

AN ACT concerning education.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The School Code is amended by changing Sections 22-30 and 27A-5 as follows:

(105 ILCS 5/22-30)

Sec. 22-30. Self-administration and self-carry of asthma medication and epinephrine auto-injectors; administration of undesignated epinephrine auto-injectors; administration of an opioid antagonist; administration of undesignated asthma medication; asthma episode emergency response protocol.

(a) For the purpose of this Section only, the following terms shall have the meanings set forth below:

"Asthma action plan" means a written plan developed with a pupil's medical provider to help control the pupil's asthma. The goal of an asthma action plan is to reduce or prevent flare-ups and emergency department visits through day-to-day management and to serve as a student-specific document to be referenced in the event of an asthma episode.

"Asthma episode emergency response protocol" means a procedure to provide assistance to a pupil experiencing symptoms of wheezing, coughing, shortness of breath, chest tightness, or breathing difficulty.

~~"Asthma inhaler" means a quick reliever asthma inhaler.~~

"Epinephrine auto-injector" means a single-use device used for the automatic injection of a pre-measured dose of epinephrine into the human body.

"Asthma medication" means quick-relief asthma medication, including albuterol or other short-acting bronchodilators, that is approved by the United States Food and Drug Administration for the treatment of respiratory distress.

"Asthma medication" includes medication delivered through a device, including a metered dose inhaler with a reusable or disposable spacer or a nebulizer with a mouthpiece or mask ~~a medicine, prescribed by (i) a physician licensed to practice medicine in all its branches, (ii) a licensed physician assistant with prescriptive authority, or (iii) a licensed advanced practice registered nurse with prescriptive authority for a pupil that pertains to the pupil's asthma and that has an individual prescription label.~~

"Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

"Respiratory distress" means the perceived or actual presence of wheezing, coughing, shortness of breath, chest tightness, breathing difficulty, or any other symptoms consistent with asthma. Respiratory distress may be

categorized as "mild-to-moderate" or "severe".

"School nurse" means a registered nurse working in a school with or without licensure endorsed in school nursing.

"Self-administration" means a pupil's discretionary use of his or her prescribed asthma medication or epinephrine auto-injector.

"Self-carry" means a pupil's ability to carry his or her prescribed asthma medication or epinephrine auto-injector.

"Standing protocol" may be issued by (i) a physician licensed to practice medicine in all its branches, (ii) a licensed physician assistant with prescriptive authority, or (iii) a licensed advanced practice registered nurse with prescriptive authority.

"Trained personnel" means any school employee or volunteer personnel authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of this Code who has completed training under subsection (g) of this Section to recognize and respond to anaphylaxis, an opioid overdose, or respiratory distress.

"Undesignated asthma medication" means asthma medication prescribed in the name of a school district, public school, charter school, or nonpublic school.

"Undesignated epinephrine auto-injector" means an epinephrine auto-injector prescribed in the name of a school district, public school, charter school, or nonpublic school.

(b) A school, whether public, charter, or nonpublic, must permit the self-administration and self-carry of asthma

medication by a pupil with asthma or the self-administration and self-carry of an epinephrine auto-injector by a pupil, provided that:

(1) the parents or guardians of the pupil provide to the school (i) written authorization from the parents or guardians for (A) the self-administration and self-carry of asthma medication or (B) the self-carry of asthma medication or (ii) for (A) the self-administration and self-carry of an epinephrine auto-injector or (B) the self-carry of an epinephrine auto-injector, written authorization from the pupil's physician, physician assistant, or advanced practice registered nurse; and

(2) the parents or guardians of the pupil provide to the school (i) the prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered, or (ii) for the self-administration or self-carry of an epinephrine auto-injector, a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the following information:

(A) the name and purpose of the epinephrine auto-injector;

(B) the prescribed dosage; and

(C) the time or times at which or the special circumstances under which the epinephrine

auto-injector is to be administered.

The information provided shall be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator.

(b-5) A school district, public school, charter school, or nonpublic school may authorize the provision of a student-specific or undesignated epinephrine auto-injector to a student or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 to administer an epinephrine auto-injector to the student, that meets the student's prescription on file.

