



HILTON HEAD ISLAND EARLY CHILDHOOD CENTER

Dear Parents and Students:

On behalf of the faculty and staff, it is my pleasure to welcome you to Hilton Head Island Early Childhood Center. This handbook contains important information about our programs, policies and procedures. You are encouraged to read it carefully and refer to it throughout the school year.

We invite and encourage families to visit the school and participate in all activities. If you have any questions, please call (843) 689-0400 or visit our website at <https://hiecc.beaufortschools.net/>. It is an honor and privilege to serve as your child's principal.

Sincerely,

Kim Bratt - Principal

Student/Parent Handbook Table of Contents

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Important Information at a Glance:

**Hilton Head Island Early Childhood Center
Proud to be a Title I School
165 Pembroke Drive
Hilton Head Island, SC 29926**

Office: (843) 689-0400

Fax: (843) 689-0550

Kim Bratt: Principal (843) 689-0422

Lori Soergel: Assistant Principal (843) 689-0414

Ashley Berryhill: State Reading Coach (843) 689-0433

Becky Christensen: Data Clerk (843) 689-0432

Lisa Link: Nurse (843) 689-0428

Important Numbers:

Wanda Dotson: Office Manager (843) 689-0411

Tanya Sanchez: Bilingual Liaison(Spanish speaker) (843) 689-0424

Iris Calhoun: School Counselor (843) 689-0415

Paula Fee: Parent Liaison(Spanish speaker) (843) 689-0457

Alejandra Jordan: Social Worker(Spanish speaker) (843) 689-0493

HHIECC Website: <https://hiecc.beaufortschools.net/>

Hilton Head Island Early Childhood Center is on Facebook.

Hilton Head Island Early Childhood Center

Vision:

Hilton Head Island Early Childhood Center, in collaboration with the engaged community, is committed to actively ensuring that each learner develops his/her potential by providing an excellent education in a safe, nurturing, learning environment.

Mission Statement:

Hilton Head Island Early Childhood Center will create an environment which promotes curiosity, exploration and self-expression where children are encouraged to become actively engaged in their own learning.

- ❖ Early childhood learning experiences form the foundation of future school success.
- ❖ Children are unique, powerful and strong.
- ❖ Educating the “whole child” is accomplished through opportunities for children to express themselves in multiple areas.
- ❖ Children need to develop competent decision-making skills in order to be self-sufficient.
- ❖ School families and community members are essential to the success of students.

School Hours

The instructional day is from 7:45 a.m. to 2:45 p.m. for students. 7:15 a.m. is the earliest a student may be dropped off. There is no one to supervise children prior to 7:15 a.m. **All car riders must be in the car line (on school property) by 7:40 a.m. which is the time the line is closed. If your car arrives after the line is closed, you must park and walk your child in to be signed in as tardy.** Students who arrive after 7:45 a.m. (or when the car rider line is closed) are tardy. Students who are planning to eat breakfast should be in the building by 7:30 a.m. Dismissal time is 2:45 p.m. for all students.

Vital Information and Emergency Numbers

Please fill out the **InfoSnap** online registration. It is very important and will be on file with the school, and nurse. It is important to give accurate names and phone numbers of relatives, neighbors, or friends who can be contacted, in case of emergency.

If at any time during the school year the address, phone numbers, guardians, or other information changes, please contact the school office with the corrected information. If your child has a medical condition or is allergic to anything (especially foods), please notify the office immediately as well as your child’s teacher.

If we are unable to make contact with the parent/guardian/emergency contact for pick-up, we will contact the appropriate authorities. This includes students who are returned to school on the bus or are in need of pick-up for any other reason.

Should there be an emergency and we cannot reach the child’s parent or emergency contact, the child will be transported to Hilton Head Hospital Emergency Room. Please make sure all home, cell,

and emergency contact numbers are current, working, and accessible.

Visitors

Visitors are welcome and encouraged to visit Hilton Head Island Early Childhood Center. For the safety and security of guests and students, visitors are required to sign in at the reception desk at the front office. Visitors must sign in and receive a pass to go beyond the reception area or visit a classroom. Please use the front entrance of the building when entering. Upon departure, visitors are asked to return to the main office to **sign out**. A picture ID is **REQUIRED** to sign in.

Enrollment

Students must reside in Beaufort County with their custodial parent or legal guardian in order to be eligible for enrollment.

NOTE: Guardianship for enrollment purposes must be granted by Order of the Court. In cases where a student's parents are divorced and/or separated, the Court Order granting custody **MUST** be presented to school personnel and any issues addressed (i.e.; who may pick up the child or who may not, etc.) prior to enrollment.

An accurate physical address must be given at the time of enrollment. You may use a Post Office box for mailing purposes only.

Early Dismissal and Student Release

We value instructional time with your child. However, if your child must leave school early, please send a note to the teacher the day before, if possible.

- Please schedule medical and dental appointments for non-school days and after regular school hours.
- Pre-Kindergarten rest time is 12:00-1:00 so please do not pick up during this time unless it is an emergency.
- Students are **not** released between 2:00 and 2:45 pm.
- **Please provide us with legal documentation if there are any legal restrictions on who may pick up your child.**
- Students can only be released from the main office or nurse's room. **Please do not leave from classroom.**
- If your child is to be released to an adult other than ones listed on your emergency card, please send a note.
- Picture identification is required to pick up a child without a hang tag.
- If your child is absent from school, you are required to send a note explaining the absence **within three days of the student's return. We do not accept excuse notes beyond three days after the absence.** An automated call will be received each time a child is absent. An automated call will also be received if your child is tardy as attendance is taken at 7:45 a.m. Truancy is handled by the school social worker and District Office Staff.
- If your child is absent from school for 3 consecutive days or more, a doctor's note is required.

Student Absences

Any child missing more than 3 consecutive days will be contacted by the school social worker. If a child has 3 consecutive or 5 total unexcused absences, an attendance plan will be developed.

Conferences

Parent teacher conferences are highly encouraged. In order to ensure that each parent has the opportunity for a thorough discussion of their child's progress, these conferences are scheduled on an individual basis. Conferences must be scheduled in advance at a time that is convenient for the teacher and parent.

Supplies

The supply list for Pre-Kindergarten and Kindergarten are listed on our website. Many teachers also supply an individual wish list to support instruction and projects in the classroom. Please see your child's teacher for their wish list.

Healthy Snacks and Water

Pre-Kindergarten and kindergarten classes have snack times during the school day. We respectfully request assistance from families in providing these snacks for the children. Please refrain from sending cookies, chips, sodas, candy, etc. Healthier alternatives include graham crackers, peanut butter, raisins, nuts, fruits, veggies or unsweetened cereals. If you choose to send your child with water, please be sure it is in a no-spill unbreakable container. We do have a filtered water dispenser available to your child.

School Breakfast and Lunch

The children eat lunch in the commons area of their pod, and we emphasize social skills during lunch time. Food is served family style in a relaxed atmosphere with only a few classes at a time. The Food Service staff provides students with hot, nutritious meals every day. Students may eat a home packed lunch or school hot lunch. Both breakfast and lunch are available. This school year, our school has been designated a (CEP) school which stands for Community Eligibility Program for the 23-24 school year. This means that your student can participate in school breakfast and lunch without having to pay a fee or complete an application. No further action is required by you. All meals will meet federal and state guidelines. Students may get milk or a snack option, but those items must be paid for. The CEP program does not include a la carte items. Families may participate in an online lunch payment program which can be accessed at paypams.com. Parents are welcome during lunch!

Please note that Fast Food is not allowed to be brought in to a student!

Media Operation

All students at Hilton Head Island Early Childhood Center will have access to books throughout the year for check out. Please stress proper care of books with your child. Each child is responsible for the library book checked out and is expected to return it on time in the proper condition. Students will be charged for lost or damaged books.

