example, if students are brought from multiple schools for special programs (e.g., music, robotics, academic

clubs), consider using distance learning to deliver the instruction or temporarily offering duplicate programs in the participating schools.

- **Teach staff, students, and their families to maintain distance from each other in the school.** Educate staff, students, and their families at the same time and explain why this is important.

10. **Pivot to remote learning could range from an offer to accommodate the requests of families to a full pivot to remote learning across the district.**

When there is substantial community transmission

Additional strategies should be considered when there is substantial transmission in the local community in addition to those implemented when there is no, minimal, or moderate transmission. These strategies include:

1. **Continue to coordinate with local health officials.** If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for childcare programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community, as they are not necessarily tied to cases within schools or childcare facilities.
2. **Consider extended remote learning.** In collaboration with local health officials, implement remote learning. This longer-term, and likely broader-reaching strategy is intended to slow transmission rates of COVID-19 in the community. Cancel extracurricular group activities, school-based afterschool programs, and school events. Remember to implement strategies to ensure the continuity of education (e.g., remote learning) as well as meal programs and other essential services for students.

3. **School should strongly consider a pivot to various arrays of remote learning.**

Further CDC Guidance:

Guidance for businesses and employers that schools can use in their role as an employer

ENROLLMENT REPORT
November 10, 2020

Grade	August 25 – November 20 Sections	In-Person/ Remote	November 30 – December 18 Sections	In-Person/ Remote	January 11 – March 12 Sections	In-Person/ Remote
K	(12/3, 13/4, 13/3, 11/4)	49/14	(12/4, 13/4, 13/3, 11/4)	49/15	(15/1, 16/1, 15/1, 12/3)	58/6
1	(16/2, 14/4, 14/3)	44/9	(13/4, 15/3, 13/4)	42/11	(15/2, 16/2, 14/3)	46/7
2	(12/5, 16/1, 15/1)	43/7	(11/6, 16/1, 14/2)	41/9	(13/4, 17/0, 15/1)	45/5
3	(14/2, 12/3, 12/3)	38/8	(15/1, 13/2, 11/4)	39/7	(15/1, 13/2, 13/2)	41/5
	Totals: 174/38 (82.1% In Person)		**Totals: 171/42 (80.1% In Person)**		**Totals: 190/23 (89.2% In Person)**	
4	(14/2, 15/0, 13/3)	42/5	(12/4, 14/1, 13/3)	39/8	(15/1, 15/0, 14/2)	44/3
5	(15/0, 13/2, 14/2)	42/4	(14/1, 12/3, 13/3)	39/7	(15/0, 15/0, 15/1)	45/1
6	(12/0, 11/1, 11/3, 11/0)	45/4	(11/1, 9/3, 9/5, 9/2)	38/11	(12/0, 9/3, 12/2, 11/0)	44/5
7	(14/5, 10/3, 11/0, 15/0)	50/8	(12/7, 11/3, 8/2, 14/1)	45/13	(17/2, 12/2, 10/0, 15/0)	54/4
8	(10/1, 13/1, 13/1, 13/0)	49/3	(7/3, 13/1, 11/3, 12/1)	43/8	(10/0, 13/1, 14/0, 13/0)	50/1
	Totals: 228/24 (90.5% In Person)		**Totals: 204/47 (81.3% In Person)**		**Totals: 237/14 (94.4% In Person)**	

DISCUSSION TOPICS

MOVEMENT, MASK, SNACK BREAKS

Options		Benefits	Challenges
Utilize Common Spaces for Breaks			
Utilize Classrooms for Breaks			
Limit Breaks			
Eliminate Breaks			

IDPH Guidance:

1. All persons on school grounds including students, teachers, school nurses, administrative and secretarial staff, food service personnel, custodial staff, public safety personnel, etc., must wear a face covering at all times when in school or in transit to and from school via group conveyance (i.e., school buses), unless a specific exemption applies.
    a. Face coverings may be temporarily removed at school:
        i. When eating
        ii. When outdoors and physical distancing of at least 6 feet can be maintained
        iii. When playing a musical instrument outdoors with at least 6 feet social distancing
        iv. If using a face shield when other methods of protection are not available or appropriate (https://www.isbe.net/Documents/IDPH-Update-Appropriate-Use-Face-Shields.pdf)
        v. While children are napping with close monitoring to ensure no child leaves their designated napping area without putting their face covering back on
        vi. For staff, when alone in classrooms or offices with the door closed
        vii. Strict adherence to social distancing should be maintained when face coverings are removed in limited situations (i.e., minimum of 6 feet between individuals)

BREAKING PODS

Options		Benefits	Challenges
Maintain PODS			
Break PODS for Student Services Only			
Break PODS for Student Services & Specials			

FULL REMOTE SCHEDULE (ORGANIZATION OF CORES & SPECIALS)

Options		Benefits	Challenges
Maintain Current AM/PM Schedule			
Mix Cores & Specials Throughout the Day			

BAND, ORCHESTRA, & CHOIR (BOC) LOGISTICS

Options		Benefits	Challenges
Maintain Remote BOC			
Offer BOC under IDPH Guidance			

IDPH Guidance:

1. All persons playing instruments in orchestra, band, or general music settings, singing in choir or other lessons, dancing, participating in color guard, or teaching should wear a washable or disposable, multi-layered face covering or mask.
2. Students who play wind instruments are able to use face coverings with a slit. Face coverings may only be removed while outdoors when social distance is maintained.
3. Whenever possible, hold music classes outside.
4. When possible, music classes held indoors should occur in well-ventilated spaces and if possible, with windows open.
5. A minimum distance between singers and/or instrumentalists of 6 feet side-to-side should be maintained.
    a. For trombones, a minimum distance of 9 feet front-to-back is recommended.
    b. Ensure students (and teachers) are physically distanced from each other by at least 6 feet and consider increasing the amount of social distancing more than 6 feet if space allows.
    c. Have students in one line or stagger spacing to ensure maximum distancing.
6. Students should not face each other.
7. Instruments where air is blown into or through should be turned so that expelled air does not go towards others.
8. Consider using instrument covers to prevent spread.
9. Practice cohorting (keeping staff and students together in pods over the course of a predetermined period of time). Rehearsals should be conducted in "pods" of students with the same 5-10 students always rehearsing together.
10. An aerosol study recently commissioned indicates limiting rehearsal times to 30 minutes or less significantly reduces the quantity and spread of aerosol among the individuals involved.
11. Avoid sharing instruments, sheet music, music stands, and other commonly shared equipment.
12. Alcohol-based hand rubs containing at least 60% alcohol should be available. Soap and warm water should also be available for cleaning hands.
13. For additional guidance on music classes, please see IDPH Interim COVID-19 Music Guidance.