



Illinois State Board of Education

555 W. Monroe Street, Suite 900
Chicago, Illinois 60661

NONPUBLIC RECOGNITION INSTRUMENT SCHOOL YEAR 2022 – 2023

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	
NAME OF SCHOOL ADMINISTRATOR		<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	
E-MAIL OF SCHOOL ADMINISTRATOR		ISBE may only recognize a school that serves at least two grade levels.	
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	E-MAIL
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	

101. Governance and Policy-Making

In Compliance

- A. The school maintains written descriptions of its governance structure and its policy making procedure, Yes No
- B. The school maintains its policies in written form, and Yes No
- C. 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. Yes No

Reference(s)

 Recommendation Included[\[23 Ill. Admin. Code Part 425.30\(a\)\(2\)\(A\)\]](#)

Evidence/Comments

102. Social Media

Please read carefully. The school has notified students and their parents/guardians in the school's disciplinary rules, policies handbooks or similar means that

- A. 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**; Yes No
- B. 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, Yes No
- C. The school may require the student to share content in the course of such an investigation. Yes No

Reference(s)

 Recommendation Included[\[105 ILCS 75/15\]](#)

Evidence/Comments

103. Bullying

In Compliance

Does the school's RCDT code end in -01, -16, or -19?
If not, check here and proceed to item 104.

The school has adopted [a compliant bullying policy](#), and the team sees evidence that the policy is

- | | | |
|---|------------------------------|-----------------------------|
| A. Communicated to students and parents/guardians annually, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Updated biennially, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. On file with ISBE and, | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Being fully implemented by the school. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Reference(s)

[[105 ILCS 5/27-23.7](#)]

Evidence/Comments

 Recommendation Included
104. Student Attendance

- | | | |
|--|------------------------------|-----------------------------|
| A. The school offers a minimum of 176 5-hour days or 880 hours of instruction.
Number of Days: _____
Number of Hours: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. The school requires students to attend daily during the entire regular school term. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Students are to be excluded from school by October 15 th if requirements for health examinations and immunizations have not been met (See 301, B & C). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is the school supported or maintained by public funds?
If not, check here and proceed to item 105.

- | | | |
|--|------------------------------|-----------------------------|
| D. The school has submitted a compliant absenteeism and truancy policy in IWAS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Reference(s)

A, B: [[23 Ill Admin Code Part 425.30\(a\)\(1\)\(A\) & \(B\)](#)]

C: [[105 ILCS 5/27-8.1\(5\)](#)]

D: [[105 ILCS 5/22-92](#)]

Evidence/Comments

 Recommendation Included

105. Nondiscrimination**In Compliance**

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

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| A. Title IX of the <i>Education Amendments of 1972</i> (20 USC 1681 et seq.). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. The <i>Individuals with Disabilities Education Improvement Act</i> (20 USC 1400 et seq.). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. The <i>Age Discrimination in Employment Act of 1967</i> (29 USC 621 et seq.). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| D. Title VI of the <i>Civil Rights Act of 1964</i> (42 USC 2000d et seq.). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Title VII of the <i>Civil Rights Act of 1964</i> (42 USC 2000e et seq.). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| F. The <i>Americans with Disabilities Act of 1990</i> (42 USC 12101 et seq.). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| G. The school does not prohibit hairstyles that are historically associated with race, ethnicity, or hair texture, including, but not limited to, protective hairstyles such as braids, locks, and twists. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| H. The school maintains a written description of its methods or procedures for complying with the applicable nondiscrimination requirements identified in A – G. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Reference(s)

A – F: [[23 Ill. Admin. Code 425.30\(a\)\(1\)\(C\)](#)]

G: [[PA 102-0360](#)]

H: [[23 Ill. Admin. Code 425.30\(a\)\(2\)\(B\)](#)]

Recommendation Included

Evidence/Comments**106. Student Records**

- | | | |
|--|------------------------------|-----------------------------|
| A. The school has a written system/procedure in place that flags records requests for any current or former student who has been reported as a missing person by the Illinois State Police. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Reference(s)

A, B: [[325 ILCS 50/5](#)]

A: [[105 ILCS 5/2-3.13a](#)], [[23 Ill. Admin. Code 375.75 f & g](#)]

Recommendation Included

Evidence/Comments

SECTION 1 – SCHOOL POLICY

107. [Firearms, Drugs, Battery & Student Information Reporting System](#)

In Compliance

107.1 Battery Against School Personnel

- A. 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**, Yes No
- B. The chief school administrator shall notify the Illinois State Police within 3 days of each incident of battery (A) through the School Incident Reporting System (SIRS) in [IWAS](#). Yes No

107.2 Firearms & Drugs

For purposes of A and B 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.