Pre-K Classes

1. Children must be four years old on or before September 1st in order to be eligible to attend our Pre-K program.
2. HHIECC offers 7 full day classes for eligible 4-year olds. All children registering to attend our Pre-K program are given a readiness assessment (DIAL-4). The results of the screening are tabulated and ranked. Acceptance is based on the results of the DIAL-4 screening and South Carolina eligibility criteria.
3. Students who have more than 10 unexcused absences may be dropped from the program.
4. Parents attend an orientation meeting at the beginning of the school year.

Special Occasions

Celebrations are an important part of your child's social-emotional development. Birthday parties with family and friends should be celebrated outside of the school setting. If you would like to send in a **healthy snack** for the class in recognition of your child's birthday, please coordinate with your child's teacher. **No cake, cupcakes or balloons are allowed.**

Experience Trips / Field Trips

1. Classes are encouraged to take meaningful, well planned experience/field trips during the school year. Plans will be made as far ahead as possible.
2. The parent must give written permission for the child to go on experience/field trips.
3. Transportation is arranged with school buses, activity buses or charter buses. Space on buses is limited for some trips. Occasionally it may be necessary for chaperones to drive their own vehicles. All students are required to ride the bus to and from the destination. Students are not to ride in cars.
4. Parents are encouraged to accompany classes on experience/field trips whenever feasible. A minimum of one adult for five children is needed for any trip.
5. All chaperones ***must*** be cleared by the South Carolina Law Enforcement Division (SLED) by filling out the Volunteer background check prior to attending the field trip by accessing the district website at www.beaufortschools.net. Approval may take up to a month. Consider completing this process at the beginning of school.
6. Walking trips to various sites in Hilton Head provide excellent opportunities for children to learn about their community. At least two adults per class are needed when leaving the school grounds.
7. Parents or other adults serving as chaperones are not permitted to take siblings or other children on the trips. Chaperones must be over 18 years of age.
8. The safety of our students is always our top priority. We reserve the right to deny or request a parent attend an experience/field trips to any child with a pattern of behavior that jeopardizes his/her safety or the safety of others.

School Nurse

Health services are available to our students by a registered nurse. In addition to giving first aid, she performs screening tests such as vision and hearing, administers medication, and follows up on immunizations.

School and Childcare Exclusion List

Official School and Child Care Exclusion List of Contagious or Communicable Diseases

Statutory authority: SC Code of Laws Sections 44-1-140, 44-29-200; 63-13-180
SC Code of Regulations Chapter 61-20 and Chapter 114, Article 5

Requirements

South Carolina law requires schools to take measures to prevent the spread of disease in the school and childcare populations by limiting the attendance of students and staff with contagious or infectious diseases at school and school activities. [SC Regulation #61-20](#) requires DHEC to publish each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, hereinafter referred to as the [School and Childcare Exclusion List](#).

SC Law indicates that schools “on account of the prevalence of any contagious or infectious diseases or to prevent the spread of disease, may prohibit or limit the attendance of any employee or student at any school or school-related activities under its control.” SC Regulation states that schools, out-of-home childcare providers, and parents/guardians should not allow the attendance of children with “any contagious or infectious disease or syndrome requiring isolation” ... “if the disease or syndrome of the child or minor is on the Official School and Childcare Exclusion List of Contagious and Communicable Diseases.”

Students, employees, and staff (including volunteers) are also excluded from school or childcare attendance if they have been exposed to one or more of the conditions designated in these lists, until the return to school or childcare criteria are met.

The following updates were made to the School and Childcare Exclusion List:

Revisions June 2023:

- Added reference to sports or other school activities to the Guidance for Implementing the School and Childcare Exclusion List
- Added definition for respiratory illness outbreak to the Guidance for Implementing the School and Childcare Exclusion List
- Revised exclusion guidance for Coronavirus Infectious Disease 2019 (COVID-19) and removed COVID-19 related symptoms from exclusion list
- Simplified guidance for diarrheal illnesses; moved guidance for specific gastrointestinal illnesses to Appendix A
 - Clarified exclusion criteria and revised when to report to public health for Fever
- Revised when to report Coronavirus Infectious Disease 2019 (COVID-19), Influenza/ Influenzalike Illness (ILI), RSV (Respiratory Syncytial Virus) to public health
 - Revised exclusion criteria for Pinkeye (conjunctivitis)
 - Revised exclusion criteria for Strep Throat
- Included “incompletely vaccinated” to *Exclusion Criteria for Contacts (Exposures)* for measles, mumps, rubella, and chicken pox
 - Clarified exclusion criteria for contacts of Chicken Pox (Varicella) cases

This update to the School and Childcare Exclusion List is effective June 2023.
SC DHEC School/Childcare Exclusion List

Guidance for Implementing the School and Childcare Exclusion List

1. The School and Childcare Exclusion List applies to the following groups of people in out-of-home childcare, (as defined in S.C. Code Ann. Section 63-13-20), and in any public, private, parochial, church or Sunday school (Reg 61-20).

- o Children and staff in out-of-home childcare settings; o Preschool/kindergarten students in grades 3K, 4K, and 5K; o Students in grades 1-12; and
- o School employees and staff (including volunteers) who have contact with students

2. Parent Notification: Schools and childcare providers are encouraged to distribute the list of conditions that require exclusion from school attendance to parents/guardians, and/or distribute parent brochures developed by DHEC. The list is also available at <https://scdhec.gov/health/child-teen-health/schoolexclusion>.

3. Parent Reporting to School: Schools and childcare providers should inform parents/guardians that they must notify the school within 24 hours after the child has developed a known or suspected communicable illness addressed on the Exclusion List.

4. Return to School: Students, children and staff may return to the school as soon as their symptoms are resolved, unless stated otherwise in the Exclusion List or by their health care provider.

5. Special Circumstances: Immunocompromised or medically fragile children with an excludable condition or exposure may need longer periods of exclusion, subject to recommendations by their health care provider(s) or by DHEC. For the purposes of school exclusion, the term “medically fragile” refers to those students with special health care needs or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread. Nothing in these criteria precludes the exercise of the professional judgment of the local education agency, medical and/or nursing staff to protect the health of students.

6. Sports or other school activities: Children with illnesses spread by close contact, like lice, scabies, shingles, staph or strep skin infections may not be allowed to participate in some sports or Physical Education (PE) activities. Children with mononucleosis (Mono) or cytomegalovirus (CMV) may be told not to participate in PE or sports in order to avoid injuries. Children with diarrhea should not participate in water activities like swimming, splash pads, or water tables until two weeks after diarrhea stops.

7. Exclusion criteria that vary by age or grade level are indicated in the Exclusion List. “Young children” or “younger children” as indicated in the list are generally those in childcare, preschool, or kindergarten grades. When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. Conditions that do not require exclusion for school and/or childcare staff are indicated in the tables on the following pages.

8. Notes/Documentation for Return: A student may return to school as indicated in the tables that follow. Physicians, advanced practice registered nurses (APRNs), or physician assistants may provide medical notes for return to school following an excludable condition or DHEC may provide a release to return based on a negative test result or other circumstance. Medical notes, which document diagnosis, initiation of treatment, improvement in status, etc., and parent notes should be kept on file at the school for at least one calendar year, or as otherwise required by local school district policy. Medical notes may not shorten or abrogate the minimum period of exclusion required by DHEC for any specific condition.

SC DHEC School/Childcare Exclusion List

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Guidance for Implementing the School and Childcare Exclusion List

9. Period of Exclusion: If a student does not respond to treatment for an excludable condition, the health care provider or health department may suggest longer periods of exclusion.

10. Outbreaks: Certain conditions within the School and Childcare Exclusion List have specific guidance detailing its criteria for an outbreak. For conditions without specific criteria establishing a threshold for when an outbreak situation exists, one should consider a possible outbreak situation when a group or setting experiences unusual occurrences or more than an expected number of cases for a specific condition. The regional public health office should be contacted/consulted if there is a concern or question regarding a potential outbreak at a school or childcare center. All outbreaks must be reported to DHEC.

Note: During outbreaks or under special circumstances, DHEC may change the length of an exclusion period, and also apply the exclusion criteria to other students, children and staff who are not confirmed by laboratory testing but who display the same symptoms of illness as lab-confirmed cases.

11. Respiratory illness outbreak: 20% or more of students/staff within a shared setting of more than 5 individuals (i.e., a classroom, sports team, or other epidemiologically linked group) absent or sent home due to a respiratory illness within a 72-hour period.

12. Minor illnesses: Conditions that generally do not result in severe illness but are transmissible, may affect a child's ability to participate in normal activities, and may require exclusion. Selected examples include conjunctivitis, fifth disease, hand-foot-mouth disease, scabies, and head lice. Consider consultation with a regional public health office for other conditions if there are questions about opening an investigation or initiating an outbreak response. Outbreaks of diarrheal illnesses (e.g., known or suspected Norovirus outbreaks) are investigated per applicable policies.

13. Disease/Outbreak reporting to the Health Department and the Family Education Rights and Privacy Act (FERPA): DHEC has determined that conditions reportable immediately or within 24 hours by phone, including all clusters or outbreaks of illnesses, fall under the FERPA allowance and exception of reporting illnesses without parental consent. Conditions that are reportable within 3 days may be reported to DHEC by name with parental consent or reported de-identified without parental consent.

14. The requirement to report Immediately Reportable or Urgently Reportable (within 24 hours) conditions applies to physicians, laboratories, health facilities, and “any

person or entity that maintains a database containing health care data.” The List of Reportable Conditions may be accessed here:
<https://scdhec.gov/healthprofessionals/south-carolina-list-reportable-conditions>

SC DHEC School/Childcare Exclusion List

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Children, students, and staff with the following conditions must be excluded until the criteria for return have been met and documentation has been provided as noted below:

| Disease /Agent | Mode of Transmission | Contagious period | Report to Public Health | Exclusion | Documentation for Return |
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| <p>Chicken Pox (Varicella)</p> | <p>Airborne route or respiratory (droplet) route or by direct contact with drainage from blisters or nasal secretions</p> | <p>2 days before rash begins until the rash is crusted over</p> | <p>Report individual cases within 3 days</p> <p>Report <u>outbreaks</u> IMMEDIATELY by phone⁸</p> <p><i>(See footnote on page 20 for Chicken pox (Varicella) outbreak definition)</i></p> | <p>Exclude individuals with rash until crusted over and no new lesions appear within a 24-hour period</p> <ul style="list-style-type: none"> • Breakthrough varicella, which occurs in appropriately vaccinated persons, may appear just as a rash, without crusting. In these cases, exclude until 24 hours following appearance of last lesions <p>* See page 20 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</p> | <p>A parent note or staff statement that lesions have dried/crusted</p> <p>Parent note or staff statement that lesions are fading/resolving, and no new lesions have appeared for 24hours</p> |
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| <p>Coronavirus Infectious Disease 2019 (COVID-19)</p> | <p>Respiratory and airborne routes or by face-to-face contact for a cumulative 15 minutes within a 24- hour period with infected individuals or objects</p> | <p>2 days prior to the onset of symptoms (or date of test specimen collection if no symptoms) to the end of the exclusion period</p> | <p>Report <u>outbreaks</u>^[1] 1 within 72 hours <i>(See Respiratory Illness Outbreak definition #11 on page 3)</i></p> | <p>Exclude individuals with a positive viral test. <u>Criteria for return:</u></p> <ul style="list-style-type: none"> • At least 5 days since symptoms started and • 24 hours since the last <u>fever*</u> without using feverreducing medication –and- • Symptoms are significantly improving <p><i>*See Fever entry page 6</i></p> | <p>At least 5 days after the start of symptoms and parent’s note that symptoms are significantly improving and there has been no <u>fever*</u> in the past 24 hours without using feverreducing medication</p> |
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| <p>Diarrhea^[2] (Gastrointestinal illness, cause not identified or cause has not yet been determined)</p> <p>See Appendix A (page 22) for known cause of diarrhea</p> | <p>Varies, often associated with poor toileting habits, food and drink, contaminated fomites, environmental exposures including animals and recreational water; may be bacterial, parasitic, or viral</p> | <p>Varies according to the causative agent</p> | <p>Report outbreaks only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p> | <p>Younger Students</p> <ul style="list-style-type: none"> • Exclude children in 5th grade or younger, with diarrhea until symptoms are resolved for at least 24 hours, or medical evaluation indicates that inclusion is acceptable <p>Older Students and Staff</p> <ul style="list-style-type: none"> • Exclusion for diarrhea in 6th through 12th grade students or for school staff is not mandatory unless the person with diarrhea is determined to be contributing to the spread of illness in the school setting <p>Special Circumstances for Diarrhea</p> <ul style="list-style-type: none"> • Exclude students of any age and staff with uncontrolled diarrhea or stools that | <p>Parent note</p> |
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| | | | | <p>contain blood or mucus, unless symptoms are associated with a non-infectious condition (e.g., IBS or Crohn's Disease). Return is permitted when symptoms are resolved, or medical evaluation indicates that inclusion is acceptable</p> <ul style="list-style-type: none"> o Restrict recreational water activities (pools, splash pads, water tables, etc.) until diarrheal symptoms resolve | |
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| | | | | <ul style="list-style-type: none"> • For diapered children or students of any age who require assistance with personal hygiene, exclude if the frequency or nature of the diarrheal episodes challenges the ability of the caregiver(s) to maintain sanitary techniques | |
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| | | | | <p>and/or conditions (diaper spillage or accidents in toilet trained children)</p> <ul style="list-style-type: none"> • Restrict recreational water activities (pools, splash pads, water tables, etc.) until 1 week after cessation of diarrhea | |
| Fever | N/A | Dependent upon the cause of the fever | <p>Report outbreaks</p> <p>only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p> | <p>Exclude if unexplained fever occurs in an infant who is younger than 4 months.</p> <p>Exclude any individual with temperature 100.4°F or higher</p> <p>AND</p> <ul style="list-style-type: none"> • Fever is associated with behavior change or other signs of illness or other conditions that require exclusion • The signs of illness are anything (other than the fever) that indicates the child's | <p>Parent note</p> <p>Students or staff can return to school if another diagnosis is determined by their healthcare provider</p> |

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| | | | | <p>condition is different from what is usual when the child is healthy.</p> | |
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| | | | | <p>OR •</p> <p>The child is unable to participate and staff members determine they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.</p> <ul style="list-style-type: none"> • In the childcare setting for infants up to 2 months of age: <ul style="list-style-type: none"> o Fever (100.4°F or above rectally) in a child 2 months of age or younger requires immediate medical attention | |
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| <p>Haemophilus influenzae type B (Hib)</p> | <p>Respiratory (droplet) route or by direct contact with contaminated objects</p> | <p>May be as long as bacteria is in the mouth or nose</p> | <p>Report within 24 hours</p> | <p>Exclude infected individual until cleared by a health professional</p> <p>No exclusion is required for exposed students or staff</p> | <p>Medical note documenting completion of antibiotic treatment, and clearance to return to school</p> |
| <p>Hand, foot, and mouth disease</p> | <p>Direct contact with infected:</p> <ul style="list-style-type: none"> • Nose discharge • Throat discharge • Blisters • Feces | <p>The virus may be shed for weeks to months in the stool after the infection starts; respiratory shedding of</p> | <p>Report <u>outbreaks</u> only</p> <p>(See outbreak definition # 10 on page 3)</p> | <p>Exclude while symptoms of <u>fever*</u> or excessive drooling are present, which is typically during the first week of illness</p> <p>*See Fever entry page 6</p> | <p>Parent note</p> |
| | | <p>the virus is usually 1-3 weeks</p> | | | |

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| <p>Head lice (pediculosis)^[3]</p> | <p>Direct contact with infected person or contaminated object</p> | <p>As long as live lice are present</p> | <p>Not reportable</p> | <p>Exclude for:</p> <ul style="list-style-type: none"> • The presence of live, crawling lice visualized on direct inspection of the scalp, or • The presence of nits (eggs) that appear to be ¼ inch (6 mm) or closer to the scalp • Students identified with head lice can remain in the classroom until the end of the school day, with limitations placed upon activities that cause head-to-head contact or sharing of any headgear. Staff with head lice are excluded at the end of the school or childcare day if close head-to-head contact can be avoided during routine activities. | <p>Excluded persons may return with a parent note after one treatment with an over the counter or prescription lice elimination product and no active lice are observed crawling in the hair or after removal by combing or heat treatment methods^[4]</p> |
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| | | | | Re-screening Recommendations for Head Lice: <ul style="list-style-type: none"> • Persons who were excluded for pediculosis should be rescreened at 7-10 days after initial treatments | |
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| | | | | Rescreened persons who are found to have live crawling lice should be re-treated and excluded until screening identifies no live, crawling lice on the scalp | |
| Hepatitis A virus infection | Fecal-oral route through direct person-to-person contact or contaminated fomites, by ingestion of contaminated food or water | Most infectious in the 2 weeks before onset of signs or symptoms, the risk is <u>minimal</u> after the onset of jaundice | Report within 24 hours by phone | Exclude individuals until 1 week after onset of illness or jaundice or date of positive specimen collection in asymptomatic, unvaccinated children. | Medical note documenting diagnosis and more than one week since onset |

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| <p>Impetigo (<i>Streptococcal</i> <i>Staphylococcal</i> bacteria)</p> | <p>By infection of skin opening, or by contact with skin sores of an infected person</p> | <p>Until treatment with antibiotics for 24 hours or lesions crusted</p> | <p>Not Reportable</p> | <p>Exclude individuals until 24 hours after antibiotic treatment has been initiated or as long as lesion is draining AND cannot be covered with a watertight dressing</p> | <p>Parent note or staff statement indicating antibiotic therapy has been initiated for 24 hours</p> |
| <p>Influenza/ Influenza-like Illness (ILI) (ILI is defined as an oral temperature of > 100° F with a cough and/or sore throat for which there is no other known cause)</p> | <p>Airborne and respiratory (droplet) routes, or by contact with infected individuals or objects</p> | <p>One day before symptom onset until at least 7 days after onset</p> | <p>Report <u>outbreaks</u> [5] within 72 hours (See Respiratory Illness Outbreak definition #11 on page 3)</p> | <p>Exclude individuals until at least 24 hours after <u>fever*</u> has resolved without the use of fever-reducing medicines *See Fever entry page 6</p> | <p>Parent note or staff statement that <u>fever*</u> has resolved for at least 24 hours without the use of fever reducing medications</p> |
| <p>Measles (Rubeola)</p> | <p>Airborne and respiratory (droplet) routes</p> | <p>1-2 days before signs and symptoms appear until 4 days after rash</p> | <p>Report IMMEDIATELY by phone</p> | <p>Exclude individuals until 4 days after onset of rash and cleared by health care provider *See page 19 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</p> | <p>Medical note documenting at least 4 days since onset of illness</p> |

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| <p>Meningitis (Bacterial)</p> <ul style="list-style-type: none"> • Neisseria Meningitides (meningococcal) • Haemophilus influenzae (h. flu) • Streptococcus pneumoniae (pneumococcal) | <p>Contact with respiratory secretions or contact with contaminated objects</p> | <p>Until after 24 hours of antibiotics</p> | <p>Report IMMEDIATELY by phone</p> | <p>Exclude as soon as meningitis is suspected and until cleared by a healthcare provider. Refer to medical attention promptly for any combination of multiple symptoms of fever*, headache, stiff neck, irritability, or photophobia. Special attention should be made to a rash that is non-blanching and has small red or purple spots on the skin caused by bleeding under the skin. Re-admit when cleared by a health care professional</p> | <p>Medical note documenting that the affected person is non-contagious</p> |
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| | | | | <p>*See page 18 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions – Neisseria meningitides (Meningococcal)</p> | |
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| <p>Meningitis (Viral)</p> | <p>Environmental exposure to respiratory secretions of an infected individual or by poor toileting habits</p> | <p>Shedding of virus in feces can continue for several weeks or the respiratory tract for a week or less</p> | <p>Report IMMEDIATELY by phone</p> | <p>Exclude individuals as soon as meningitis is suspected and until bacterial meningitis is ruled out</p> | <p>Medical note documenting that the affected person is non-contagious</p> |
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| <p>Mouth sores—herpes simplex, canker sores, and thrush (also see hand, foot, and mouth disease)</p> | <p>Exposure to an infectious agent</p> | <p>Varies by the infectious agent</p> | <p>Report <u>outbreaks</u> only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p> | <p>Exclude young children for sores, including mouth ulcers and blisters, inside the mouth associated with uncontrolled drooling, unless the child's health care provider states that the child is noninfectious</p> <p>Do not exclude individuals with cold sores (herpes simplex virus). Encourage good hand hygiene practices and avoid touching lesions.</p> | <p>Parent note</p> |
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| <p>Mumps</p> | <p>Respiratory (droplet) route or contact with infected individuals or contaminated objects</p> | <p>1-2 days before to 5 days after the swelling of glands</p> | <p>Report within 24 hours by phone</p> | <p>Exclude individuals until 5 days after onset of parotid gland swelling</p> <p><i>* See page 19 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</i></p> | <p>Medical note documenting at least 5 days since onset of parotid gland swelling</p> |
| <p>Pinkeye (Conjunctivitis) Purulent or Non-purulent</p> | <p>Contact with discharge from eyes, nose, or mouth of an infected individual or contaminated hands or shared objects</p> | <p>Bacterial: while symptoms are present or until treatment is started</p> <p>Viral: while signs and symptoms are present and for days</p> | <p>Report <u>outbreaks</u> only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p> | <p>Exclude symptomatic individuals who have <u>fever*</u>, severe eye pain, copious amounts of drainage, or are too sick to participate in routine activities</p> <p><i>*See Fever entry page 6</i></p> | <p>Parent note or staff statement that exclusion criteria has resolved</p> <p>Antibiotics are not required to return</p> |
| | | <p>to weeks after the onset of signs and symptoms</p> | | | |

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| <p>Rash with fever* and behavioral change associated with severe diseases (such as Meningitis, Chicken Pox, Measles, and other communicable diseases)</p> | <p>Varies depending upon the infectious agent</p> | <p>Varies depending upon the infectious agent</p> | <p>Report outbreaks only (See outbreak definition # 10 on page 3)</p> | <p>Exclude individuals until a health care provider has determined that the illness is not a communicable disease</p> | <p>Medical note documenting evaluation, non-communicability</p> |
| <p>RSV (Respiratory Syncytial Virus)</p> | <p>Respiratory (droplet) route or contact with infected individuals or contaminated objects</p> | <p>Shed for 3-8 days for children and adults May shed for 3-4 weeks in young infants and in immunosuppressed individuals</p> | <p>Report outbreaks within 72 hours (See Respiratory Illness Outbreak definition #11 on page 3)</p> | <p>Exclude individuals with RSV if the child has a fever* or if the child is too sick to participate in activities with other children and staff *See Fever entry page 6</p> | <p>Parent note</p> |

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| <p>Ringworm (Tinea)</p> <p>Ringworm of the Scalp (<i>Tinea capitis</i>)</p> <p>Ringworm of the Body (<i>Tinea corporis</i>)</p> | <p>Contact with infected individuals, animals or contact with contaminated objects</p> | <p>Infectious as long as fungus is in the skin lesion</p> <p>Once treatment begins the individual is no longer infectious</p> | <p>Not reportable</p> | <p>Exclude all individuals at the end of the day as long as the affected area can be covered</p> <ul style="list-style-type: none"> • Ringworm of the scalp (<i>Tinea capitis</i>) requires oral antifungal treatment • Ringworm of the body (<i>Tinea corporis</i>) requires topical treatment | <p>Parent or staff note that treatment has been initiated</p> |
| <p>Rubella (German Measles)</p> | <p>Respiratory (droplet) route or contact with infected individual or contaminated objects</p> | <p>May be spread 7 days before to 7 days after the rash appears</p> | <p>Report within 24 hours by phone</p> | <p>Exclude individuals until 7 days after onset of rash</p> <p>Congenital Rubella: Exclude until 1 year of age unless the child is older than 3 months of age AND, after age 3 months, has had two negative PCR tests for rubella at least one month apart.</p> <p><i>*See page 20 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals</i></p> | <p>Medical note documenting at least 7 days since onset of rash</p> |

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| Scabies | Close person to person contact, or contact with infected objects | Until treatment is completed | Report <u>outbreaks</u> only <i>(See outbreak definition # 10 on page 3)</i> | Exclude individuals until after appropriate scabicial treatment has been completed (usually overnight) | Medical note documenting evaluation and completion of therapy |

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| Shingles (Varicella Herpes Zoster) | Contact with fluid from vesicular lesions For those that are immunocompromised: Airborne and contact with fluid from vesicular lesions | Until blisters are scabbed over | | Exclude individuals if lesions cannot be covered, until lesions are crusted, and no new lesions appear within a 24-hour period | Parent note or staff statement indicating any uncovered lesions have dried/crusted |
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| <p>Skin lesions (including Staphylococcal and Streptococcal skin and soft tissue infections, MRSA, Herpes Gladiatorum, etc.)</p> | <p>Contact with infected person or contaminated objects</p> | <p>Varies by infectious agent and treatment</p> | <p>Report <u>outbreaks</u> only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p> | <p>Exclude individuals only if skin lesions are draining and cannot be covered, or if the covering cannot be maintained because drainage is soaking through the coverage.</p> <p>Carrier Status: Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion.</p> | <p>Not required</p> |
| <p>Strep Throat (Streptococcal pharyngitis)</p> | <p>Respiratory (droplet) route or contact with contaminated objects</p> | <p>Infectious until treated with appropriate antibiotic</p> | <p>Report <u>outbreaks</u> only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p> | <p>Exclude individuals until <u>without fever*</u> AND at least 12 hours after treatment has been initiated</p> <p><i>*See Fever entry page 6</i></p> | <p>Medical note documenting initiation of treatment, with parent note of afebrile status</p> |

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| <p>TB (Tuberculosis) (Suspect or confirmed TB- cough with bloody phlegm greater than 3 weeks, unexplained weight loss, fever, or night sweats greater than 3 weeks)</p> | <p>Airborne route</p> | <p>Varies with progression and severity of illness</p> | <p>Report within 24 hours by phone</p> | <p>Exclude individuals with active (infectious) TB, until the local health department authority or treating infectious disease physician states that the individual is noninfectious</p> | <p>The health department or infectious disease physician must clear the student or staff member for return to school</p> |
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| <p>Vomiting</p> | <p>Varies with cause</p> | <p>Varies with cause</p> | <p>Report <u>outbreaks</u> only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p> | <p>Exclude individuals for vomiting</p> <ul style="list-style-type: none"> • 2 or more times during the previous 24 hours without a known condition for which there is a care plan, or • for vomiting and <u>fever*</u> <p><i>*See Fever entry page 6</i></p> <p>Special Circumstance for vomiting:</p> <ul style="list-style-type: none"> • Exclude and refer for medical attention anyone with vomit that appears green and bloody, vomiting after recent head injury, vomiting and no urine output for 8 hours, or who appears very ill during vomiting episodes for prompt medical evaluation No exclusion is required for a brief, non-repeating episode of vomiting with | <p>Readmit children when parent note stating vomiting has resolved, the child has remained feverfree for at least 24 hours without fever-reducing medication, and the child is able to remain hydrated and participate in activities</p> |
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| | | | | no other signs of severe illness | |
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| Whooping Cough (Pertussis) | Respiratory (droplet) route | From the beginning of symptoms until 3 weeks after the cough begins Infants with no vaccinations can be infectious for over 6 weeks | Report individual cases within 24 hours by phone Report <u>outbreaks</u> IMMEDIATELY by phone | Exclude until completion of 5 days of macrolide antimicrobial therapy, such as azithromycin or erythromycin No exclusion is required if the person is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants) * See page 19 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions | Medical note documenting macrolide antibiotic prescribed with parent note or employee/staff statement of completion of 5 days of antibiotics |
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Exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions^[6]

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| Exclusion Criteria for Contacts (Exposures) | Documentation for Return |
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| <p style="text-align: center;"><i>Neisseria meningitides</i> (Meningococcal):</p> <p>Exclude close contacts to <i>Neisseria meningococcal</i> (meningococcal disease) cases until antimicrobial treatment has been initiated.</p> | <p>Medical note documenting initiation of antimicrobial therapy</p> |
| <p style="text-align: center;">Whooping cough (Pertussis):</p> <p>Contacts do not need to be excluded. If <u>close contacts to pertussis cases are identified who are coughing or have other symptoms of pertussis, they are considered suspect cases.</u></p> <p>Contacts with cough illness are excluded as suspect cases:</p> <ul style="list-style-type: none"> a) until after 5 days of appropriate antimicrobial therapy, or b) if no antibiotics are given, until 21 days after last contact with an infected person, or c) until a health care provider clears the child or employee to return to school. | <p>Medical note indicating the symptomatic contact is cleared to return to school or childcare or that student/employee has met one of the criteria at left.</p> <p>Parent report if returning to school 21 or more days after last contact.</p> |

| <i>Exclusion Criteria for Contacts (Exposures)</i> | <i>Documentation for Return</i> |
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| <p>Invaccinated and incompletely vaccinated students and staff without documentation of immunity or natural disease must be excluded if exposed to the following conditions as indicated below^[7]:</p> | |

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| <p style="text-align: center;">• Measles:</p> <p>Exclude exposed students and household school aged contacts that have not been vaccinated against measles for 21 days after onset of rash in last case of measles in the affected school or community.</p> <p>Staff born in 1957 or later who cannot provide documentation of 1 dose of measles vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 21 days after onset of rash in last case of measles in the affected school or community.</p> <p>Pregnant students and staff should not receive MMR vaccine but may be eligible for intravenous immune globulin (IVIG). DHEC is available to provide consultation on vaccinating children 6-11 months of age who are exposed to measles.</p> | <p>Individuals without previous measles vaccination may be readmitted to school immediately after receiving measles-containing vaccine (if received within 72 hours of exposure to case) or measles immunoglobulin (if received within 6 days of exposure).</p> <p>Contact the regional public health office regarding previously unimmunized persons who receive vaccine or immunoglobulin after the above time frames.</p> |
| <p style="text-align: center;">• Mumps:</p> <p>Exclude exposed students who have not been vaccinated against mumps until they receive at least one dose of mumps-containing vaccine. If they have an immunization exemption, continue to exclude them until the health department determines that it is safe for them to return. This will typically be for 25 days after the onset of parotitis in the last person with mumps in the affected school.</p> <p>Staff born in 1957 or later who cannot provide documentation of 2 doses of mumps vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 25 days after the onset of parotitis in the last person with mumps in the affected school or facility.</p> <p>Pregnant students and staff should not receive MMR vaccination.</p> | <p>Unvaccinated persons receiving their first dose of mumps-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p> |

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| <i>Exclusion Criteria for Contacts (Exposures)</i> | Documentation for Return |
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| <p style="text-align: center;">• Rubella:</p> <p>Exclude exposed students who have not been vaccinated against rubella for 21 days after the onset of rash in the last person with rubella in the affected school or community. Exclude exposed students older than age 6 who have received only one dose of vaccine, until they have received one additional dose of rubella or MMR vaccine.</p> <p>Staff born in 1957 or later who cannot provide documentation of 2 doses of rubella vaccine on or after their first birthday, or laboratory evidence of immunity, should be excluded for 21 days after the onset of rash in the last person with rubella in the affected school or community.</p> <p>Pregnant students and staff should not receive MMR or rubella vaccination.</p> | <p>Unvaccinated persons receiving their first dose of rubella-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p> |
| <p style="text-align: center;">• Chicken pox (Varicella):</p> <p>When a case has been identified, exclude exposed students and staff who are unvaccinated/incompletely vaccinated and have no history of varicella documented by a health care provider. The exclusion period would be from the 8th day since first exposure to the rash through day 21 after exposure to the rash.</p> <p><u>In outbreaks</u> ^[8], exclude students and staff who are unvaccinated or incompletely vaccinated, and have no documented history of varicella infection from the identification of the case or the start of the outbreak (or day that it is first recognized) until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school ^[9].</p> <p>Students and staff who are contacts to varicella cases may return immediately following receipt of varicella vaccine. Pregnant students and staff should not receive Varicella vaccination. They may be eligible for Varicella Zoster Immune Globulin (VZIG).</p> | <p>Unvaccinated and incompletely vaccinated students and staff receiving their first or second dose of varicella vaccine after exposure to a varicella case may be readmitted immediately to the school or childcare facility.</p> |

Children in childcare and students in school with the following conditions are not typically excluded, so long as they are healthy enough to participate in routine activities:

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| <ul style="list-style-type: none"> • Canker Sores • Chronic Hepatitis B or C infection • Colds: Exclusion is not warranted even if illness is associated with green or yellow nasal discharge, as long as the student does not have a fever* or any of the other excludable symptoms described in this document. <ul style="list-style-type: none"> • Cold sores • Cough not associated with an infectious disease or a fever. <ul style="list-style-type: none"> • Croup • Cytomegalovirus (PE and sports exclusions may apply) • Diseases spread by mosquitos: Malaria, West Nile Virus <ul style="list-style-type: none"> • Diseases spread by ticks: Babesiosis, Ehrlichiosis, Lyme Disease, Rocky Mountain Spotted Fever, Tularemia | <ul style="list-style-type: none"> • Ear infection • Fifth Disease (Parvovirus B19 infection), once the rash has appeared and the child no longer has a fever* • HIV infection • Mononucleosis (PE and sports exclusions may apply) • MRSA carrier or colonized individual, with covered lesions <ul style="list-style-type: none"> • Pinworms • Rash, without fever or behavior change <ul style="list-style-type: none"> • Roseola, once the fever* is gone <ul style="list-style-type: none"> • Thrush • Urinary Tract Infection • Warts, including Molluscum contagiosum <ul style="list-style-type: none"> • Yeast Diaper Rash <p style="text-align: right;"><i>*See Fever entry page 6</i></p> |
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Appendix A

Additional exclusions and restrictions may apply if the student or staff has been diagnosed with any of the illness listed

| Disease /Agent | Exclusion | Documentation for Return |
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| <ul style="list-style-type: none"> • <i>Campylobacter</i> • Enteropathogenic <i>E. coli</i> (EPEC) • Enterotoxigenic <i>E. coli</i> (ETEC) <ul style="list-style-type: none"> • Rotavirus • Nontyphoidal <i>Salmonella</i> | <p>Exclude until diarrheal symptoms are resolved for at least 24 hours.</p> | <p>Parent note or staff statement that diarrhea has resolved for 24 hours.</p> |
| <p><i>Cryptosporidium</i></p> | <p>Exclude until diarrheal symptoms are resolved for at least 24 hours.</p> <p>Restrict recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms resolve</p> | <p>Parent note or staff statement that diarrhea has resolved for 24 hours.</p> |
| <p><i>E. coli</i> 0157:H7 and other Shiga Toxin-Producing <i>E. coli</i> (STEC)</p> | <p>Children under the age of 5 or staff in out-of-home childcare or students under the age of 5 in kindergarten:</p> <ul style="list-style-type: none"> • Exclude until diarrheal symptoms are resolved for at least 24 hours and 2 consecutive stool cultures or culture-independent diagnostic tests taken at least 24 hours apart are negative for STEC • If antibiotics were prescribed, stool cultures must be collected 48 or more hours after the antibiotics are completed <p>Students 5 years of age or older thru grade 12:</p> <ul style="list-style-type: none"> • Exclude until diarrheal symptoms are resolved for at least 24 hours. | <p>Documentation of 2 negative test results</p> <p>Parent note for students 5 years of age or older through grade 12 stating no diarrhea for 24 hours</p> |

| Disease /Agent | Exclusion | Documentation for Return |
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| <i>Giardia</i> | <p>Exclude until diarrheal symptoms are resolved for at least 24 hours.</p> <p>Restrict recreational water activities (pools, splash pads, water tables, etc.) until 1 week after diarrheal symptoms resolve</p> | Parent note or staff statement that diarrhea has resolved for 24 hours |
| Norovirus | Exclude until asymptomatic (diarrhea and/or vomiting have ceased for at least 24 hours) | A parent note or staff statement that diarrhea and/or vomiting have resolved for 24 hours |
| <i>Salmonella Typhi</i> (Typhoid fever) | <p>Children under the age of 5 or staff in out-of-home childcare or students under the age of 5 in kindergarten:</p> <ul style="list-style-type: none"> • Exclude until diarrheal symptoms are resolved for at least 24 hours AND three consecutive stool cultures or culture independent diagnostic tests collected at 24hour intervals are negative for <i>Salmonella Typhi</i> • If antibiotics were prescribed, stool specimens must be collected at least 48 hours after the antibiotics are completed | Documentation of 3 negative test results |

| Disease /Agent | Exclusion | Documentation for Return |
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| <p><i>Shigella</i></p> | <p>Children under the age of 5 or staff in out-of-home childcare or students under the age of 5 in kindergarten:</p> <ul style="list-style-type: none"> • Exclude until diarrheal symptoms are resolved for at least 24 hours, and at least 1 stool culture or culture-independent diagnostic test is negative for <i>Shigella</i> <ul style="list-style-type: none"> • If antibiotics were prescribed, stool cultures must be collected 48 or more hours after the antibiotics are completed <p>Students 5 years of age or older thru grade 12:</p> <ul style="list-style-type: none"> • Exclude until diarrhea has stopped for at least 24 hours, provided that the student has good hand hygiene and ability to self-toilet <ul style="list-style-type: none"> • A student with questionable or poor hand hygiene may be required to have at least 1 <i>Shigella</i>-negative stool culture and to be diarrhea-free for at least 24 hours prior to returning. If antibiotics were prescribed, stool cultures must be collected 48 or more hours after the antibiotics are completed | <p>Documentation of 1 negative test result</p> <p>Parent note or staff statement that diarrhea has resolved for 24 hours</p> <p>Documentation of 1 negative test result</p> |

[1] **Respiratory Illness outbreak worksheet available at scdhec.gov/flu-schools-childcare-centers**

SC DHEC School/Childcare Exclusion List

[2] **Diarrhea is defined as 3 or more loose or watery stools in a 24-hour period that are not associated with changes in diet.**

[3] **Ideally, head lice screening is performed by healthcare providers, including school health nurses, or by school health aides who have been trained by school nurses. [Students with evidence of infestation) may be excluded per local school policies].**

[4] **Although not recommended, education agencies opting for more stringent “No Nit Policies” for school re-admission should explain their policies to families.**

[5] **Respiratory Illness outbreak worksheet available at <https://scdhec.gov/flu-schools-child-care-centers>**

[6] **Exclusion may be indicated for contacts to other conditions when recommended by DHEC or the student’s or employee/staff member’s healthcare provider.**

[7] **DHEC should be consulted immediately about pregnant, unvaccinated, or immunocompromised students or staff who are exposed to measles, mumps, rubella, or varicella.**

[8] **An outbreak of Chicken pox (Varicella) is defined as 3 or more cases within 6 weeks in a common setting, such as school, childcare, community, or institutional setting.**

[9] **Mild break-through cases of Chicken pox (Varicella) (occurring in immunized persons) are generally considered less infectious than cases in unvaccinated persons. Consult with DHEC as needed for exclusion guidance in ongoing outbreaks of Chicken pox (Varicella) or if/when exclusion may be extended past one incubation period (i.e., over 21 days).**

Medication Administration

For any long-term prescription medication to be administered at school, written permission from a doctor stating the name of the drug and the required dosage is necessary. NO MEDICATION will be administered without a signed permission slip. Prescription medicine must come to school in its properly labeled container.

For safety purposes all medicine should be under the supervision of an adult at all times. Therefore, we request that all medicines be transported to and from school by an adult. Medicine is NOT to be transported on the bus. Medications that are to be administered three times a day do not need to be brought to school (ex. oral antibiotics). If the prescription indicates three doses, please give one dose prior to school, the next dose after school, and the last dose at bedtime. Any over the counter medicine that needs to be administered at school must be brought to school by the parent. All medicine will be kept in the nurse's office.

Health Room Procedures

If a child becomes sick or injured, he/she will be sent to the health office. If after observation, the illness or injury appears to warrant contact of a parent, reasonable effort will be made to contact parents. Parents may be requested to pick up a student at that time. If sickness or minor injury occurs near dismissal time, the nurse will make a professional decision as to whether or not the child will ride home on the bus. Emergency health information sheets are to be filled out each school year. It is imperative that this information be kept accurate and up-to-date. If any changes are made in employment, telephone numbers, or alternate contacts, please notify the front office or the nurse at (843) 689-0428.

The nurse, principal and teacher should be advised of those students who require immediate or special attention for conditions such as hemophilia, diabetes, epilepsy, heart condition, asthma, or individual health issues.

Individual Health Care Plans or Individual Health Plans (IHPs)

Individual health care plans are also called individual health plans or IHPs. School nurses who are registered nurses write IHPs to guide how a student's health care needs will be met while at school. The nurse works with the student, the student's parents or legal guardians, the student's health care provider and other school staff to write the plan. IHPs are written for students who have special health care needs that must be met by school staff during the school day. **To learn more about IHPs, talk with your child's school nurse, at (843) 689-0428**

Section 504 of the Rehabilitation Act of 1973 (Section 504)

Section 504 is a federal law that requires public schools to make adjustments so that students with certain disabilities can learn and participate in settings like other students who do not have disabilities. To be eligible for services under Section 504, a student must have a condition that substantially limits one or more major life activities. A team decides if a student is eligible. The team should include the student's parent or legal guardian, the student (if able), and others who know the student or know about the student's disability such as a teacher, a guidance counselor, a school nurse and other school staff. If the student is eligible, the team develops an individual accommodation plan. The individual accommodation plan explains how the student's needs will be met while at school and may include health services for the student during the school day if needed.

Individuals with Disabilities Education Act (IDEA)

Students, ages 3 through 21 years, may receive services under the IDEA if the student needs special education and related services to benefit his/her educational program. A team decides if a student qualifies for services under the IDEA. The team includes the student's parent or legal guardian, teachers and other school staff. The team develops an individualized education program (IEP) if the student meets federal and state requirements. The IEP outlines a plan for helping the student receive a free appropriate public education and meet goals set by the team. The IEP may include health services for the student during the school day if needed.

Kindergarten

Our goal is for Kindergarten students to demonstrate competency of literacy and mathematics skills contained in the state and district kindergarten curriculum standards. We believe all children have the ability to learn and demonstrate appropriate school behaviors. Formative and Summative assessments are given by the teacher throughout the year and results are used to help drive instructional practices. Results of the student progress are documented on the child's quarterly report card, in parent conferences, and during frequent home/school communication. If the child's progress is not meeting expectations, conversations may develop to consider appropriate educational options. A school team (including the child's parents) may consider adding intervention, educational support, and/or retention.

In addition to the stated criteria, students must adhere to the district's attendance policy. Parents/Legal guardians should be informed of the possibility of retention by May 12th and a parent conference scheduled. When parents wish to retain their child even though he/she is likely to satisfactorily meet the district's promotion requirements, their request must be made in writing to the school's principal prior to May 12th.

Homework

Homework is a teacher-planned learning activity, which takes place outside of the student's regular school hours. It should reinforce classroom learning and expand on a student's school experience. Homework assignments are given to the students with a purpose and are considered an important part of the instructional program. It is given in order to strengthen skills learned in the classroom and to supplement learning activities. Teachers shall ensure that homework is appropriate and meaningful and that homework assignments are checked. The parent shall ensure that homework is completed at home and handed in when due. The parent shall ensure that the student accepts the responsibility for homework assignments and brings the necessary materials home and that someone is available to help the student with homework.

Discipline

Parents are asked to support the school in its effort to enhance learning and to maintain a safe environment and high standard of conduct. It is our belief that every child has the ability and opportunity to successfully function in a school environment.

Students are expected to conduct themselves in an orderly manner at school. Rules and regulations are made with each child's safety in mind. The right to a school environment that is safe, orderly, and conducive to learning is a right of each child. Inappropriate behaviors or inflicting harm on another person is not tolerated and will be dealt with promptly. Inappropriate behaviors will result in parents being notified to work with a school team to assist students in demonstrating positive school behavior.

Consequences:

1. Warning
2. Contact parents
3. Other disciplinary action may be utilized as provided by the district behavior code and/or considered appropriate by the school administration.

PBIS

At Hilton Head Island Early Childhood Center, we follow a school wide system of introducing and practicing positive school behaviors.

Our School Rules:

B: Be Kind

E: Effort

S: Self-Control

T: Teamwork

All students may participate in classroom and individual guidance sessions throughout the school year.

Bullying Policy

Beaufort County will not condone or tolerate harassment, intimidation, or bullying in any way. District policy addresses harassment, intimidation, or bullying of students. The policy defines bullying and provides the procedures for reporting bullying, harassment, or intimidation. The system is developed as part of the school procedures and will allow for anonymous reports.

Beaufort County School District Student Dress Code

Statement of Policy:

It is the policy of the Beaufort County School District to regulate reasonable attire of students during the school day. Students in all schools shall wear an approved school uniform with only legally-mandated exceptions. To maintain an educational environment that is safe and conducive to the educational process, students in all grades shall abstain from wearing or possessing specified items during the school day.

What This Means to Us:

Students will wear:

1. Tops

- a) Students may wear short or long-sleeved cotton or golf shirts that have a collar. The colors are white, light blue, hunter green or pink. They do not have to have the school logo. Shirts must be tucked in.
- b) Students may wear school colored sweaters or cardigans inside the building over school uniforms.
- c) Mock turtlenecks or turtlenecks under the school shirts are acceptable.

2. Bottoms

- a) Students will wear khaki or navy pants, shorts, skorts or jumpers.
- b) Bottoms must be free of embroidery and graphics. With the exception of small labels, bottoms may not have insignias, words or pictures.
- c) Shorts, skorts, and jumpers shall be modest and of sufficient length, no shorter than (3) inches above the knee when standing.
- d) Cargo style pants and cargo shorts are not permitted.
- e) Belts must be worn if there are belt loops; beltless pants are acceptable for young children.

3. Shoes, sneakers and boots

- a) Footwear must be worn at all times, as needed, shoes shall conform to special requirements, e.g., P.E classes, etc.
- b) Laces on shoes and sneakers must be tied. Shoes should be closed toed.
- c) Flip flops, crocs, high heels, and slippers are not permitted.

Vendors:

1. Uniform Work and Sport
By Its Classic
29E Hunter Road
Hilton Head South Carolina, 29926
(843) 681-3002
2. Lands' End
Preferred School Number: 9001138470
Lands' End Logo Number: 1043655K
HHIECC School Logo will be available at Lands' End
3. Local department or clothing store

Students who do not wear proper uniforms, will receive a written warning to go home to parents. After three warnings, a parent conference will be scheduled by administration.

Transportation

Car Transportation

To ensure the safety of our children and to facilitate a smooth flow of traffic, we ask that you adhere to our traffic procedures. Procedures for dropping off and picking up are as follows:

Dropping off: "Kiss and Go" Cars are required to keep to the right upon entering the campus. Please stay in the right lane, pull up as far as possible and have your child exit the car to the sidewalk when the supervising adult opens the car door. If you need to enter the building, please park in a parking space. HHIECC staff members are on duty to greet students between 7:15 a.m. and 7:40 a.m. Prior to 7:15 a.m., there will be no adult supervision, therefore students are not allowed in the building before that time. We encourage students to arrive by 7:35 a.m. It is important for your child to have ample time to prepare for the school day. If you arrive after 7:40 a.m. (when the car rider line is closed), you will need to park your vehicle in a parking space, walk your child in, and sign your child in at the office. **Do not** park in a handicap spot unless you have a permit. Please do not block the yellow fire lanes or park along the curb. Arriving in the car line after 7:40 a.m. will result in your child being marked tardy.

Picking up: Dismissal begins promptly at 2:45 p.m., allowing time for picking up elementary school students, if necessary. If you have students at the elementary schools, please plan to pick them up after you pick up your HHIECC students. Students wait in the gym until their car number is called. Please help your child learn his/her hang tag number so our dismissal can run as smoothly as possible.

When you arrive, cars form two lanes coming into the pick-up zone. Please pull your car up as far as possible so that we may load several children at once. A HHIECC staff member will deliver your child to the vehicle and will place your child in the back seat. **South Carolina law requires that all children under age 8, and under the height of 4'9", weighing between 40 and 80 pounds, must be secured in a booster seat, and that children under age 8 may not ride in**

the front seat. Please keep your child safe by complying with this law. Adults picking up children must display their child's hang number tag. If you do not have a bus/car number tag, you will need to park and go to the office for a replacement. With your ID additional tags are available in the office (for aftercare centers, etc.). If you need to park and come inside, please park in visitor parking. Make sure to always bring your ID with you into the front office.

If for any reason you need to pick your child up early, you must arrive before 2:00 p.m. and sign your child out at the office. Children **will not** be dismissed between 2:00 p.m. and 2:45 p.m. This is a **safety issue!**

Bus Transportation

SAFETY IS OUR FIRST CONCERN FOR TRANSPORTATION!

- An authorized adult must be present at the bus stop for arrival and departure. A child will not be released from the bus without an adult present with a HANG TAG # matching the child's tag on their backpack. The child will be brought back to HHIECC for authorized adult (with hang tag or id) for immediate pick up.
- Transportation was scheduled for your child as you specified at registration.
- Written notification by parents is required for the student to change transportation. This written notification must be received by 1:00 pm on the day of the change. Fax or written note only-no emails.
- For the safety of our children, transportation changes over the phone will NOT be accepted.
- Bus students will enter and exit the building at the bus entrance. This area is reserved for school bus traffic only. Cars are not permitted to enter.

South Carolina State Law provides bus transportation for students living 1.5 miles or more from their school. Regulations issued by the State Department of Education determine particular stops and routes of transportation. Stops may not be made less than .2 of a mile apart. Particular hazards or dangerous circumstances are considered in determining specific stops.

Parent Responsibility for Bus Stop Sites

According to State Proviso 1.37, *"The parents or guardians of a child being transported on a school bus are responsible for the safety and conduct of the child prior to the arrival of the school bus at the child's designated school bus stop for pick up and transport to school, and after the school bus drops off the child and departs the child's designated school bus stop when transporting the children from school. The state's responsibility includes the arrival or departure of the school bus, which is defined as the time the school bus assigned to the school bus stop activates the required pedestrian safety devices, stops and loads or unloads students, and the school bus deactivates all pedestrian safety devices."*

Discipline issues involving bus behavior without other concerns should be directed to the

school administration for investigation. Other bus related questions may be directed to BCSD Transportation Department at (843) 342-4378.

Pupil Bus Conduct Rules

1. The bus driver has complete authority on the bus. The driver may assign seats to the passengers and will report infractions on bus conduct rules to school officials.
2. Eating food is not allowed on the bus. Packed lunch boxes and packages are allowed on the bus.
3. Large packages and live animals of any nature are not allowed on the bus. Only small items that may be held by the passenger are allowed.
4. "Horseplay" is strictly forbidden on the bus. Riders guilty of misconduct will be referred to the school office for appropriate action to be taken.
5. Once seated, students will remain in their seats until it is time to exit the bus. Students should enter and exit in an orderly fashion.
6. Students are not allowed to put their heads or arms out of bus windows or throw items out of the bus window.
7. Students should not approach the bus before it comes to a complete stop and the driver indicates that it is safe to board.
8. Students are advised to use extreme care and caution when waiting to board, entering, riding, and exiting the school bus.
9. RIDING THE SCHOOL BUS IS A PRIVILEGE. It can be taken away. If a pupil persists in violating any regulations and endangers the safe operation of the school bus, the pupil may have riding privileges suspended by school officials. Notice will be given to parents.
10. Students are to ride their assigned bus and get off at their assigned stops. Students will need written permission, approved by the school office to ride a bus he/she was not originally assigned to.

Frequently Asked Bus Questions

***WHO IS RESPONSIBLE FOR SCHOOL BUS DISCIPLINE?**

The Administration of the attending school is responsible for school bus discipline. However, students must obey the driver at all times while under his/her supervision. The driver may not remove a student from the bus for disciplinary reasons without the approval of the principal, unless a student's behavior is a threat to the safety of other students on the bus. The driver must report all violations of safety regulations as well as any behavior problems to the school principal. The principal has the authority to deny any student the privilege of riding a school bus for cause. The principal or designee will notify parents in writing, on the school bus discipline notice, of all complaints received and action taken.

***WHAT IF MY CHILD MISSES THE BUS?**

If a child misses the bus because of a reason beyond the control of the Transportation Department, it becomes the responsibility of the parent to see that the child gets to school.

Severe Weather Information

School will be in session unless the weather makes it dangerous for school buses to run. On doubtful

mornings, the local radio and television stations will announce the school district's decision no later than 6:30 a.m.

The district website may also be used to gain information about school closings, delays or early dismissals. Log on to www.beaufortschools.net for more information.

If, during the day, weather conditions become severe enough to require buses to make their runs before the regularly scheduled time, each local radio station will be notified. IF THE PROCEDURES WILL BE DIFFERENT THAN NORMAL, PARENTS NEED TO DISCUSS IN ADVANCE WITH THEIR CHILDREN WHO WILL PICK THEM UP OR WHAT TO DO IN CASE SCHOOL IS DISMISSED EARLY.

Volunteers

We'd like to invite you to participate in your child's educational experience as an active volunteer at our school. There are many opportunities within your child's classroom, and as a member of the Hilton Head Island Early Childhood Teacher Parent Advisory Council. For your child's protection, Beaufort County School District requires each volunteer to complete an application, and to be cleared through SLED.

Volunteer applications are found on our school website. Go to www.beaufortschools.net. Once in the website, click on the Parents & Students link and then click on Volunteers. From there, click on the link to SecureVolunteer and follow the instructions for completing the volunteer application.

Contact the school counselor (Iris Calhoun) to find out the status of your background check. The school volunteer coordinator (Staci Hays) can be contacted about volunteer opportunities.