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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENT

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 690  
CONTROL OF COMMUNICABLE DISEASES CODE

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690.20	Incorporated and Referenced Materials
690.30	General Procedures for the Control of Communicable Diseases
690.50	<u>Pandemic or Epidemic Respiratory Disease – Emergency Provisions</u>

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- 690.322 Arboviral Infections (Including, but Not Limited to, Chikungunya Fever, California Encephalitis, St. Louis Encephalitis, Dengue Fever and West Nile Virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.325 Blastomycosis (Reportable by telephone as soon as possible, within 7 days) (Repealed)
- 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types)
- 690.330 Brucellosis (Reportable by telephone as soon as possible (within 24 hours), unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)
- 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.340 Chancroid (Repealed)
- 690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically , within 24 hours)
- 690.360 Cholera (Toxigenic *Vibrio cholerae* O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.362 Creutzfeldt-Jakob Disease (CJD) (All Laboratory Confirmed Cases) (Reportable by mail, telephone, facsimile or electronically within Seven days after confirmation of the disease) (Repealed)
- 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)
- 690.380 Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order)
- 690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)
- 690.386 Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease)
- 690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 690.400 Escherichia coli Infections (E. coli O157:H7 and Other Shiga Toxin Producing E. coli) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.410 Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)

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- 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 690.430 Gonorrhea (Repealed)
- 690.440 Granuloma Inguinale (Repealed)
- 690.441 Haemophilus Influenzae, Meningitis and Other Invasive Disease (Reportable by telephone or facsimile, within 24 hours)
- 690.442 Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possible, within 24 hours)
- 690.444 Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)
- 690.450 Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.452 Hepatitis C, Acute Infection and Non-acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.465 Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.468 Influenza (Laboratory Confirmed (Including Rapid Diagnostic Testing)) Intensive Care Unit Admissions (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
- 690.469 Influenza A, Variant Virus (Reportable by telephone immediately, within three hours upon initial clinical suspicion or laboratory test order)
- 690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
- 690.475 Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.480 Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days) (Repealed)
- 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.495 Listeriosis (When Both Mother and Newborn are Positive, Report Mother Only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia)

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- Venereum) (Repealed)
- 690.505 Lyme Disease (See Tickborne Disease)
- 690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)
- 690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 690.540 Meningococemia (Reportable by telephone as soon as possible) (Repealed)
- 690.550 Mumps (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
- 690.555 Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.560 Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
- 690.565 Outbreaks of Public Health Significance (Including, but Not Limited to, Foodborne or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)
- 690.570 Plague (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)
- 690.580 Poliomyelitis (Reportable by telephone immediately, within three hours) upon initial clinical suspicion of the disease)
- 690.590 Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.595 Q-fever Due to Coxiella burnetii (Reportable by telephone as soon as possible, within 24 Hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)
- 690.600 Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.601 Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)
- 690.610 Rocky Mountain Spotted Fever (See Tickborne Disease)
- 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
- 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)
- 690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

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- 690.650 Smallpox (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)
- 690.655 Smallpox vaccination, complications of (Reportable by telephone or electronically as soon as possible, within 24 hours)
- 690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of Two or More Laboratory Confirmed Cases Occurring in Community Settings (Including, but Not Limited to, Schools, Correctional Facilities, Day Care and Sports Teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)
- 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), Any Occurrence in an Infant Less Than 61 Days of Age (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours) (Repealed)
- 690.661 Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)
- 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing fasciitis) (Reportable by telephone or facsimile, within 24 hours)
- 690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.680 Syphilis (Repealed)
- 690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.695 Toxic Shock Syndrome due to Staphylococcus aureus Infection (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.698 Tickborne Disease (Includes Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme Disease and Spotted Fever Rickettsiosis) (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.700 Trachoma (Repealed)
- 690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.720 Tuberculosis (Repealed)
- 690.725 Tularemia (Reportable by telephone as soon as possible, within 24 hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours))
- 690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within

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- 24 hours)
- 690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.745 Vibriosis (Other than Toxigenic *Vibrio cholera* O1 or O139) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)
- 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within seven days) (Repealed)
- 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

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690.900 Definition of Terms (Renumbered)

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690.1000 General Procedures for the Control of Communicable Diseases (Renumbered)  
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690.1530	Methods of Reporting XDRO Registry Information
690.1540	Availability of Information

690.EXHIBIT A Typhoid Fever Agreement (Repealed)

**AUTHORITY:** Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

**SOURCE:** Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg.

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16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective April 1, 2001; amended at 26 Ill. Reg. 10701, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 592, effective January 2, 2003, for a maximum of 150 days; emergency expired May 31, 2003; amended at 27 Ill. Reg. 10294, effective June 30, 2003; amended at 30 Ill. Reg. 14565, effective August 23, 2006; amended at 32 Ill. Reg. 3777, effective March 3, 2008; amended at 37 Ill. Reg. 12063, effective July 15, 2013; recodified at 38 Ill. Reg. 5408; amended at 38 Ill. Reg. 5533, effective February 11, 2014; emergency amendment at 38 Ill. Reg. 21954, effective November 5, 2014, for a maximum of 150 days; amended at 39 Ill. Reg. 4116, effective March 9, 2015; amended at 39 Ill. Reg. 11063, effective July 24, 2015; amended at 39 Ill. Reg. 12586, effective August 26, 2015; amended at 40 Ill. Reg. 7146, effective April 21, 2016; amended at 43 Ill. Reg. 2386, effective February 8, 2019; emergency amendment at 44 Ill. Reg. 9232, effective May 15, 2020 for a maximum of 150 days; emergency amendment at 44 Ill. Reg. 10000, effective May 20, 2020 for a maximum of 150 days; emergency amendment at 44 Ill. Reg. \_\_\_\_\_, effective August 7, 2020 for a maximum of 150 days.

#### SUBPART A: GENERAL PROVISIONS

#### **Section 690.50 Pandemic or Epidemic Respiratory Disease – Emergency Provisions** **EMERGENCY**

- a) *The State Department of Public Health has general supervision of the interests of the health and lives of the people of the State. As part of that general supervision, the Department has jurisdiction to address dangerously contagious or infectious disease outbreaks to protect the health and lives of the people of the State. The Department shall take means it considers necessary to restrict and suppress dangerously contagious or infectious diseases, especially when existing in epidemic form. (Section 2(a) of the Act).*
  
- b) *The Department shall have the general authority to delegate to certified local health departments the duties and powers under those Acts it is authorized to enforce for the purpose of local administration and enforcement. 20 ILCS 2310/15.*



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- c) In order to restrict and suppress the novel coronavirus SARS-CoV-2 that causes the coronavirus disease 2019 (COVID-19), a dangerously contagious and infectious respiratory disease in the form of a pandemic or epidemic, which is spread person to person in respiratory droplets released by a person infected with the disease, the Department implements the following restrictions and requirements:
- 1) Any individual who is over age two and able to medically tolerate a face covering (a mask or cloth face covering) shall be required to cover their nose and mouth with a face covering when in a public place and unable to maintain at least a six-foot social distance. This requirement applies whether in an indoor space, such as a store, or in an outdoor space.
  - 2) Any business, service, facility or organization open to the public or employees shall require employees, customers, and other individuals on the premises who are over age two and able to medically tolerate a face covering to cover their nose and mouth with a face covering when on premises and unable to maintain at least a six-foot social distance. Businesses, services, facilities or organizations that offer food or beverages for in-person consumption may permit employees, customers, and other individuals to remove their face coverings while eating or drinking, but must require face coverings at all other times. Businesses, services, facilities or organizations that take reasonable efforts to require patrons and employees to wear a face covering shall be in compliance with this subsection. For retail businesses, reasonable efforts to comply with regard to customers shall be determined based on the totality of the circumstances and include, but are not limited to: posting signage requiring face coverings to be worn on the premises; providing face coverings to customers; giving verbal warnings to customers to wear a face covering when on the premises; and requesting that customers leave the premises if not wearing a face covering.
  - 3) Schools, including preschools, public and nonpublic schools that serve students in grades pre-kindergarten through grade 12, institutions of higher education, and vocational programs, and day cares, including day care centers, day care homes, and group day care homes licensed by the Department of Children & Family Services (DCFS) and day care centers that are exempt from licensure, shall require students, employees, and other individuals who are over age two and able to medically tolerate a face covering to cover their nose and mouth with a face covering when on

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premises. Schools and day cares may permit face coverings to be removed while eating or drinking, when individuals are outdoors and social distance is maintained, while playing a musical instrument if necessary, and, for staff, while using a face shield when necessary to allow for facial visualization during instruction and communication.

- 4) Gatherings of more than 50 people (or gatherings of 50% or more of a building's maximum occupancy as determined by the authority having jurisdiction, if 50% of a building maximum occupancy is less than 50 people) are prohibited unless exempted by law or Executive Order. Public and nonpublic schools serving pre-kindergarten through 12th grade students must limit the number of people in one space to fifty or fewer.

d) Pursuant to 20 ILCS 2305/2(a), all local boards of health, health authorities and officers, police officers, sheriffs, and all other officers and employees of the State or any locality, including the Department and certified local health departments under 20 ILCS 2310/15, ("enforcing entities"), shall enforce the rules and regulations so adopted and orders issued by the Department. Enforcing entities shall enforce this rule as follows:

- 1) Enforcement against a business, service, facility or organization open to the public. Businesses, services, facilities or organizations shall be responsible for compliance with this rule. No individual shall be held responsible for compliance with this rule on behalf of a business, service, facility or organization even if the individual is an owner, officer, principal or employee of that business, service, facility or organization. This rule shall be enforced for businesses, services, facilities or organizations open to the public by enforcing entities in the following manner:

- A) First, businesses, services, facilities or organizations open to the public shall be given a written notice of non-compliance by an enforcing entity and a reasonable opportunity to take prompt actions to comply with subsection (c). The reasonableness of the time period to take prompt action will be determined by the enforcing entity depending on the facts and circumstances, including but not limited to the nature of the activity taking place, whether the activity is being conducted indoors or outdoors, the public health risk, the number of individuals at risk of exposure to COVID-19, and the size of the building and crowd occupying the

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building. Examples of actions that might be taken include but are not limited to promptly distributing face coverings to patrons and/or employees, or in instances where a business, service, non-profit or other entity open to the public is too crowded, reducing the number of persons on-site by placing an employee at the entrance to limit the number of people entering until the occupancy is in compliance with subsection (c)(4). Enforcing entities may observe until voluntary compliance is achieved or return at a later time to ensure that compliance was achieved depending on the time period provided to allow for compliance.

- B) Second, if the enforcing entity concludes that the business, service, facility, or organization open to the public has not voluntarily complied in a reasonable period of time after receiving a written notice pursuant to subsection (d)(1)(A), the enforcing entity may issue a written order to the business, service, facility or organization open to the public to have all or some of the persons on premises disperse (order to disperse) in order to restrict and suppress COVID-19, until such time as the business or establishment is in compliance with subsection (c).
- C) Third, if the business, service, facility or organization open to the public refuses to comply with a written order to disperse pursuant to subsection (d)(1)(B), that business, service, facility or organization open to the public shall be subject to the penalties set forth in Section 8.1 of the Act. As provided in subsection (d)(2) below, no individual may be subject to the penalties set forth in Section 8.1 of the Act for violation of this rule, including an individual owner, officer, principal or employee of a business, service, facility or organization.
- D) A business, service, facility or organization open to the public may also be subject to the penalties set forth in Section 8.1 of the Act in the following circumstances:
- i) the business, service, facility or organization open to the public engages in repeated or continued violations after receiving two or more written notices of noncompliance pursuant to subsection (d)(1)(A); or

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- ii) the business, service, facility or organization open to the public engages in repeated or continued violations after receiving one or more written orders to disperse pursuant to subsection (d)(B). As provided in subsection (d)(2) below, no individual may be subject to the penalties set forth in Section 8.1 of the Act for violation of this rule, including an individual owner, officer, principal or employee of a business, service, facility or organization. When determining whether a business, service, facility or organization should be subject to the penalties set forth in Section 8.1 of the Act based on repeated violations, enforcing entities shall take into consideration the time period between violations.
  
- E) When determining whether a business, service, facility or organization has failed to comply with subsection (c)(2), enforcing entities shall take into consideration reasonable efforts taken by the business, service, facility or organization to ensure all individuals, including but not limited to patrons and employees, wear a face covering while they are on premises and unable to maintain a social distance of at least six-feet. For retail businesses, reasonable efforts to comply with regard to customers shall be determined based on the totality of the circumstances and include, but are not limited to: posting signage requiring face coverings to be worn on the premises; providing face coverings to customers; giving verbal warnings to customers to wear a face covering when on the premises; and requesting that customers leave the premises if not wearing a face covering.
  
- 2) Enforcement against an individual. Enforcing entities shall not enforce this rule against an individual for non-compliance with subsection (c), including but not limited to the penalties set forth in Section 8.1 of the Act. No individual shall be held responsible for compliance with this rule on behalf of a business, service, facility or organization even if the individual is an owner, officer, principal or employee of that business, service, facility or organization. Nothing in this order alters or supersedes an enforcing entity's authority to seek such penalties related to violation of an isolation or quarantine order pursuant to Section 690.1415(b).

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- 3) Enforcement against a school or day care. Enforcing entities may give a written notice of non-compliance and a reasonable opportunity to cure to a school or day care that fails to comply with subsection (c)(3) or (c)(4). Under this subsection, a reasonable opportunity should be no less than the next business day. The enforcing entity shall notify the following entities after issuing a written notice of non-compliance to the school or daycare: the certified local health department, the local board of health or health authorities (if enforcing entity is other than the local board of health or health authorities), for public schools, the local school district, or for nonpublic schools, the parent institution with which the school is affiliated, as applicable, and the Illinois State Board of Education, Illinois Board of Higher Education, the Illinois Community College Board, or DCFS, as appropriate. Upon receipt of a notice of non-compliance, a school or day care must notify parents in writing that a notice of non-compliance was issued and disclose its plan to comply. The local board of health, local health authorities or certified local health department shall take action to ensure a school or day care complies with the rules and regulations issued by the Department pursuant to this Section. Pursuant to Section 2(a) of the Act, the Department of Public Health may take necessary measures to ensure compliance with subsection (c)(3) if the certified local health department, local board of health or local health authorities neglect or refuse to promptly do so.
- 4) The Department shall post on its website and provide to all certified local health departments a sample written notice of non-compliance and a sample written order to disperse.
- e) Pursuant to Section 690.30(a), the Department and local health authorities may investigate the occurrence of cases, suspect cases or carriers of COVID-19 in a public or private place for the purposes of verifying the existence of the disease, locating and evaluating contacts of cases, identifying those at risk of disease, and determining necessary control measures. Such investigations may include entering a place of employment for purposes of conducting investigations of those conditions within the place of employment that are relevant, pertinent and necessary to the investigation. When two or more suspected cases of COVID-19 occur in any business, organization, institution, facility, school or daycare the business owner, or the person in charge of the establishment shall cooperate with public health authorities in the investigation of cases, suspect cases, outbreaks and suspect outbreaks.

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- f) Pursuant to the procedures set forth in Section 690.1300 through 690.1415, the Department or a certified local health department may order the closure of a business, service, facility or organization, school or day care. For purposes of a school or day care, the occurrence of an outbreak of COVID-19 among students or staff may constitute an emergency consistent with Section 690.30(c), and closure should result in shifting to remote instruction as opposed to in-person instruction.
- g) Unless expressly indicated in this rule, a violation of the provisions of this Section shall not be subject to the penalties set forth in Section 8.1 of the Act.
- h) Nothing in this rule supersedes any provisions of an Executive Order or guidance issued pursuant to an Executive Order.
- i) Nothing in this rule supersedes any authority of an enforcing entity to enforce a local rule, ordinance or order.

(Source: Added by emergency rulemaking at 44 Ill Reg. \_\_\_\_\_, effective \_\_\_\_\_ for a maximum of 150 days)