- A. 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
- B. The chief school administrator shall immediately notify a local law enforcement agency of verified incidents involving drugs occurring on school grounds. Yes No
- C. The chief school administrator shall notify the Illinois State Police of such incidents (A – B) through the School Incident Reporting System (SIRS) in [IWAS](#). Yes No

Reference(s)

- .1 A, B: [\[105 ILCS 5/10-21.7\]](#)
- .2 A, C: [\[105 ILCS 5/10-27.1A\]](#)
- .2 B, C: [\[105 ILCS 5/10-27.1B\]](#)

Recommendation Included

Evidence/Comments

108. [Staff & Student Support](#)

- A. 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
- B. 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
- C. The school's staffing configuration shall reflect decision-making about how those needs (B) should be addressed. Yes No

Reference(s)

- A: [\[23 Ill. Adm. Code 425.30\(c\)\(3\)\(A\)\]](#)
- B, C: [\[23 Ill. Adm. Code 425.30\(c\)\(4\)\]](#)

Recommendation Included

Evidence/Comments

109. Federal and State Meal Program**In Compliance****109.1 Does the school participate in the National School Lunch Program or Illinois Free Lunch Program?****If not, check here and proceed to 109.2.**

- A. The school ensures that all students who request a federally reimbursable meal or snack are provided a federally reimbursable meal or snack regardless of whether the student has the ability to pay for the meal or snack or owes money for earlier meals or snacks. Yes No
- B. The school maintains [the records](#) necessary for periodic auditing of the school's lunch program, which includes documents showing eligibility, menus, meal counting, etc. Yes No
- C. The school ensures that it will (or already does) offer a [breakfast program](#) if at least 40% of the students were eligible for free or reduced-price lunches in October of the preceding year. Or, the school has [appropriate documentation](#) that it can opt out of this requirement. Yes No
- D. The school ensures that it will (or already does) offer a [breakfast after the bell program](#) if at least 70% of the students were eligible for free or reduced-price lunches in October of the preceding year. Or, the school has [appropriate documentation](#) that it can opt out of this requirement. Yes No

109.2 Does the school have student workers that are allowed in the food service area?**If not, check here and proceed to 109.3.**

The school ensures that

- A. Students are not required to work for their meals, Yes No
- B. Student worker meals are claimed in the eligibility category of the student; **and**, Yes No
- C. The student has written consent to work from the person who legally enrolled the student in the school. Yes No

109.3 Does the school participate in the [National] School Breakfast Program or Illinois Free Breakfast Program?**If not, check here and proceed to item 110.**

- A. The school ensures that all students who request a federally reimbursable meal or snack are provided a federally reimbursable meal or snack regardless of whether the student has the ability to pay for the meal or snack or owes money for earlier meals or snacks. Yes No
- B. The school maintains [the records](#) necessary for periodic auditing of the school's lunch program, which includes documents showing eligibility, menus, meal counting, etc. Yes No

Reference(s) **Recommendation Included**

- .1 A; .3 A: [\[105 ILCS 123/10\]](#)
 .1 B; .3 B: [\[23 Ill Adm. Code 305.10\(e\)\]](#)
 .1 C: [\[105 ILCS 126/15\]](#)
 .1 D: [\[105 ILCS 126/16\]](#)
 .2 A – C: [\[23 Ill Adm. Code 305.20\(a-d\)\]](#)

Evidence/Comments

110. Concussion and Sports

In Compliance

Do students participate in interscholastic athletic activities?

If not, check here and proceed to item 111.

- A. The school has a principal-appointed or approved concussion oversight team which meets the following requirements: Yes No
- i. At a minimum, a concussion oversight team may be composed of only one person and this person need not be a licensed healthcare professional, but it may not be a coach (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.”
- B. The oversight team has established a [return-to-play](#) and [return-to-learn](#) protocol. Yes No
- C. At least one person has been appointed to implement the return-to-play and return-to-learn protocol. Yes No
- D. The administrator or their designee must supervise the person appointed in C. This person **may not** be a coach of an interscholastic athletics team. Yes No
- E. The school ensures that students are removed immediately from practice or competition if any statute-specified person believes the student has sustained a concussion. Yes No
- F. 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. Yes No
- G. If the school has high school athletes, it [reports instances of concussions](#) to the appropriate organization that governs the school’s interscholastic athletic participation. Yes No N/A
- H. 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. Yes No

Reference(s)

A - F: [[105 ILCS 5/22-80](#)]

G: [[105 ILCS 25/1.20\(b\)](#)]

H: [[105 ILCS 5/22-90](#)]

Recommendation Included

Evidence/Comments

111. Student Medical Rights**In Compliance**

- A. 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. Yes No
- B. 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 for a list of requirements). Yes No
- C. 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

Reference(s)A, B: [\[105 ILCS 5/22-30\]](#) & [\[105 ILCS 150\]](#)C: [\[PA 101-0370\]](#) **Recommendation Included****Evidence/Comments**

112. Administration of Undesignated Medicine**In Compliance****112.1 Does the school allow the administration of undesignated epinephrine injectors?
If not, check here and proceed to 112.2.**

- A. 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, check N/A but still complete B – E.

 Yes No N/A

The school has a standing protocol which includes but is not limited to the following:

- B. The school [reports to ISBE](#) as prescribed that the school maintains a supply of undesignated epinephrine auto-injectors.
- C. The school [reports to ISBE](#) as prescribed within three days of administering an undesignated epinephrine auto-injector.
- D. 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 known.
- E. 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.

 Yes No

 Yes No

 Yes No

 Yes No
**112.2 Does the school allow the administration of undesignated opioid antagonists?
If not, check here and proceed to 112.3**

- A. 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, check N/A but still complete B – D.

 Yes No N/A

The school has a standing protocol which includes but is not limited to the following:

- B. The school [reports to ISBE](#) as prescribed within three days of administering an undesignated opioid antagonist.
- C. The school, upon any administration of an opioid antagonist will immediately activate the EMS system and notify the student's parent, guardian, or emergency contact, if known.
- D. Within 24 hours of the administration of an undesignated opioid antagonist, the school will notify the health care professional who provided the prescription for the opioid antagonist of its use.

 Yes No

 Yes No

 Yes No
**112.3 Does the school allow the administration of undesignated asthma inhalers?
If not, check here and proceed to 112.4.**

- A. 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, check N/A but still complete B and C.

 Yes No N/A

The school has a standing protocol which includes but is not limited to the following:

- B. Within 24 hours of the administration of undesignated asthma medication, the school must notify the student's parents or guardian or emergency contact, if known, and the 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.
- C. The school [reports to ISBE](#) as prescribed within three days of administering undesignated asthma medication.

 Yes No

 Yes No
**112.4 Does the school allow the administration of undesignated glucagon?
If not, check here and proceed to item 113.****In Compliance**

SECTION 1 – SCHOOL POLICY

- A. A statute specified person has prescribed the undesignated glucagon in the school's name for use. If the school currently has no doses, check N/A but still complete B – E. Yes No N/A

The school has a standing protocol which includes but is not limited to the following:

- B. The undesignated glucagon is maintained according to the manufacturer's instruction. Yes No
- C. The undesignated glucagon is administered by an individual authorized in the student's diabetes care plan. Yes No
- D. Undesignated glucagon is only administered if the student's prescribed glucagon is not available on-site or has expired. Yes No
- E. 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. Yes No

Reference(s)

Recommendation Included

- .1 - .3: [[105 ILCS 5/22-30](#)]
.4: [[PA 101-0428](#)]

Evidence/Comments

113. [General School Compliance](#)

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

Yes No

Reference(s)

Recommendation Included

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

Evidence/Comments

201. Overall Instruction**In Compliance**

- A. Instruction is in the English language, except as otherwise permitted pursuant to 105 ILCS 5/27-2. Yes No
- B. 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. Yes No

Reference(s) **Recommendation Included**[\[23 Ill Adm. Code 425.30\(b\)\(1\)\]](#)[\[105 ILCS 5/26-1\]](#)[\[105 ILCS 5/27-1 & 27-2\]](#)**Evidence/Comments****202. Civics & Patriotic Education****Is the school supported or maintained by public funds?**If not, check here and proceed to item 203.

- A. The school provides instruction in
- i. American patriotism; Yes No
 - 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; Yes No
 - iii. The proper use and display of the American flag; and, Yes No
 - iv. The method of voting in elections by means of the Australian ballot system. Yes No
- B. The school requires pupils to recite the Pledge of Allegiance daily. Yes No
- C. 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
- D. No student shall receive a certificate of graduation without passing an examination on subjects A, i – iii. Yes No
- E. The school provides instruction in the history of the United States, which must include the history of Illinois and other topics. Yes No

Reference(s) **Recommendation Included**A, B, D: [\[105 ILCS 5/27-3\]](#)C: [\[105 ILCS 5/27-4\]](#)E: [\[105 ILCS 5/27-21\]](#)**Evidence/Comments**

203. [Health Topics](#)

In Compliance

The school provides instruction in all the following subjects, provided that parents or guardians may opt their child out of C and O.

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| A. Human ecology and health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| B. Human growth and development | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| C. The emotional, psychological, physiological, hygienic, and social responsibilities of family life including | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. sexual abstinence until marriage | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| ii. prevention and control of disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| iii. 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 |
| D. Age-appropriate sexual abuse and assault awareness and prevention education in grades PreK – 12. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| E. Public and environmental health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| F. Consumer health | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| G. Safety education and disaster survival | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| H. 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 | |
| I. Personal health habits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| J. Alcohol, drug use, and abuse including the medical and legal ramifications of alcohol, drug, and tobacco use | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| K. Abuse during pregnancy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| L. 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 | |
| M. Course material and instruction in the Abandoned Newborn Infant Protection Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| N. 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 | |
| O. 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 |

Recommendation Included

Reference(s)

[[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:

- A. 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
- B. Proof of immunizations as specified by the [Illinois Department of Public Health](#) are on file. Yes No
- C. Students [have had health exams](#) performed within the following time frames: Yes No
 a) within one year prior to entering K or 1st grade;
 b) upon entering the 6th and 9th grades, **or**
 c) irrespective of grade, immediately prior to or upon entrance into any school
- D. 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 B and C. Yes No
- E. Students have had [vision exams](#) performed before October 15th 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
- F. Students have had [dental exams](#) performed before May 15th of the school year in the Kindergarten, 2nd, 6th, and 9th grade. Yes No
- G. By June 30, the school has submitted information through [IWAS](#) regarding the number of students who have and have not received the required [vision](#) and [dental](#) exams as required in E and F. Yes No

Reference(s)

 Recommendation IncludedA: [[325 ILCS 55/5\(b\)](#)]B – G: [[105 ILCS 27-8.1](#)]

Evidence/Comments

SECTION 3 – STUDENT RECORDS

302. Student Prescriptions

In Compliance

**302.1 Do any enrolled students have prescribed asthma medication?
If not, check here and proceed to 302.2**

- | | | |
|--|------------------------------|-----------------------------|
| A. The school has on file the following for each student with asthma medication: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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. | | |
| B. The school <u>requests</u> annually an <u>asthma action plan</u> from the parents or guardians. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**302.2 Do any enrolled students have prescribed epinephrine injectors?
If not, check here and proceed to 302.3**

- | | | |
|--|------------------------------|-----------------------------|
| The school has on file the following for each student with an epinephrine injector: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 | | |

**302.3 Have any students with prescribed diabetes/seizure medication (if any are currently enrolled) asked for assistance with managing their care?
If not, check here and proceed to 302.4.**

- | | | |
|--|------------------------------|-----------------------------|
| The school ensures the following: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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. | | |

**302.4 Do any enrolled students have prescribed medical cannabis?
If not, check here and proceed to item 303.**

- | | | |
|--|------------------------------|-----------------------------|
| The school has on file the following for each student with prescribed medical cannabis: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 a) and b) 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. | | |

Reference(s)

Recommendation Included

- .1; .2: [\[105 ILCS 5/22-30\]](#)
 .3: [\[105 ILCS 145\]](#) & [\[105 ILCS 150\]](#)
 .4: [\[PA 101-0370\]](#)

Evidence/Comments

303. [Concussion and Sports](#)

In Compliance

Do any students participate in interscholastic athletic activities?
If not, check here and proceed to the next section.

- A. 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 Yes No
- B. Prior to practice or competition, all student athletes must have had an [annual sports physical](#) within the last 395 days. Yes No

Reference(s)

 Recommendation Included

A: [[105 ILCS 5/22-80](#)]

B: [[23 Ill Adm Code 1.530b](#)], [[IHSA 2.150](#)], [[IESA 3.060](#)]

Evidence/Comments

Section 4 Staff/Administration records check: All Sampling401. Background Checks & Mandated Reporting

In Compliance

- A. Prior to starting employment, all school personnel hired on or after July 1, 1986, have signed the [mandated reporter statement](#) required by the Department of Children and Family Services acknowledging this obligation. Yes No
- B. 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 [105 ILCS 5/21B-80](#). Yes No
- C. The school can document that it performs a check of the [Statewide Sex Offender Database](#) for each applicant for employment, after July 1, 2007, to determine if such applicants have been adjudicated a sex offender. Yes No
- D. 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. Yes No
- E. The school has not knowingly employed a person that is ineligible for employment under [105 ILCS 5/21B-80](#). Yes No
- F. 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. Yes No

Does the school currently have student teachers?If not, check here and proceed to item 402.

- G. The school requires all student teacher candidates to authorize a fingerprint-based criminal history records check. Yes No
- H. The school can document that it performs a check of the [Statewide Sex Offender Database](#) for each student teacher candidate. Yes No
- I. The school can document that it performs a check of the [Statewide Murderer and Violent Offender Against Youth Database](#) for each student teacher candidate. Yes No
- J. The school does not allow an individual to student teach unless the school administrator has completed and reviewed items H – J. Yes No
- K. The school has not knowingly approved a student teacher candidate that is ineligible for participation under [105 ILCS 5/21B-80](#). Yes No
- L. 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. Yes No

Reference(s) **Recommendation Included**A, [\[325 ILCS 5/4\]](#)C – M: [\[105 ILCS 5/2-3.25o\]](#)**Evidence/Comments**

SECTION 4 – STAFF RECORDS

402. [Staff Health Records](#)

Has the school hired any new employees for the current school year?
If not, check here and proceed to item 403.

In Compliance

A. All new employees present evidence of physical fitness to perform duties assigned.

Yes No

B. All new employees present evidence of freedom from communicable diseases.

Yes No

C. In a school where pre-school children are enrolled, all new employees present evidence of a TB test.

Yes No N/A

Reference(s)

Recommendation Included

A – C: [\[105 ILCS 5/24-5\]](#)

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

Evidence/Comments

SECTION 4 – STAFF RECORDS

403. Staff Qualifications and Licenses

In Compliance

403.1 A. 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. Yes No

B. 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. Yes No

403.2 Does the school employ any full-time teaching or administrative professionals without a bachelor's degree?

If not, check here and proceed to 403.3.

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. Yes No

403.3 Does the school employ any staff (aside from teachers or administrators) that require a license to practice?

If not, check here and proceed to item 404.

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. Yes No

Reference(s)

Recommendation Included

- .1: [\[23 Ill. Adm. Code 425.30\(c\)\(3\)\(B\)\]](#)
- .2; .3: [\[23 Ill. Adm. Code 425.30\(c\)\(5-7\)\]](#)

Evidence/Comments

SECTION 4 – STAFF RECORDS

- | | | In Compliance | |
|--------------|---|------------------------------|-----------------------------|
| 404. | <u>Staff Training</u> | | |
| 404.1 | All employees have completed initial mandated reporter training 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 |
| 404.2 | The school provides sexual harassment prevention training at least once a year to all employees. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 404.3 | 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 |
| 404.4 | Does the school participate in a federal meal program?
If not, check here <input type="checkbox"/> and proceed to 404.5. | | |
| | The school ensures that all staff members who work directly with program applicants and/or participants participate in the required annual civil rights training as described in the <i>U.S. Department of Agriculture Food and Nutrition Service Guidance</i> 113-1, XI Civil Rights Training. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 404.5 | Do any enrolled students have prescribed asthma medication?
If not, check here <input type="checkbox"/> and proceed to 404.6. | | |
| | The school requires its personnel who work with pupils to complete <u>every two years</u> an in-person or online training program on the management of asthma , the prevention of asthma symptoms, and emergency response in the school setting. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 404.6 | Have any students with prescribed diabetes/seizure medication (if any are currently enrolled) asked for assistance with managing their care?
If not, check here and proceed to 404.7. | | |
| | A. All school employees receive training in 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 |
| | B. The school requires a staff member to be trained as a “Delegated care aide” by a licensed healthcare provider. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 404.7 | Does the school participate in interscholastic athletic activities?
If not, check here <input type="checkbox"/> and proceed to 404.8. | | |
| | The school has ensured that all statute-specified persons have taken the statute-specified concussion training. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 4 – STAFF RECORDS

404.8 Does the school allow the administration of undesignated asthma medication, epinephrine injectors, or opioid antagonists?

If not, check here and proceed to the next section.

- A. The school has on file documentation of the annual training of school staff who are authorized to administer undesignated asthma medication. Yes No
- B. The school has on file documentation of the annual training of school staff who are authorized to administer undesignated epinephrine injectors. Yes No
- C. The school has on file documentation of the annual training of school staff who are authorized to administer undesignated opioid antagonists. Yes No

Reference(s)

Recommendation Included

- .1: [[325 ILCS 5/4](#)]
- .2: [[775 ILCS 5/2-109](#)]
- .3: [[105 ILCS 5/22-85; PA 101-531](#)]
- .4: [[USDA FNS](#)]
- .5: [[105 ILCS 5/22-30j-15](#)]
- .6: [[105 ILCS 145/25](#)] & [[105 ILCS 150](#)]
- .7: [[105 ILCS 5/22-80h](#)]
- .8: [[105 ILCS 5/22-30g](#)]

Evidence/Comments

501. Building Inspection**In Compliance**

501.1 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: _____

If any code violations were noted, please list them below. Indicate those violations, if any, that have since been resolved.

501.2 All schools seeking recognition must be inspected for asbestos unless they 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 check here and skip to item 502. If not, complete A – E below.

Name of Architect/Engineer: _____

Date of Document: _____

- | | | |
|---|------------------------------|-----------------------------|
| A. The school has been inspected for asbestos within the last 3 years by an authorized agent. Date of last inspection: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. The owner of the school has created and submitted an asbestos management plan to the Department of Public Health. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Parents, teachers, and employees are notified of the school's asbestos report and said report is available for viewing upon request. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Short-term workers are notified of the presence of asbestos in the building. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. The school has signed the IDPH Assurances form outlining the responsibilities of complying with asbestos regulation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Reference(s)

Recommendation Included

- .1 [\[23 Ill. Adm. Code 425.30\(d\)\(1\)\]](#)
 .2: [\[23 Ill. Adm. Code 425.30\(d\)\(8\)\]](#), [\[EPA Asbestos FAQ, Q13\]](#)
 .2 A – E: [\[Illinois Asbestos Abatement Act\]](#)

Evidence/Comments

SECTION 5 – SCHOOL RECORDS

502. Student Supplies Inspection

In Compliance

- A. Toxic art supplies are not used in grades K-6. Yes No N/A
- B. 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
- C. 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
 - i. chemical or combined chemical-physical laboratories involving caustic or explosive chemicals or hot liquids or solids.
 - ii. Vocational or industrial arts shops or laboratories involving:
 - 1. hot molten metals
 - 2. milling, sawing, turning, shaping, cutting, grinding or stamping of any solid metals
 - 3. heat treatment, tempering or kiln firing of any metal or other materials
 - 4. gas or electric arc welding; repair or service of any vehicle
 - 5. caustic or explosive materials

Reference(s)

Recommendation Included

A, B: [\[105 ILCS 135/6\]](#)
 C [\[105 ILCS 115/1\]](#)

Evidence/Comments

503. Safety Drill Records

503.1 Evacuation Drill(s) – [Sample Drill Log](#)

- A. 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
- B. One of the three school evacuation drills must require the participation of the local fire department/district. Yes No

503.2 Severe Weather Drill(s)

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

503.3 Law Enforcement Lockdown Drill(s)

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

**503.4 Is the school supported or maintained by public funds?
 If not, check here and proceed to 503.5.**

In Compliance

Bus Drill(s)

- A. During the academic year, the school conducts a minimum of one bus evacuation drill. If N/A, the school has submitted the [exemption form](#) to ISBE and has a copy on file at the school. Yes No N/A

SECTION 5 – SCHOOL RECORDS

- B. The school’s curriculum shall include this drill and instruction in safe riding practices for all students. Yes No

503.5 Crisis Plan Review

- A. The school has completed an annual review of its emergency and crisis response plans with participation from a local first responder organization. Yes No
- B. If the school participates in interscholastic athletic activities, then the school must have a specific [plan for interscholastic athletic activities](#). Yes No N/A
- C. If the school has students with asthma, then the school must have an [asthma episode emergency response protocol](#). Yes No N/A
- D. The school has submitted the [Private School Annual Review Compliance Report](#), which indicates that all necessary drills have been performed and that the school’s emergency and crisis plans have been reviewed. Yes No

Date of submission: _____
“In Process” is an acceptable response in lieu of a date.

Reference(s)

Recommendation Included

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

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: