



100 North First Street  
Springfield, Illinois 62777-0001

## NONPUBLIC RECOGNITION INSTRUMENT SCHOOL YEAR 2025 – 2026

### ROE/ISC DEPARTMENT

NAME OF SCHOOL	RCDT CODE (XX-XXX-XXXX-XX)	
ADDRESS (Street, City, State, ZIP Code)	GRADE LEVELS FOR WHICH RECOGNITION IS SOUGHT <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 ISBE may only recognize a school that serves at least two grade levels.	
NAME OF SCHOOL ADMINISTRATOR		
EMAIL OF SCHOOL ADMINISTRATOR		
SCHOOL TELEPHONE (Include Area Code)	DATE OF VISIT (mm/dd/yyyy)	TOTAL STUDENT ENROLLMENT K-12
TYPE OF VISIT <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Other _____		

### TEAM LEADER (ISBE REPRESENTATIVE)

NAME	EMAIL
TELEPHONE (Include Area Code)	ROE/ISC/Other Affiliation

### OTHER TEAM MEMBERS

ROE/ISC (Name and ROE/ISC Name)	ROE/ISC (Function or Job Title)
PUBLIC (Name and District or Other Affiliation)	PUBLIC (Function or Job Title)
NONPUBLIC (Name and District or Other Affiliation)	NONPUBLIC (Function or Job Title)
ADDITIONAL TEAM MEMBER NAME	FUNCTION OR JOB TITLE
ADDITIONAL TEAM MEMBER NAME	FUNCTION OR JOB TITLE
ADDITIONAL TEAM MEMBER NAME	FUNCTION OR JOB TITLE

### ISBE USE ONLY

Assigned Recognition Status: <input type="checkbox"/> Full Recognition <input type="checkbox"/> Pending Recognition <input type="checkbox"/> Probation Recognition <input type="checkbox"/> None	
_____ Date	_____ Name of Approving ISBE Consultant

### **A note concerning recognition:**

The recognition status assigned to the school is a result of the school's compliance with relevant statutes, regulations, and rules as evidenced in part by the on-site review of the institution recorded in this document. Feedback data and input were gathered from each team member to complete this report. Please note the following regarding the assignment of recognition status:

- **Full Recognition** – The school complies with all relevant requirements.
- **Recognized Pending Further Review.** The school exhibits areas of noncompliance that are not serious enough to warrant probation and can be corrected prior to the end of the school year following the school year in which they were identified. When a school is recognized pending further review, the chief administrator may, within 30 days after receipt of notification to this effect, request a conference at which representatives of the school will have an opportunity to discuss compliance issues with representatives of the Illinois State Board of Education (ISBE).
- **Probationary Recognition** – The school shall be placed on probation if it
  - A. Exhibits deficiencies that present a health hazard or danger to students or staff;
  - B. Fails to offer required coursework;
  - C. Employs personnel who lack the required qualifications;
  - D. Fails or refuses to serve students according to relevant legal requirements; or,
  - E. Prolongs or repeats instances of noncompliance to a degree that indicates an intention not to comply with relevant requirements.

When a school is placed on probation, the State Superintendent shall schedule a conference at which representatives of the school will discuss compliance issues with representatives of ISBE, unless the chief administrator has appealed the school's status as provided in 23 Ill. Admin. Code 425.50. Within 60 days following this conference, the school's chief administrator shall submit to the State Superintendent a plan for corrective action that conforms to the requirements of 23 Ill. Admin. Code 425.50(f).

**Non-recognition** – The team found the school to be greatly out of compliance such that remediation will require considerable time and effort or the school has been in probationary recognition yet failed to address deficiencies noted and to implement successfully a plan of remediation approved by the State Superintendent of Education as described in 23 Ill. Admin. Code 425.50.

**Appeals** – A chief school administrator who wishes to appeal a school's placement on probation or non-recognition shall submit to the State Superintendent of Education a written statement of appeal within 14 days after receiving notification of the recommended status in accord with 23 Ill. Admin. Code 425.70:

- A. Within 30 days after receipt of the appeal, the State Superintendent or a designee shall convene a hearing to review all pertinent information, including the procedures that led to the recommended recognition status. Representatives of the affected school shall have an opportunity to present evidence demonstrating that the school complies with the requirements of the 23 Ill. Admin. Code Part 425.

No later than 30 days after the conclusion of the hearing, the State Superintendent shall inform the chief school administrator of the school's recognition status. The decision of the State Superintendent of Education shall be a final administrative decision, subject to the Administrative Review Law [735 ILCS 5/Art. III].

**101 - Governance and Policy-Making**

1. The school maintains written descriptions of its governance structure and its policy-making procedure,
2. The school maintains its policies in written form, and
3. The school makes its policies routinely available to parents of the students enrolled and to school staff, as well as to other individuals upon request.

**In Compliance**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No**Reference(s)**[\[23 Ill. Admin. Code Part 425.30\(a\)\(2\)\(A\)\]](#)**Evidence/Comments**☐ **Recommendation Included****102 - Technology, Internet, Social Media**

*The school has notified students and their parents/guardians in the school's disciplinary rules, policies handbooks or similar means that:*

1. The school may not request or require a student to provide a password or other related account information in order to gain access to the student's account or profile on a social networking website;
2. The school may conduct an investigation or require a student to cooperate in an investigation if there is sufficient evidence to suggest the student's social network account violates the school's disciplinary policy; and,
3. The school may require the student to share content in the course of such an investigation.