(b-10) The school district, public school, charter school, or nonpublic school may authorize a school nurse or trained personnel to do the following: (i) provide an undesignated epinephrine auto-injector to a student for self-administration only or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, ~~or~~ plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student, that meets the student's prescription on file; (ii) administer an undesignated epinephrine auto-injector that meets the prescription on file to any student who has an Individual Health Care Action Plan, Illinois Food Allergy

Emergency Action Plan and Treatment Authorization Form, ~~or~~ plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of an epinephrine auto-injector; (iii) administer an undesignated epinephrine auto-injector to any person that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction; ~~and~~ (iv) administer an opioid antagonist to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose; (v) provide undesignated asthma medication to a student for self-administration only or to any personnel authorized under a student's Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file; (vi) administer undesignated asthma medication that meets the prescription on file to any student who has an Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of asthma medication; and (vii) administer undesignated asthma medication to any person that the school nurse or trained personnel believes in good faith is having respiratory distress.

(c) The school district, public school, charter school, or nonpublic school must inform the parents or guardians of the

pupil, in writing, that the school district, public school, charter school, or nonpublic school and its employees and agents, including a physician, physician assistant, or advanced practice registered nurse providing standing protocol and a ~~or~~ prescription for school epinephrine auto-injectors, an opioid antagonist, or undesignated asthma medication, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine auto-injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse. The parents or guardians of the pupil must sign a statement acknowledging that the school district, public school, charter school, or nonpublic school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine auto-injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse and that the parents or guardians must indemnify and hold harmless the school district, public school, charter school, or nonpublic school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the

administration of asthma medication, an epinephrine auto-injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

(c-5) When a school nurse or trained personnel administers an undesignated epinephrine auto-injector to a person whom the school nurse or trained personnel in good faith believes is having an anaphylactic reaction, ~~or~~ administers an opioid antagonist to a person whom the school nurse or trained personnel in good faith believes is having an opioid overdose, or administers undesignated asthma medication to a person whom the school nurse or trained personnel in good faith believes is having respiratory distress, notwithstanding the lack of notice to the parents or guardians of the pupil or the absence of the parents or guardians signed statement acknowledging no liability, except for willful and wanton conduct, the school district, public school, charter school, or nonpublic school and its employees and agents, and a physician, a physician assistant, or an advanced practice registered nurse providing standing protocol and a ~~or~~ prescription for undesignated epinephrine auto-injectors, an opioid antagonist, or undesignated asthma medication, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the use of an undesignated epinephrine auto-injector, ~~or~~ the use of an opioid

antagonist, or the use of undesignated asthma medication, regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

(d) The permission for self-administration and self-carry of asthma medication or the self-administration and self-carry of an epinephrine auto-injector is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements of this Section.

(e) Provided that the requirements of this Section are fulfilled, a pupil with asthma may self-administer and self-carry his or her asthma medication or a pupil may self-administer and self-carry an epinephrine auto-injector (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus.

(e-5) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an undesignated epinephrine auto-injector to any person whom the school nurse or trained personnel in good faith believes to be having an anaphylactic reaction (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal

school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus. A school nurse or trained personnel may carry undesignated epinephrine auto-injectors on his or her person while in school or at a school-sponsored activity.

(e-10) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an opioid antagonist to any person whom the school nurse or trained personnel in good faith believes to be having an opioid overdose (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property. A school nurse or trained personnel may carry an opioid antagonist on his or her ~~their~~ person while in school or at a school-sponsored activity.

(e-15) If the requirements of this Section are met, a school nurse or trained personnel may administer undesignated asthma medication to any person whom the school nurse or trained personnel in good faith believes to be experiencing respiratory distress (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, including before-school or after-school care on school-operated property. A school nurse or trained personnel

may carry undesignated asthma medication on his or her person while in school or at a school-sponsored activity.

(f) The school district, public school, charter school, or nonpublic school may maintain a supply of undesignated epinephrine auto-injectors in any secure location that is accessible before, during, and after school where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms. A physician, a physician assistant who has ~~been delegated~~ prescriptive authority in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has ~~been delegated~~ prescriptive authority in accordance with Section 65-40 of the Nurse Practice Act may prescribe undesignated epinephrine auto-injectors in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of epinephrine auto-injectors shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school may maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose. A health care professional who has been delegated prescriptive authority for opioid antagonists in accordance with Section 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act may prescribe opioid antagonists in the name of the school district, public school, charter school, or

nonpublic school, to be maintained for use when necessary. Any supply of opioid antagonists shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school may maintain a supply of asthma medication in any secure location that is accessible before, during, or after school where a person is most at risk, including, but not limited to, a classroom or the nurse's office. A physician, a physician assistant who has prescriptive authority under Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority under Section 65-40 of the Nurse Practice Act may prescribe undesignated asthma medication in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of undesignated asthma medication must be maintained in accordance with the manufacturer's instructions.

(f-3) Whichever entity initiates the process of obtaining undesignated epinephrine auto-injectors and providing training to personnel for carrying and administering undesignated epinephrine auto-injectors shall pay for the costs of the undesignated epinephrine auto-injectors.

(f-5) Upon any administration of an epinephrine auto-injector, a school district, public school, charter school, or nonpublic school must immediately activate the EMS system and notify the student's parent, guardian, or emergency

contact, if known.

Upon any administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must immediately activate the EMS system and notify the student's parent, guardian, or emergency contact, if known.

(f-10) Within 24 hours of the administration of an undesignated epinephrine auto-injector, a school district, public school, charter school, or nonpublic school must notify the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a ~~or~~ prescription for the undesignated epinephrine auto-injector of its use.

Within 24 hours after the administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must notify the health care professional who provided the prescription for the opioid antagonist of its use.

Within 24 hours after the administration of undesignated asthma medication, a school district, public school, charter school, or nonpublic school must notify the student's parent or guardian or emergency contact, if known, and 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 district or school must follow up with the school nurse, if available, and may, with the consent of the child's parent or guardian, notify

the child's health care provider of record, as determined under this Section, of its use.

(g) Prior to the administration of an undesignated epinephrine auto-injector, trained personnel must submit to the ~~their~~ school's administration proof of completion of a training curriculum to recognize and respond to anaphylaxis that meets the requirements of subsection (h) of this Section. Training must be completed annually. The school district, public school, charter school, or nonpublic school must maintain records related to the training curriculum and trained personnel.

Prior to the administration of an opioid antagonist, trained personnel must submit to the ~~their~~ school's administration proof of completion of a training curriculum to recognize and respond to an opioid overdose, which curriculum must meet the requirements of subsection (h-5) of this Section. Training must be completed annually. Trained personnel must also submit to the school's administration proof of cardiopulmonary resuscitation and automated external defibrillator certification. The school district, public school, charter school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

Prior to the administration of undesignated asthma medication, trained personnel must submit to the school's administration proof of completion of a training curriculum to

recognize and respond to respiratory distress, which must meet the requirements of subsection (h-10) of this Section. Training must be completed annually, and the school district, public school, charter school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

(h) A training curriculum to recognize and respond to anaphylaxis, including the administration of an undesignated epinephrine auto-injector, may be conducted online or in person.

Training shall include, but is not limited to:

(1) how to recognize signs and symptoms of an allergic reaction, including anaphylaxis;

(2) how to administer an epinephrine auto-injector;
and

(3) a test demonstrating competency of the knowledge required to recognize anaphylaxis and administer an epinephrine auto-injector.

Training may also include, but is not limited to:

(A) a review of high-risk areas within a school and its related facilities;

(B) steps to take to prevent exposure to allergens;

(C) emergency follow-up procedures, including the importance of calling 911 or, if 911 is not available, other local emergency medical services;

(D) how to respond to a student with a known allergy,

as well as a student with a previously unknown allergy; and
(E) other criteria as determined in rules adopted pursuant to this Section.

In consultation with statewide professional organizations representing physicians licensed to practice medicine in all of its branches, registered nurses, and school nurses, the State Board of Education shall make available resource materials consistent with criteria in this subsection (h) for educating trained personnel to recognize and respond to anaphylaxis. The State Board may take into consideration the curriculum on this subject developed by other states, as well as any other curricular materials suggested by medical experts and other groups that work on life-threatening allergy issues. The State Board is not required to create new resource materials. The State Board shall make these resource materials available on its Internet website.

(h-5) A training curriculum to recognize and respond to an opioid overdose, including the administration of an opioid antagonist, may be conducted online or in person. The training must comply with any training requirements under Section 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act and the corresponding rules. It must include, but is not limited to:

- (1) how to recognize symptoms of an opioid overdose;
- (2) information on drug overdose prevention and recognition;

- (3) how to perform rescue breathing and resuscitation;
- (4) how to respond to an emergency involving an opioid overdose;
- (5) opioid antagonist dosage and administration;
- (6) the importance of calling 911 or, if 911 is not available, other local emergency medical services;
- (7) care for the overdose victim after administration of the overdose antagonist;
- (8) a test demonstrating competency of the knowledge required to recognize an opioid overdose and administer a dose of an opioid antagonist; and
- (9) other criteria as determined in rules adopted pursuant to this Section.

(h-10) A training curriculum to recognize and respond to respiratory distress, including the administration of undesignated asthma medication, may be conducted online or in person. The training must include, but is not limited to:

- (1) how to recognize symptoms of respiratory distress and how to distinguish respiratory distress from anaphylaxis;
- (2) how to respond to an emergency involving respiratory distress;
- (3) asthma medication dosage and administration;
- (4) the importance of calling 911 or, if 911 is not available, other local emergency medical services;
- (5) a test demonstrating competency of the knowledge

required to recognize respiratory distress and administer asthma medication; and

(6) other criteria as determined in rules adopted under this Section.

(i) Within 3 days after the administration of an undesignated epinephrine auto-injector by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the school must report to the State Board of Education in a form and manner prescribed by the State Board the following information:

(1) age and type of person receiving epinephrine (student, staff, visitor);

(2) any previously known diagnosis of a severe allergy;

(3) trigger that precipitated allergic episode;

(4) location where symptoms developed;

(5) number of doses administered;

(6) type of person administering epinephrine (school nurse, trained personnel, student); and

(7) any other information required by the State Board.

If a school district, public school, charter school, or nonpublic school maintains or has an independent contractor providing transportation to students who maintains a supply of undesignated epinephrine auto-injectors, then the school district, public school, charter school, or nonpublic school must report that information to the State Board of Education upon adoption or change of the policy of the school district,

public school, charter school, nonpublic school, or independent contractor, in a manner as prescribed by the State Board. The report must include the number of undesignated epinephrine auto-injectors in supply.

(i-5) Within 3 days after the administration of an opioid antagonist by a school nurse or trained personnel, the school must report to the State Board of Education, in a form and manner prescribed by the State Board, the following information:

- (1) the age and type of person receiving the opioid antagonist (student, staff, or visitor);
- (2) the location where symptoms developed;
- (3) the type of person administering the opioid antagonist (school nurse or trained personnel); and
- (4) any other information required by the State Board.

(i-10) Within 3 days after the administration of undesignated asthma medication by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the school must report to the State Board of Education, on a form and in a manner prescribed by the State Board of Education, the following information:

- (1) the age and type of person receiving the asthma medication (student, staff, or visitor);
- (2) any previously known diagnosis of asthma for the person;
- (3) the trigger that precipitated respiratory

distress, if identifiable;

(4) the location of where the symptoms developed;

(5) the number of doses administered;

(6) the type of person administering the asthma medication (school nurse, trained personnel, or student);

(7) the outcome of the asthma medication administration; and

(8) any other information required by the State Board.

(j) By October 1, 2015 and every year thereafter, the State Board of Education shall submit a report to the General Assembly identifying the frequency and circumstances of undesigned epinephrine and undesigned asthma medication administration during the preceding academic year. Beginning with the 2017 report, the report shall also contain information on which school districts, public schools, charter schools, and nonpublic schools maintain or have independent contractors providing transportation to students who maintain a supply of undesigned epinephrine auto-injectors. This report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.

(j-5) Annually, each school district, public school, charter school, or nonpublic school shall request an asthma action plan from the parents or guardians of a pupil with asthma. If provided, the asthma action plan must be kept on file in the office of the school nurse or, in the absence of a school nurse, the school administrator. Copies of the asthma

action plan may be distributed to appropriate school staff who interact with the pupil on a regular basis, and, if applicable, may be attached to the pupil's federal Section 504 plan or individualized education program plan.

(j-10) To assist schools with emergency response procedures for asthma, the State Board of Education, in consultation with statewide professional organizations with expertise in asthma management and a statewide organization representing school administrators, shall develop a model asthma episode emergency response protocol before September 1, 2016. Each school district, charter school, and nonpublic school shall adopt an asthma episode emergency response protocol before January 1, 2017 that includes all of the components of the State Board's model protocol.

(j-15) Every 2 years, school personnel who work with pupils shall complete an in-person or online training program on the management of asthma, the prevention of asthma symptoms, and emergency response in the school setting. In consultation with statewide professional organizations with expertise in asthma management, the State Board of Education shall make available resource materials for educating school personnel about asthma and emergency response in the school setting.

(j-20) On or before October 1, 2016 and every year thereafter, the State Board of Education shall submit a report to the General Assembly and the Department of Public Health identifying the frequency and circumstances of opioid

antagonist administration during the preceding academic year. This report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.

(k) The State Board of Education may adopt rules necessary to implement this Section.

(l) Nothing in this Section shall limit the amount of epinephrine auto-injectors that any type of school or student may carry or maintain a supply of.

(Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15; 99-642, eff. 7-28-16; 99-711, eff. 1-1-17; 99-843, eff. 8-19-16; 100-201, eff. 8-18-17; 100-513, eff. 1-1-18.)

(105 ILCS 5/27A-5)

Sec. 27A-5. Charter school; legal entity; requirements.

(a) A charter school shall be a public, nonsectarian, nonreligious, non-home based, and non-profit school. A charter school shall be organized and operated as a nonprofit corporation or other discrete, legal, nonprofit entity authorized under the laws of the State of Illinois.

(b) A charter school may be established under this Article by creating a new school or by converting an existing public school or attendance center to charter school status. Beginning on April 16, 2003 (the effective date of Public Act 93-3), in all new applications to establish a charter school in a city having a population exceeding 500,000, operation of the charter

school shall be limited to one campus. The changes made to this Section by Public Act 93-3 do not apply to charter schools existing or approved on or before April 16, 2003 (the effective date of Public Act 93-3).

(b-5) In this subsection (b-5), "virtual-schooling" means a cyber school where students engage in online curriculum and instruction via the Internet and electronic communication with their teachers at remote locations and with students participating at different times.

From April 1, 2013 through December 31, 2016, there is a moratorium on the establishment of charter schools with virtual-schooling components in school districts other than a school district organized under Article 34 of this Code. This moratorium does not apply to a charter school with virtual-schooling components existing or approved prior to April 1, 2013 or to the renewal of the charter of a charter school with virtual-schooling components already approved prior to April 1, 2013.

On or before March 1, 2014, the Commission shall submit to the General Assembly a report on the effect of virtual-schooling, including without limitation the effect on student performance, the costs associated with virtual-schooling, and issues with oversight. The report shall include policy recommendations for virtual-schooling.

(c) A charter school shall be administered and governed by its board of directors or other governing body in the manner

provided in its charter. The governing body of a charter school shall be subject to the Freedom of Information Act and the Open Meetings Act.

(d) For purposes of this subsection (d), "non-curricular health and safety requirement" means any health and safety requirement created by statute or rule to provide, maintain, preserve, or safeguard safe or healthful conditions for students and school personnel or to eliminate, reduce, or prevent threats to the health and safety of students and school personnel. "Non-curricular health and safety requirement" does not include any course of study or specialized instructional requirement for which the State Board has established goals and learning standards or which is designed primarily to impart knowledge and skills for students to master and apply as an outcome of their education.

A charter school shall comply with all non-curricular health and safety requirements applicable to public schools under the laws of the State of Illinois. On or before September 1, 2015, the State Board shall promulgate and post on its Internet website a list of non-curricular health and safety requirements that a charter school must meet. The list shall be updated annually no later than September 1. Any charter contract between a charter school and its authorizer must contain a provision that requires the charter school to follow the list of all non-curricular health and safety requirements promulgated by the State Board and any non-curricular health

and safety requirements added by the State Board to such list during the term of the charter. Nothing in this subsection (d) precludes an authorizer from including non-curricular health and safety requirements in a charter school contract that are not contained in the list promulgated by the State Board, including non-curricular health and safety requirements of the authorizing local school board.

(e) Except as otherwise provided in the School Code, a charter school shall not charge tuition; provided that a charter school may charge reasonable fees for textbooks, instructional materials, and student activities.

(f) A charter school shall be responsible for the management and operation of its fiscal affairs including, but not limited to, the preparation of its budget. An audit of each charter school's finances shall be conducted annually by an outside, independent contractor retained by the charter school. To ensure financial accountability for the use of public funds, on or before December 1 of every year of operation, each charter school shall submit to its authorizer and the State Board a copy of its audit and a copy of the Form 990 the charter school filed that year with the federal Internal Revenue Service. In addition, if deemed necessary for proper financial oversight of the charter school, an authorizer may require quarterly financial statements from each charter school.

(g) A charter school shall comply with all provisions of

this Article, the Illinois Educational Labor Relations Act, all federal and State laws and rules applicable to public schools that pertain to special education and the instruction of English learners, and its charter. A charter school is exempt from all other State laws and regulations in this Code governing public schools and local school board policies; however, a charter school is not exempt from the following:

(1) Sections 10-21.9 and 34-18.5 of this Code regarding criminal history records checks and checks of the Statewide Sex Offender Database and Statewide Murderer and Violent Offender Against Youth Database of applicants for employment;

(2) Sections 10-20.14, 10-22.6, 24-24, 34-19, and 34-84a of this Code regarding discipline of students;

(3) the Local Governmental and Governmental Employees Tort Immunity Act;

(4) Section 108.75 of the General Not For Profit Corporation Act of 1986 regarding indemnification of officers, directors, employees, and agents;

(5) the Abused and Neglected Child Reporting Act;

(5.5) subsection (b) of Section 10-23.12 and subsection (b) of Section 34-18.6 of this Code;

(6) the Illinois School Student Records Act;

(7) Section 10-17a of this Code regarding school report cards;

(8) the P-20 Longitudinal Education Data System Act;

(9) Section 27-23.7 of this Code regarding bullying prevention;

(10) Section 2-3.162 of this Code regarding student discipline reporting;

(11) Sections 22-80 and 27-8.1 of this Code; ~~and~~

(12) Sections 10-20.60 and 34-18.53 of this Code; ~~i-~~

(13) ~~(12)~~ Sections 10-20.63 ~~10-20.60~~ and 34-18.56
~~34-18.53~~ of this Code; ~~i-~~

(14) ~~(12)~~ Section 26-18 of this Code; ~~and-~~

(15) Section 22-30 of this Code.

The change made by Public Act 96-104 to this subsection (g) is declaratory of existing law.

(h) A charter school may negotiate and contract with a school district, the governing body of a State college or university or public community college, or any other public or for-profit or nonprofit private entity for: (i) the use of a school building and grounds or any other real property or facilities that the charter school desires to use or convert for use as a charter school site, (ii) the operation and maintenance thereof, and (iii) the provision of any service, activity, or undertaking that the charter school is required to perform in order to carry out the terms of its charter. However, a charter school that is established on or after April 16, 2003 (the effective date of Public Act 93-3) and that operates in a city having a population exceeding 500,000 may not contract with a for-profit entity to manage or operate the

school during the period that commences on April 16, 2003 (the effective date of Public Act 93-3) and concludes at the end of the 2004-2005 school year. Except as provided in subsection (i) of this Section, a school district may charge a charter school reasonable rent for the use of the district's buildings, grounds, and facilities. Any services for which a charter school contracts with a school district shall be provided by the district at cost. Any services for which a charter school contracts with a local school board or with the governing body of a State college or university or public community college shall be provided by the public entity at cost.

(i) In no event shall a charter school that is established by converting an existing school or attendance center to charter school status be required to pay rent for space that is deemed available, as negotiated and provided in the charter agreement, in school district facilities. However, all other costs for the operation and maintenance of school district facilities that are used by the charter school shall be subject to negotiation between the charter school and the local school board and shall be set forth in the charter.

(j) A charter school may limit student enrollment by age or grade level.

(k) If the charter school is approved by the Commission, then the Commission charter school is its own local education agency.

(Source: P.A. 99-30, eff. 7-10-15; 99-78, eff. 7-20-15; 99-245,

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100-156, eff. 1-1-18; 100-163, eff. 1-1-18; 100-413, eff.
1-1-18; 100-468, eff. 6-1-18; revised 9-25-17.)