**In Compliance**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No**Reference(s)**[\[105 ILCS 75/15\]](#)**Evidence/Comments**☐ **Recommendation Included**

**103 - Student Attendance****In Compliance**

1. The school offers a minimum of 176 5-hour days or 880 hours of instruction. ☐ Yes ☐ No
- a. Number of Days: \_\_\_\_\_
- b. Number of Hours: \_\_\_\_\_
2. The school requires students to attend **daily** during the entire regular school term. ☐ Yes ☐ No
3. Students are to be excluded from school by October 15<sup>th</sup> if requirements for health examination and immunization have not been met. ☐ Yes ☐ No

**Reference(s)**☐ **Recommendation Included**

1. & 2. [\[23 Ill Admin Code Part 425.30\(a\)\(1\)\(A\) & B\]](#)
3. [\[105 ILCS 5/27-8.1\(5\)\]](#)

**Evidence/Comments****104 - Nondiscrimination****In Compliance**

*The school complies with applicable federal and State laws prohibiting discrimination, including but not limited to the following:*

1. The school has adopted a policy on discrimination, harassment, and retaliation that includes all of the required elements set forth in [105 ILCS 5/22-95\(b\)](#). ☐ Yes ☐ No ☐ N/A
2. The policy is published on its Internet website, if one exists, and in a student handbook, if one exists. ☐ Yes ☐ No ☐ N/A
3. The policy is summarized in accessible, age-appropriate language and distributed to students and to parents or guardians of minor students. ☐ Yes ☐ No ☐ N/A
4. The school provides a summary of the policy in the parent or guardian's native language. ☐ Yes ☐ No ☐ N/A
5. The school has established procedures for responding to complaints of discrimination and harassment based on race, color, and national origin and retaliation that comply with all requirements set forth in Public [105 ILCS 5/22-95\(c\)](#). ☐ Yes ☐ No
6. The school does not prohibit hairstyles historically associated with race, ethnicity, or hair texture, including, but not limited to, protective hairstyles such as braids, locks, and twists. ☐ Yes ☐ No ☐ N/A

**Reference(s)**☐ **Recommendation Included**

- 1.– 4. [\[23 Ill. Admin. Code 425.30\(a\)\(1\)\(C\)\]](#)
5. [\[PA 102-0360\]](#)
6. [\[23 Ill. Admin. Code 425.30\(a\)\(2\)\(B\)\]](#)

**Evidence/Comments**

**105 - Student Records**

1. The school has a written system/procedure in place that the school checks the missing person report in the Nonpublic Registration and Recognition Renewal report prior to releasing student records.
2. Certified copies of transfer students' records are requested within 14 days of enrollment; the school sends unofficial records of students transferring to other schools within 10 days of the request.

**In Compliance**☐ Yes ☐ No☐ Yes ☐ No**Reference(s)**1.& 2. [\[325 ILCS 50/5\]](#)1. [\[105 ILCS 5/2-3.13a\]](#), [\[23 Ill. Admin. Code 375.75 f & g\]](#)☐ **Recommendation Included****Evidence/Comments****106 - Battery Against School Personnel**

1. The chief school administrator shall immediately notify local law enforcement officials of written complaints from school personnel concerning instances of battery committed against school personnel:  
**and,**
2. Upon receipt of a written complaint from any school personnel, the school shall report all incidents of battery committed against teachers, teacher personnel, administrative personnel or educational support personnel to the local law enforcement authorities immediately after the occurrence of the attack. Schools shall also report all of these incidents to the State Board of Education through existing school incident reporting systems in [IWAS](#) as they occur during the year by no later than August 1 for the preceding school year.

**In Compliance**☐ Yes ☐ No☐ Yes ☐ No**Reference(s)**[\[105 ILCS 5/10-21.7\]](#)☐ **Recommendation Included****Evidence/Comments**

**107 - Firearms & Drugs****In Compliance**

*For purposes of 1. and 2. only, school grounds are defined as the real property comprising any school, any conveyance owned, leased, or contracted by a school to transport students to or from school or a school related activity, or on a public way within 1,000 feet of a school.*

1. The chief school administrator shall immediately notify a local law enforcement agency of firearm incidents on school grounds. If a student is in possession of a firearm, then the school administrator shall also immediately notify the student's parent or guardian. ☐ Yes ☐ No
2. The chief school administrator shall immediately notify a local law enforcement agency of verified incidents involving drugs occurring on school grounds. ☐ Yes ☐ No
3. The chief school administrator shall notify the Illinois State Police of such incidents (1-2) through the School Incident Reporting System (SIRS) in [IWAS](#). ☐ Yes ☐ No

**Reference(s)**

1. & 2. [\[105 ILCS 5/10-27.1A\]](#)
2. & 3. [\[105 ILCS 5/10-27.1B\]](#)

☐ **Recommendation Included****Evidence/Comments****108 - Staff & Student Support****In Compliance**

1. The school monitors the performance of each employee who provides or assists with instruction or has other instructional responsibilities (e.g., teachers, teacher aides, administrators, department chairs). ☐ Yes ☐ No
2. Students' needs for support services such as counseling and social work are evaluated when any school staff believe consideration is needed, such as when there are changes in the student body or stresses within the surrounding community. ☐ Yes ☐ No
3. The school's staffing configuration shall reflect decision-making about how those needs (in #2) should be addressed. ☐ Yes ☐ No

**Reference(s)**

1. [\[23 Ill. Adm. Code 425.30\(c\)\(3\)\(A\)\]](#)
1. & 2. [\[23 Ill. Adm. Code 425.30\(c\)\(4\)\]](#)

☐ **Recommendation Included****Evidence/Comments**

**109 - Concussion and Sports****In Compliance**

*Do students participate in interscholastic athletic activities? If not applicable, click "N/A" for items 1-8.*

- |  |   |
|--|---|
| 1. The school has a principal-appointed or approved concussion oversight team which meets the following requirements;  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| i. At a minimum, a concussion oversight team <u>may be composed of only one person</u> and this person need not be a licensed healthcare professional, <u>but it may not be a coach</u> (a coach can be a member but not the only member). |   |
| ii. If the school employs an athletic trainer or nurse, they must be a member of the team "to the extent practicable."   |   |
| 2. The oversight team has established a <a href="#">return-to-play</a> and <a href="#">return-to-learn</a> protocol.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. At least one person has been appointed to implement the return-to-play and return-to-learn protocol.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. The administrator or their designee must supervise the person appointed in 3. This person <b>may not</b> be a coach of an interscholastic athletics team.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. The school ensures that students are removed immediately from practice or competition if any statute-specified person believes the student has sustained a concussion.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. The school ensures that students who have been so removed are not permitted to resume practice or competition unless the statute-specified process is followed completely.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. If the school has high school athletes, it <a href="#">reports instances of concussions</a> to the appropriate organization that governs the school's interscholastic athletic participation.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 8. The school allows student athletes to modify their athletic or team uniform for the purpose of modesty in clothing or attire that is in accordance with the requirements of their religion, cultural values or modesty preferences.     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**Reference(s)**
☐ **Recommendation Included**

1.– 6. [[105 ILCS 5/22-80](#)]

7. [[105 ILCS 25/1.20\(b\)](#)]

8. [[105 ILCS 5/22-90](#)]

**Evidence/Comments**

**110 - Student Medical Rights****In Compliance**

1. The school has notified parents and guardians in writing that the school and school personnel incur no liability for injuries occurring when administering asthma medication, an epinephrine auto-injector, or an opioid antagonist. The parents or guardians must sign a statement acknowledging this protection.
2. The school allows the self-administration and/or self-carry of asthma/diabetes/seizure medication and epinephrine injectors upon receipt of the necessary documents (see 302/303/304 for a list of requirements). If no, mark N/A.
3. The school district has adopted a policy for the administration of a medical cannabis infused product to a student who is a registered qualifying patient. The policy/procedures allow a parent or guardian or other designated caregiver to administer the product subject to the restrictions outlined in [105 ILCS 5/22-33](#). The policy/procedures allow for a school administrator or school nurse to administer the product and may also allow a student who is a registered qualifying patient to self-administer the product under the supervision of a school administrator or school nurse, subject to the restrictions outlined in [105 ILCS 5/22- 33](#)

☐ Yes ☐ No☐ Yes ☐ No ☐ N/A☐ Yes ☐ No**Reference(s)**☐ **Recommendation Included**1.& 2. [\[105 ILCS 5/22-30\]](#) & [\[105 ILCS 150\]](#)3. [\[PA 101-0370\]](#)**Evidence/Comments**



## SECTION 1 – SCHOOL POLICY

### 111 - Administration of Undesignated Epinephrine Injectors

#### In Compliance

*If the school does not allow the use of undesignated epinephrine injectors click "N/A" for items 1-5.*

- |  |   |
|--|---|
| 1. The school has on file an authorized standing order from a licensed health provider for one or more doses. If the school currently has no doses, click "N/A" but still complete items 2-5.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. The school has a standing protocol which includes but is not limited to: The school reports to ISBE as prescribed that the school maintains a supply of undesignated epinephrine auto-injectors.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. The school has a standing protocol which includes but is not limited to: The school reports to ISBE as prescribed within three days of administering an undesignated epinephrine auto-injector.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. The school has a standing protocol which includes but is not limited to: The school, upon any administration of an epinephrine auto-injector will immediately activate the EMS system and notify the student's parent, guardian, or emergency contact, if know.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. The school has a standing protocol which includes but is not limited to: Within 24 hours of the administration of an undesignated epinephrine auto-injector, the school will notify the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol or prescription for the undesignated epinephrine auto-injector of its use. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

#### Reference(s)

☐ Recommendation Included

1. [\[105 ILCS 5/22-30\]](#)

#### Evidence/Comments

**112 - [Administration of Undesignated Asthma Inhalers](#)****In Compliance**

*If the school does not allow the use of undesignated asthma inhalers click "N/A" for items 1-3.*

1. The school has on file an authorized standing order from a licensed health provider for one or more doses. ☐ Yes ☐ No ☐ N/A
2. The school has a standing protocol which includes but is not limited to the following: Within 24 hours of the administration of an undesignated asthma medication, the school will notify the student's parents or guardian or emergency contact. If known, the physician, physician (assistant), or advanced practice registered nurse who provided the standing protocol and a prescription for the undesignated asthma medication of its use. The school must follow up with the school nurse if available. ☐ Yes ☐ No ☐ N/A
3. The school has a standing protocol which includes but is not limited to the following: The school [reports to ISBE](#) as prescribed within three days of administering undesignated asthma medication. ☐ Yes ☐ No ☐ N/A

**Reference(s)**☐ **Recommendation Included**

1. [[105 ILCS 5/22-30](#)]

**Evidence/Comments**

**113 - Administration of Undesignated Glucagon****In Compliance**

*If the school does not allow the use of undesignated glucagon, click "N/A" for items 1-5.*

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 1. A statute specified person has prescribed the undesignated glucagon in the school's name for use. If the school currently has no doses, click "N/A" but still complete items 2-4.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. The school has a standing protocol which includes but is not limited to the following: The undesignated glucagon according to the manufacturer's instruction.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. The school has a standing protocol which includes but is not limited to the following: The undesignated glucagon is administered by an individual authorized in the student's diabetes care plan.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. The school has a standing protocol which includes but is not limited to the following: Undesignated glucagon is only administered if the student's prescribed glucagon is not available on-site or has expired.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. The school has a standing protocol which includes but is not limited to the following: Immediately upon administration of undesignated glucagon, the school must notify the school nurse, the student's parent, guardian, or emergency contact, and health care provider. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**Reference(s)**

1. [\[PA 101-0428\]](#)
2. [\[105 ILCS 145/27\]](#)

☐ **Recommendation Included**
**Evidence/Comments****114 - Supply of Opioid Antagonist****In Compliance**

1. The school maintains a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose, unless there is a shortage of opioid antagonists, in which case the school shall make a reasonable effort to maintain a supply of an opioid antagonist.

**Reference(s)**

[\[23 Ill Adm. Code 425.10\(c\)\]](#)

**Evidence/Comments**
☐ Yes    ☐ No

☐ **Recommendation Included**

## SECTION 1 – SCHOOL POLICY

### 115 - Faith's Law

#### In Compliance

1. The school has developed an employee code of professional conduct policy that addresses all required elements specified in 105 ILCS 5/22-85.5(d). ☐ Yes ☐ No
2. The school has posted its employee code of professional conduct policy on its website, if any, and included the policy in any staff, student, or parent handbook provided by the school. ☐ Yes ☐ No
3. The school has notified the parents or guardians of enrolled students of the availability of the Sexual Abuse Response and Prevention Resource Guide at the beginning of each school year and has linked the resource guide on its website. ☐ Yes ☐ No
4. The school provides notice to the parents or guardians of an enrolled student with whom an employee, agent of the school, or a contractor of the school is alleged to have engaged in sexual misconduct as defined in Section 22-85.5(c) of the School Code.
  - "Yes" means school received an allegation and provided notice to the parents or guardians.
  - "No" means school received an allegation and failed to provide required notice.
  - "N/A" means no allegations of sexual misconduct involving enrolled students were received within the monitoring period.☐ Yes ☐ No ☐ N/A
5. The school provides notice to the parents or guardians of a student when any formal action has been taken by the governing body relating to the employment of the alleged perpetrator following the investigation of sexual misconduct, including whether employment was terminated or whether the governing body accepted the resignation of the employee.
  - "Yes" means school received an allegation and provided notice of any formal action relating to the employment of the alleged perpetrator to the parents or guardians.
  - "No" means school received an allegation and failed to provide required notice.
  - "N/A" means no allegations of sexual misconduct involving enrolled students were received within the monitoring period or an allegation was received but did not result in any formal action against the alleged perpetrator. (Reporting requirements under D still apply for any allegation of sexual misconduct.)☐ Yes ☐ No ☐ N/A

#### Reference(s)

[\[105 ILCS 5/22-85.5\]](#)  
[\[105 ILCS 5/22-85.10\]](#)  
[\[105 ILCS 5/2-3.188\]](#)

☐ **Recommendation Included**

#### Evidence/Comments

### 116 – Corporal Punishment

1. The nonpublic school does not allow corporal punishment.

☐ Yes ☐ No

#### Reference(s)

[\[105 ILCS 5/22-100\]](#)

☐ **Recommendation Included**

#### Evidence/Comments

## SECTION 1 – SCHOOL POLICY

### 117 - General School Compliance

1. The school agrees to comply with any other applicable State or federal law or regulatory requirement.

#### In Compliance

☐ Yes ☐ No

#### Reference(s)

[[23 Ill Adm. Code 425.10\(c\)](#)]

#### Evidence/Comments

☐ Recommendation Included

## SECTION 2 – CURRICULUM

### 201 – Overall Instruction

1. Instruction is in the English language, except as otherwise permitted pursuant to 105 ILCS 5/27-2.
2. Instruction includes the branches of education taught to children of corresponding age and grade in the public schools, including the language arts, mathematics, the biological, physical and social sciences, the fine arts, and physical development and health.

#### In Compliance

☐ Yes ☐ No

☐ Yes ☐ No

#### Reference(s)

[[23 Ill Adm. Code 425.30\(b\)\(1\)](#)]

[[105 ILCS 5/26-1](#)]

[[105 ILCS 5/27-1](#) & [27-2](#)]

#### Evidence/Comments

☐ Recommendation Included

**202 - Civics & Patriotic Education****In Compliance**

*Is the school supported or maintained by public funds? If not, click "N/A" for items 1-5.*

1. The school provides instruction in the following:
 

- i. American patriotism;
  - ii. The principles of representative government, as enunciated in the American Declaration of Independence, the Constitution of the United States of America and the Constitution of the State of Illinois;
  - iii. The proper use and display of the American flag; and,
  - iv. The method of voting in elections by means of the Australian ballot system.

☐ Yes    ☐ No    ☐ N/A
  
2. The school requires pupils to recite the Pledge of Allegiance daily.
 

☐ Yes    ☐ No    ☐ N/A
  
3. The school requires that not less than one hour of each school week shall be devoted to the study of the subject mentioned in A, i – iii in the seventh and eighth grades or their equivalent, and not less than one hour of each school week to the advanced study thereof in all high school grades.
 

☐ Yes    ☐ No    ☐ N/A
  
4. No student shall receive a certificate of graduation without passing an examination on subjects mentioned in item 1.
 

☐ Yes    ☐ No    ☐ N/A
  
5. The school provides instruction in the history of the United States, which must include the history of Illinois and other topics.
 

☐ Yes    ☐ No    ☐ N/A

☐ **Recommendation Included**

**Reference(s)**

1.– 2. & 4. [[105 ILCS 5/27-3](#)]

3. [[105 ILCS 5/27-4](#)]

5. [[105 ILCS 5/27-21](#)]

**Evidence/Comments**

## SECTION 2 – CURRICULUM

### 203 - [Health Topics](#)

#### In Compliance

*The school provides instruction in all of the following subjects, provided that parents may opt their child out items 3, 4, 5 and 17.*

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Human ecology and health  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 2. Human growth and development  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 3. The emotional, psychological, physiological, hygienic, and social responsibilities of family life including: sexual abstinence until marriage   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 4. The emotional, psychological, physiological, hygienic, and social responsibilities of family life including: prevention and control of disease  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 5. The emotional, psychological, physiological, hygienic, and social responsibilities of family life including: instruction in grades 6 – 12 on the prevention, transmission, and spread of AIDS   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Age-appropriate sexual abuse and assault awareness and prevention education in grades PreK – 12.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 7. Public and environmental health   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 8. Consumer health   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 9. Safety education and disaster preparedness  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 10. Mental health and illness including how and where to find mental health resources and specialized help in the state  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 11. Personal health habits   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 12. Alcohol and drug use and abuse, including the use and abuse of fentanyl, and the medical and legal ramifications of alcohol, drug, and tobacco use   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 13. Abuse during pregnancy   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 14. Evidence-based and medically accurate information regarding sexual abstinence, tobacco and e-cigarettes and other vapor devices, nutrition, and dental health  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 15. <a href="#">Course material</a> and instruction in the Abandoned Newborn Infant Protection Act   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 16. Information about cancer, including without limitation types of cancer, signs and symptoms, risk factors, the importance of early prevention and detection, and information on where to go for help  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 17. In grades 9 – 12, training on how to properly administer cardiopulmonary resuscitation (which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization) and how to use an automated external defibrillator. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 18. In grades 9 -12, study and discussion on the dangers of allergies including:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| i. recognizing the signs and symptoms of an allergic reaction, including anaphylaxis;  |                              |                             |                              |
| ii. the steps to take to prevent exposure to allergens; and  |                              |                             |                              |
| iii. safe emergency epinephrine administration.  |                              |                             |                              |

#### Reference(s)

☐ **Recommendation Included**

[\[105 ILCS 110\]](#)

#### Evidence/Comments

Section 3 student records check: ☐ All ☐ Sampling301 - Birth Certificates and Health Exam Records

In Compliance

*The school can document the following;*

1. Certified copies of birth certificates ([or other acceptable proof](#)) are on file for each student enrolled. The school notifies the parents or guardians that such documentation must be submitted within 30 days of enrolling the student ☐ Yes ☐ No
2. Proof of immunizations as specified by the [Illinois Department of Public Health](#) are on file. ☐ Yes ☐ No
3. Students [have had health exams](#) performed within the following time frames: ☐ Yes ☐ No
  - a. within one year prior to entering K or 1<sup>st</sup> grade;
  - b. upon entering the 6<sup>th</sup> and 9<sup>th</sup> grades, **or**
  - c. irrespective of grade, immediately prior to or upon entrance into any school
4. By November 15, the school [has submitted information](#) through [IWAS](#) regarding the number of students who have and have not received the required immunizations and health exams as required in 2. and 3. ☐ Yes ☐ No
5. Students have had [vision exams](#) performed before October 15<sup>th</sup> of the school year in the following grades: ☐ Yes ☐ No
  - a. Kindergarten; **or**
  - b. Any grade if this is the first time the student has enrolled in an Illinois school
6. Students have had [dental exams](#) performed before May 15<sup>th</sup> of the school year in the Kindergarten, 2<sup>nd</sup>, 6<sup>th</sup>, and 9<sup>th</sup> grade. ☐ Yes ☐ No

## Reference(s)

☐ Recommendation Included

1. [\[325 ILCS 55/5\(b\)\]](#)
2. - 6. [\[105 ILCS 27-8.1\]](#)

## Evidence/Comments

302 - Student Prescription (Asthma Medication)

In Compliance

*If the school does not have any students with a prescribed asthma medication, click "N/A" for items 1 and 2.*

1. The school has on file the following for each student with asthma medication: ☐ Yes ☐ No ☐ N/A
  - i. signed parent permission notification
  - ii. the prescription label, which must contain
    1. the name of the asthma medication,
    2. the prescribed dosage; and,
    3. the time or circumstances in which the medicine is to be administered.
2. The school requests annually an [asthma action plan](#) from the parents or guardians. ☐ Yes ☐ No ☐ N/A

## Reference(s)

☐ Recommendation Included[\[105 ILCS 5/22-30\]](#)

## Evidence/Comments



## SECTION 3 – STUDENT RECORDS

### 303 - Student Prescription (Epinephrine Injectors)

#### In Compliance

*If the school does not have any students with a prescribed epinephrine injector, click "N/A".*

1. The school has on file the following for each student with an epinephrine injector:
  - i. a written authorization from the student's physician (assistant) or advanced practice nurse; and,
  - ii. a written statement from the student's physician (assistant) or advanced practice nurse containing the following information
    1. the name and purpose of the injector
    2. the prescribed dosage; and,
    3. the time or circumstances in which the injector is to be administered

☐ Yes    ☐ No    ☐ N/A

#### Reference(s)

[\[105 ILCS 5/22-30\]](#)

☐ Recommendation Included

#### Evidence/Comments

### 304 - Student Prescription (Diabetes/Seizure Medication)

#### In Compliance

*If the school does not have any students with a prescribed diabetes/seizure medication, click "N/A" for items 1 and 2.*

1. Have any students with prescribed diabetes/seizure medication (if any are currently enrolled) asked for assistance with managing their care? If not, check "NA".
  
2. The school ensures the following:
  - i. a care plan signed by the student's parent/guardian is on file.
  - ii. a copy of the care plan must be provided to any school employee who transports a student with diabetes/epilepsy to a school-sponsored activity
  - iii. a copy of any prescriptions and the methods of administration is on file.

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

#### Reference(s)

[\[105 ILCS 145\]](#)

[\[105 ILCS 150\]](#)

☐ Recommendation Included

#### Evidence/Comments

## SECTION 3 – STUDENT RECORDS

### 305 - [Student Prescription \(Medicinal Cannabis\)](#)

**In Compliance**

*If the school does not have any students with prescribed medicinal cannabis, click "N/A".*

1. The school has on file the following for each student with prescribed medical cannabis:
  - i. written authorization from the parent or guardian specifying the time or circumstances in which the product must be administered.
  - ii. a copy of the registry identification card of the student (as a registered qualifying patient) and the parent or guardian (as a registered designated caregiver).
  - iii. a copy of items i. and ii. on file in the school's office.
  - iv. if applicable, the yearly reauthorization from a parent or guardian for a student to self-administer.
  - v. the medical cannabis is stored at all times in a manner consistent with store of other student medications **and** may be accessible only by the school nurse or school administrator.

☐ Yes    ☐ No    ☐ N/A

**Reference(s)**

[\[PA 101-0370\]](#)

☐ **Recommendation Included**

**Evidence/Comments**

### 306 - [Concussion and Sports](#)

**In Compliance**

*If the school does not have any students participate in interscholastic athletic activities, click "N/A" for items 1, 2, and 3.*

1. Do any students participate in interscholastic activities?
2. Prior to practice or competition, all student athletes, and their parent or guardian, have signed an information document ([IHSA](#) or [IESA](#)), approved by the Illinois High School Association, about the school's policy on concussions and head injuries
3. Prior to practice or competition, all student athletes must have had an [annual sports physical](#) within the last 395 days.

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

☐ Yes    ☐ No    ☐ N/A

**Reference(s)**

2. [\[105 ILCS 5/22-80\]](#)

3. [\[23 Ill Adm Code 1.530b\]](#), [\[IHSA 2.150\]](#), [\[IESA 3.060\]](#)

☐ **Recommendation Included**

**Evidence/Comments**

## SECTION 4 – STAFF RECORDS

### Section 4 Staff/Administration records check: ☐ All ☐ Sampling

#### 401 - Background Checks & Mandated Reporting (School Employees)

#### In Compliance

- |  |                              |  |
|--|------------------------------|--|
| <p>1. Prior to starting employment, all school personnel hired on or after July 1, 1986, have signed the <a href="#">mandated reporter statement</a> required by the Department of Children and Family Services acknowledging this obligation.</p>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <p>2. The school can document that all applicants for employment, after July 1, 2007, have signed an authorization form for a fingerprint-based criminal history records check as a condition of employment to determine if such applicants have been convicted of any of the enumerated offenses in <a href="#">105 ILCS 5/21B-80</a>.</p>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <p>3. The school can document that it performs a check of the <a href="#">Statewide Sex Offender Database</a> for each applicant for employment, after July 1, 2007, to determine if such applicants have been adjudicated a sex offender.</p>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <p>4. The school can document that it performs a check of the <a href="#">Statewide Murderer and Violent Offender Against Youth Database</a> for each applicant for employment, after July 1, 2007, to determine if such applicants have been adjudicated of a sex offense or of a murder or other violent crime against youth.</p>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <p>5. The school can document, through the presence of a Transaction Control Number (TCN) or of a completed background check, that it has not knowingly employed a person for whom a State Police and FBI finger-print based criminal background check has not been initiated.</p>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <p>6. The school has not knowingly employed a person that is ineligible for employment under <a href="#">105 ILCS 5/21B-80</a>.</p>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <p>7. The school has not knowingly employed a person who has been found to be the perpetrator of sexual or physical abuse of a minor under 18 years of age.</p>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <p>8. The school has completed and kept on file the required employment history review documents under 105 ILCS 5/22-94(c)(3) and (4) for any new applicant hired on or after July 1, 2023. These include:</p> <p style="margin-left: 20px;">a. <a href="#">The Illinois State Board of Education Sexual Misconduct Disclosure Template for Applicant</a>;</p> <p style="margin-left: 20px;">b. <a href="#">The Authorization for Release of Sexual Misconduct-Related Information and Current/Former Employer Response Template</a></p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |

#### Reference(s)

[\[325 ILCS 5/4\]](#)

[\[105 ILCS 5/2-3.25o\]](#)

[\[105 ILCS 5/22-94\(c\)\(3\) and \(4\)\]](#)

☐ **Recommendation Included**

#### Evidence/Comments

## SECTION 4 – STAFF RECORDS

### 402 - Background Checks & Mandated Reporting (Student Teachers)

**In Compliance**

*Does the school currently have student teachers? If not, click "N/A" for items 1-6.*

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 1. The school requires all student teacher candidates to authorize a fingerprint-based criminal history records check.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. The school can document that it performs a check of the <a href="#">Statewide Sex Offender Database</a> for each student teacher candidate.                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. The school can document that it performs a check of the <a href="#">Statewide Murderer and Violent Offender Against Youth Database</a> for each student teacher candidate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. The school does not allow an individual to student teach unless the school administrator has completed and reviewed items 1-3.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. The school has not knowingly approved a student teacher candidate that is ineligible for participation under <a href="#">105 ILCS 5/21B-80</a> .                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. The school has not knowingly approved a student teacher candidate that has been found to be the perpetrator of sexual or physical abuse of a minor under 18 years of age.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**Reference(s)**

☐ **Recommendation Included**

[\[105 ILCS 5/2-3.25o\]](#)

[\[105 ILCS 5/22-94\(c\)\(3\) and \(4\)\]](#)

**Evidence/Comments**

### 403 - Staff Health Records

**In Compliance**

*Has the school hired any new employees for the current school year? If not, click "N/A" for items 1-3.*

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 1. All new employees present evidence of physical fitness to perform duties assigned.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. All new employees present evidence of freedom from communicable diseases.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. In a school where pre-school children are enrolled, all new employees who work with pre-school children present evidence of a TB test. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**Reference(s)**

☐ **Recommendation Included**

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

[\[77 Ill. Adm. Code 696.140\]](#)

**Evidence/Comments**

## SECTION 4 – STAFF RECORDS

### 404 - Staff Qualifications and Licenses

#### In Compliance

- |  |                              |  |
|--|------------------------------|--|
| 1. A formal evaluation is performed at least every two years in terms of proficiency and competency. This requirement includes the principal and other instructional administrators.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| 2. All full-time teaching or administrative professionals hired at or after the beginning of the 2011-12 school year hold a bachelor's or higher degree.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| 3. Does the school employ any full-time teaching or administrative professionals without a bachelor's degree? <b><i>If No, please mark N/A.</i></b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. All full-time teaching or administrative professionals without a bachelor's degree hired before the 2011-2012 school year participate annually in professional development that is demonstrably designed to strengthen his or her knowledge and skills in areas directly related to job duties. | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Does the school employ any staff (aside from teachers or administrators) that require a license to practice? <b><i>If No, please mark N/A.</i></b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Each individual employed in a field requiring licensure (e.g., a school nurse) holds a relevant license and practices within the scope of that license. This item does not apply to teacher or administrator licenses.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |

#### Reference(s)

☐ Recommendation Included

[\[23 Ill. Adm. Code 425.30\(c\)\(3\)\(B\)\]](#)

[\[23 Ill. Adm. Code 425.30\(c\)\(5-7\)\]](#)

#### Evidence/Comments

**405 – Staff Training (Medical)****In Compliance**

*Within six months of employment by a school board and at least once every 5 years thereafter (excluding #6 below), teachers, administrators, and school support personnel who work with pupils must receive training on: :*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Anaphylactic reactions and management. Such training shall be conducted by persons with expertise in anaphylactic reactions and management.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. The management of asthma, the prevention of asthma symptoms, and emergency response in the school setting.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. The basics of seizure recognition and first aid and appropriate emergency protocols. Such training must be fully consistent with the best practice guidelines issued by the Centers for Disease Control and Prevention.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. The basics of diabetes care, how to identify when a student with diabetes needs immediate or emergency medical attention, and whom to contact in the case of an emergency.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Current best practices regarding the identification and treatment of attention deficit hyperactivity disorder.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Instruction on how to respond to an incident involving life-threatening bleeding and, if applicable, how to use a school's trauma kit. Beginning with the 2024-2025 school year, training on life-threatening bleeding must be completed within 6 months of the employee first being employed by a school board and renewed within 2 years. School employees who are trained to respond to trauma shall be immune from civil liability in the use of a trauma kit unless the action constitutes willful or wanton misconduct. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Reference(s)**

1. [\[105 ILCS 5/10-22.39\]](#)
2. [\[105 ILCS 5/22-30\]](#)
3. [\[105 ILCS 150\]](#)
4. [\[105 ILCS 145/25\]](#)
5. & 6. [\[105 ILCS 5/10-22.39\]](#)

☐ **Recommendation Included**
**Evidence/Comments****406 - Staff Training****In Compliance**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. All employees have completed initial <a href="#">mandated reporter training</a> within 3 months of their date of engagement in a professional or official capacity as a mandated reporter and at least every 3 years thereafter.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. The school provides <a href="#">sexual harassment prevention training</a> at least once a year to all employees.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. The school takes steps to ensure that all mandated reporters review any State Board of Education materials detailing the information that is necessary to enable notification to DCFS of an alleged incident of sexual abuse, and materials developed by the Department of Children and Family Services and distributed in the school building under Section 7 of the Abused and Neglected Child Reporting Act, at least once annually. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Reference(s)**

1. [\[325 ILCS 5/4\]](#)
2. [\[775 ILCS 5/2-109\]](#)
3. [\[105 ILCS 5/22-85; PA 101-531\]](#)

☐ **Recommendation Included**
**Evidence/Comments**

## SECTION 4 – STAFF RECORDS

### 407 - Staff Training (Delegated Care Aide)

*Have any students with prescribed diabetes/seizure medication (if any are currently enrolled) asked for assistance with managing their care? If not, check NA.*

1. The school requires a staff member to be trained as a “Delegated Care Aide” by a licensed healthcare provider.

**Reference(s)**

[\[105 ILCS 145/25\]](#)  
[\[105 ILCS 150\]](#)

**Evidence/Comments**

**In Compliance**

☐ Yes ☐ No ☐ N/A

☐ **Recommendation Included**

### 408 - Staff Training (Interscholastic Athletic Activities)

*Does the school participate in interscholastic athletic activities? If no, mark N/A for item 1.*

1. The school has ensured that all statute-specified persons have taken the statute- specified concussion training.

**Reference(s)**

[\[105 ILCS 5/22-80h\]](#)

**Evidence/Comments**

**In Compliance**

☐ Yes ☐ No ☐ N/A

☐ **Recommendation Included**

### 409 - Staff Training (Undesignated Medications)

*Does the school allow the administration of undesignated asthma medication or epinephrine injectors? If no, mark N/A for items 1 and 2.*

1. The school has on file documentation of the annual training of school staff who are authorized to administer undesignated asthma medication.
2. The school has on file documentation of the annual training of school staff who are authorized to administer undesignated epinephrine injectors.

**Reference(s)**

[\[105 ILCS 5/22-30g\]](#)

**Evidence/Comments**

**In Compliance**

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ **Recommendation Included**

## SECTION 5 – SCHOOL RECORDS

### 501 - Building Inspection (Physical Facilities)

#### In Compliance

1. The physical facilities occupied by the school have been inspected for compliance with **local** building and code fire safety requirements.

☐ Yes ☐ No

Name of Inspecting Agency: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

2. Were there any code violations noted? If any code violations were noted, please list them below. Indicate those violations, if any, that have since been resolved. If there weren't any violations, check "N/A".

☐ Yes ☐ No ☐ N/A

#### Reference(s)

[[23 Ill. Adm. Code 425.30\(d\)\(1\)](#)]

☐ Recommendation Included

#### Evidence/Comments

### 502 – Building Inspection (Asbestos)

#### In Compliance

1. All schools seeking recognition must be inspected for asbestos unless it can document in writing that the architect or project engineer has certified the building is free of asbestos. If the school has this proof, provide the document author and date, then mark "N/A" for items 2-6. If the school does not have proof, mark "N/A" and complete items 2-6.

☐ Yes ☐ No ☐ N/A

Name of Architect/Engineer: \_\_\_\_\_

Date of Document: \_\_\_\_\_

2. The school has been inspected for asbestos within the last 3 years by an authorized agent.  
Date of last inspection: \_\_\_\_\_

☐ Yes ☐ No ☐ N/A

3. The owner of the school has created and submitted an asbestos management plan to the Department of Public Health.

☐ Yes ☐ No ☐ N/A

4. Parents, teachers, and employees are notified of the school's asbestos report and said report is available for viewing upon request.

☐ Yes ☐ No ☐ N/A

5. Short-term workers are notified of the presence of asbestos in the building.

☐ Yes ☐ No ☐ N/A

6. The school has signed the [IDPH Assurances](#) form outlining the responsibilities of complying with asbestos regulation.

☐ Yes ☐ No ☐ N/A

#### Reference(s)

[[23 Ill. Adm. Code 425.30\(d\)\(8\)](#)]

[[EPA Asbestos FAQ, Q13](#)]

2. – 6. [[Illinois Asbestos Abatement Act](#)]

☐ Recommendation Included

#### Evidence/Comments



**503 - Student Supplies Inspection****In Compliance***If not applicable mark "N/A" for items*

- 1-3.
1. Toxic art supplies are not used in grades K-6. ☐ Yes ☐ No ☐ N/A
  2. Art supplies containing toxic substances are not used in grades 7 through 12 unless the materials are properly labeled according to statute. ☐ Yes ☐ No ☐ N/A
  3. Students, teachers, and visitors are required to wear industrial quality eye care protective devices when participating in or observing the following: ☐ Yes ☐ No ☐ N/A
    - a. chemical or combined chemical-physical laboratories involving caustic or explosive chemicals or hot liquids or solids.
    - b. Vocational or industrial arts shops or laboratories involving:
      - i. hot molten metals
      - ii. milling, sawing, turning, shaping, cutting, grinding or stamping of any solid metals
      - iii. heat treatment, tempering or kiln firing of any metal or other materials
      - iv. gas or electric arc welding; repair or service of any vehicle
      - v. caustic or explosive materials

**Reference(s)**☐ **Recommendation Included**[\[105 ILCS 135/6\]](#)[\[105 ILCS 115/1\]](#)**Evidence/Comments****504 - Safety Drill Records (Sample Drill Log)****In Compliance**

1. During the academic year, the school conducts a minimum of three school evacuation drills to address and prepare students and school personnel for fire incidents, bomb threats, and hazardous materials events. ☐ Yes ☐ No
2. One of the three school evacuation drills must require the participation of the local fire department/district. ☐ Yes ☐ No
3. During the academic year, the school conducts a minimum of one severe weather and shelter-in-place drill to address and prepare students and school personnel for possible tornado incidents. ☐ Yes ☐ No
4. Within the first 90 days of school, the school conducts a minimum of one law enforcement lockdown drill to addresses an active threat or an active shooter. Please see [PA 102-0395](#) for a full list of requirements. ☐ Yes ☐ No

**Reference(s)**☐ **Recommendation Included**[\[105 ILCS 128\]](#)**Evidence/Comments**

## SECTION 5 – SCHOOL RECORDS

### 505 - [Safety Drill Records \(Bus Drills\)](#)

#### In Compliance

If the school is not supported or maintained by public funds, mark "N/A" for items 1-3.

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 1. During the academic year, the school conducts a minimum of one bus evacuation drill.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. The school's curriculum shall include this drill and instruction in safe riding practices for all students.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. If the school does not run buses, the school has submitted a bus evacuation <a href="#">exemption form</a> to ISBE and has a copy on file at the school. If "Not Applicable", mark "N/A". | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

#### Reference(s)

☐ **Recommendation Included**

[\[105 ILCS 128\]](#)

#### Evidence/Comments

### 506 - [Crisis Plan Review](#)

#### In Compliance

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 1. The school has completed an annual review of its emergency and crisis response plans with participation from a local first responder organization.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 2. If the school participates in interscholastic athletic activities, then the school must have a specific <a href="#">plan for interscholastic athletic activities</a> .   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. If the school has students with asthma, then the school must have an <a href="#">asthma episode emergency response protocol</a> .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Does the school have an indoor or outdoor physical fitness facility or athletic field? If not, mark "N/A" and mark item 5 "N/A".   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. The school requires an automated external defibrillator (AED) in each indoor and outdoor physical fitness facility and athletic field and has a trained AED user on staff during staffed business hours. The AED is also in a building that is within 300 feet of the outdoor athletic facility where an event or activity is being held and ensures that all physical fitness facility staff that conduct practices or have games outside have been trained to be an AED user and have an AED at every practice and game. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. The nonpublic school has developed a cardiac emergency response plan in accordance with guidelines set forth by either the American Heart Association or other nationally recognized, evidence-based standards that includes the following elements:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| i. procedures to follow in the event of a cardiac emergency at a school; and  |                              |                             |                              |
| ii. a listing of every AED and the maintenance schedule for the AEDs (Mark "N/A" if 506.5 was marked "N/A").  |                              |                             |                              |

#### Reference(s)

☐ **Recommendation Included**

[\[105 ILCS 128\]](#)

[\[210 ILCS 74/5.25\]](#)

[\[105 ILCS 128/60\]](#)

#### Evidence/Comments

The visiting team wishes to highlight some especially noteworthy items it observed in the form of **commendations**:

The visiting team wishes to offer some non-compliance items in the form of **advice, concerns, suggestions, or recommendations**:

The visiting team notes below **deficiencies** (that is, compliance issues) that must be corrected in order for the school to achieve full recognition status: