



Our mission is to unlock potential in individuals with disabilities and empower their families.

Pattison's Academy Board Meeting Agenda
721 Wappoo Rd., Charleston, SC 29407 & Zoom
Tuesday, March 19, 2024
5:00 pm-6:30 pm
Presiding: Carol Aust, Board Chair

Join Zoom Meeting
<https://zoom.us/j/97211710109?pwd=czRDeVZpOFFuRXhHZTR6YXp5R2tBUT09>

AGENDA ITEM	Inform/Act/Discuss
1. Welcome/Call to Order/Quorum Established	Act
2. Approve Agenda & February 2024 Meeting Minutes	Act
3. Public Comments	
4. CEO's Report	Inform
5. Finance Committee Report	Inform
6. New Business	
a. Development Update	Inform
b. KTP 2024	Inform
c. Updated Student Health and Wellness Policy	Act
7. Executive Session - Legal Update & Board Appointment Take action, if any, from Executive Session	Inform/Act
8. Adjournment	Act

Next Meeting Dates: April 16, 2024, May 21, 2024, June 18, 2024

BOARD MEETING GUEST & PUBLIC COMMENTS POLICY

Pattison's Academy Board Meetings are open to the public. Public comments are accepted at the start of each Board Meeting. Comments are limited to one minute per person. Anyone interested in sharing public comments must notify Board Secretary Matt Walton at waltonmj21@gmail.com before the meeting.



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BOARD OF DIRECTORS:	PRESENT	ABSENT	FISCAL YEAR 2023-24 ATTENDANCE	TERM EXPIRATION DATE
Carol Aust Chair			5/6	06/30/2024
Scott Benjamin Vice-Chair			3/6	06/30/2025
Erik Wickstrom Treasurer			6/6	06/30/2024
Matt Walton Secretary			6/6	06/30/2024
Jennifer Perdue Member			6/6	06/30/2025
John Foreman Member			5/6	06/30/2024
Karina Garrison Member			5/6	07/31/2025

ATTENDANCE:

Staff members:

Other:



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AGENDA ITEM	Inform/Act/Discuss
1. Welcome/Call to Order/Quorum Established Carol A. Call to Order at 5:03 pm	Act
2. Approve Agenda & January 2024 Meeting Minutes Matt motions to approve, Eric seconds. Board approves.	Act
3. Approve FY 23-24 Budget Amendment Eric motions to approve, Jen seconds. Board approves.	Act
4. Public Comments	
5. CEO's Report	Inform
6. Finance Committee Report	Inform
7. New Business	
a. Development Update	Inform
b. Camp 2024 Launch	Inform
8. Adjournment	Act
Matt motions to approve, Jen seconds. Board approves. Meeting adjourned at 5:38 pm.	



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BOARD OF DIRECTORS:	PRESENT	ABSENT	FISCAL YEAR 2023-24 ATTENDANCE	TERM EXPIRATION DATE
Carol Aust Chair	X		4/5	06/30/2024
Scott Benjamin Vice-Chair	X		2/5	06/30/2025
Erik Wickstrom Treasurer	X		5/5	06/30/2024
Matt Walton Secretary	X		5/5	06/30/2024
Jennifer Perdue Member	X		5/5	06/30/2025
John Foreman Member		X	5/5	06/30/2024
Karina Garrison Member	X		4/5	07/31/2025



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ATTENDANCE:

Staff members:

Laura Ganci
Becky McCarthy
Collette Wade
Tyler Hendricks
Whitney Merrick
Mason Duffy
Casey Stradcutter
Madison McCalman

Other:

Julianna Greenhaw
Kimberly Robinson
Olivia Turner
Crystal Hildt
Christine Middleton
Jenara Noel
Kristen Dierickx

**Next Board Meeting:
March 19, 2024**



For Board Meeting—March 19, 2024

Issue:	Finance Committee Report (Item 5)
Action:	None
Budget Impact:	None

Background:

The finance committee meets once a month, typically the Wednesday before the board meetings, to discuss the organization's current financial status and review monthly deliverables. Finance committee participants include the Board Chair, Board Treasurer, Pattison's CEO, Pattison's CPO, and account representatives from Veris CPA.

Current Status:

The finance committee met on March 13, 2024, to review Pattison's February deliverables and year-to-date financials. As of February 29, 2024, Pattison's year-to-date financials continue to indicate a deficit primarily attributed to the timing of various revenue streams. We anticipate that funding administered through CCSD, including state and federal funding, will be reconciled by the end of the fiscal year. Additionally, there has been a delay in receiving Medicaid reimbursement payments from CCSD this year, which staff is looking into. Year-to-date expenditures are at 64% of the amended FY24 budget, slightly below the expected 67% for the fiscal year. Supplies continue to be the highest category of expenditures, and Other Expenditures exceed the anticipated 67% for the year due to the costs associated with KTP and one-time dues and fees being categorized here.

[PATTISONSACADEMY.org](https://pattisonsacademy.org)

Contact Us

721 Wappoo Road, Charleston, SC 29407
(843) 402-7850  @PattisonsAcademy



For Board Meeting—March 19, 2024

Issue:	Development Update (Item 6.a)
Action:	None
Budget Impact:	None

Description	Goal	Actual as of 2/29/24	Notes
General Contributions	\$200,000	\$118,818.70	
KTP	\$100,000	\$77,017.91	Total recap of event is below
Grants/Foundations	\$200,000	\$50,000	DeLoach Family Foundation
		\$10,000	Chs. County Comm. Invst. (MOVE Equip)
		\$10,000	Mark Elliott Motley Foundation
		\$1,000	Boeing Foundation
		\$500	Yield Giving
		\$4,000	Home Community Fund
		\$8,000	Coastal Community Foundation
		\$4,164	Saul Alexander Fund
		\$10,000	Central Comm. Fdn. (AFLAC/Culinary)
		\$97,664	Total
Third Party Contributions	\$45,000	\$5,500	Live for Wellness Block Party (Dr. Jenn)
		\$20,725	Old Village Witches Ride
		\$9,120	Charleston Beach Olympics
		\$3,736	Love on Wheels Carriage Ride (Karina)



		\$39,134.16	Total
TOTAL	\$545,000	\$332,634.77	

KTP: KTP was an absolute blast! Even when we had to pivot because of the storm, our team came together to create an unforgettable event. Overall, we have raised \$89,562.69 to date and are still receiving donations. We are leaving our campaign page up through the end of the month. If you or someone you know would like to donate to help us “Keep the PACE” for the children and families at Pattison’s, you can still give on our fundraising page: [Keeping The Pace 2024 - Campaign \(classy.org\)](#)

Upcoming Events:

- **Charleston Beach Olympics:** June 8th, 2024 at 1pm at Sullivan’s Island ([Home | Beacholympics \(charlestonbeacholympics.com\)](#))



For Board Meeting—March 19, 2024

Issue:	Keeping The PACE (KTP) 2024 (Item 6.b)
Action:	None
Budget Impact:	None

Background: Since its inception, Pattison’s Keeping the PACE (KTP) has merged our mission of empowerment with fundraising to support all four of our programs. KTP is a two-hour stationary bike ride-a-thon hosted at our school in West Ashley and our largest fundraising event of the year. This high-energy, interactive charity drive gives Pattison’s patrons a first-hand look at the positive impact directly generated by their support. Historically, support from board members and community involvement has ensured that this event is a success.

Current Status: The 2024 Keeping the PACE fundraiser was held on Saturday, March 9th. It was an incredibly successful event with significant presence and participation from staff, families, board members, and community partners. With 29 bike teams passionately pedaling for a cause, 9 community partners actively represented on bikes, and contributions from 19 community partners, KTP once again demonstrated its profound impact on Pattison’s Academy and the broader community.

Notably, KTP welcomed esteemed guests Carolyn Murray, Rob Fowler, and Kelsi Brewer, whose spotlight appearances added a special touch to the event. Their presence, alongside appearances from Dr. Jen and Melissa Kelly, underscored the significance of our mission and the collective effort required to achieve our goals. What truly made this event special was the participation of our students as they pedaled their adaptive tricycles throughout the crowd, adding to the high energy and celebration. Additionally, we were able to highlight 6 of our students and all their hard work this year, with sentiments from their families on the impact Pattison’s has had on their lives. We are already looking forward to next year!

PATTISONSACADEMY.org

Contact Us

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For Board Meeting—March 19, 2024

Issue:	Updated Student Health and Wellness Policy (Item 6.c)
Action:	Approve updated Student Health and Wellness Policy
Budget Impact:	None

Background: Pattison’s currently operates under a Policy on Management of Communicable Diseases in our Parent Handbook, which includes criteria for when to pick up a sick student from school or return to school following an illness. Due to the medical needs of our population, our policy needed to be updated to provide more robust guidelines in line with South Carolina DHEC while also considering the unique needs of our students. Additionally, Pattison's has consistently adhered to CDC and MUSC recommendations for COVID-19 protocols since the onset of the pandemic. The Pattison’s COVID-19 Operational Plan, established in 2020, undergoes periodic updates to reflect changes in CDC and MUSC guidelines.

Current Status: Pattison’s Academy has created a Student Health and Wellness policy to replace our prior Policy on Management of Communicable Diseases. This policy includes the management of respiratory viruses, including COVID-19. Due to the most up-to-date guidelines from the CDC on COVID-19 management, a separate COVID-19 operational plan is no longer indicated. Noted changes to the Student Health and Wellness policy include updated exclusion criteria for sick students and a more robust outline for the management of contagious illnesses. Please refer to the attached document for the complete Student Health and Wellness Policy. Your attention to this updated policy is appreciated as we continue to prioritize the health and safety of our community members.



Pattison's Academy Student Health and Wellness Policy

Objective

At Pattison's Academy, the health and well-being of students and staff is our top priority. To maintain a healthy balance between encouraging as much in-person learning as possible and ensuring we are doing our part to prevent the spread of communicable and contagious diseases, our policy reflects the criteria published by South Carolina DHEC while taking into consideration the nuances that are unique to the population we serve.

DHEC 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 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 and parents/guardians should not allow the attendance of children with "any contagious or infectious disease or syndrome requiring isolation". 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.

Guidelines

1. **Parent Reporting to School:** Parents/guardians must notify the school within 24 hours after the child has developed a known or suspected communicable illness addressed on the Exclusion List.
2. **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. Some 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.
3. **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.



4. **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.

General Illness Exclusion Criteria

Fever

Any temperature measured greater than 100.4 is considered a fever, and the student should be kept home. A child may return after they have been fever-free for 24 hours WITHOUT any fever-reducing medications.

Diarrhea

Gastrointestinal difficulties can be common in children with disabilities and can present with symptoms that span a wide spectrum. Additionally, each child is unique with their bowel patterns or habits. In general, nursing staff should be contacted for further evaluation if a student is experiencing stools abnormal for them or contain blood or mucus.

Students that are experiencing the following will be sent home:

- Diarrhea that is uncontrollable so that hygiene within the classroom is not able to be maintained
- Diarrhea is accompanied by any other symptoms including, but not limited to, fever, vomiting, chills, rash, or trouble breathing
- Students may return 24 hours after stools return to normal. Please refer to Appendix A for return to school criteria specific to distinct types of infectious diarrhea

Vomiting

There are many reasons why a student may be vomiting, especially in those with a G tube, therefore nursing should be consulted in all cases for further evaluation. Vomiting may likely not be related to an infectious or contagious process, but related to common adverse reactions that can occur with feeding or other non-contagious factors. The underlying cause for vomiting will be the determining factor when considering school exclusion.

Example: Post-tussive emesis occurs after forceful coughing that causes a gag reflex; this is not contagious and will resolve once the coughing has subsided.

Students that are experiencing the following will be sent home:

- Two or more episodes of vomiting not related to a known cause
- Vomiting in a student with a VP shunt, following loss of consciousness after a head injury, or appearing very ill, as these may require medical treatment
- Students may return 24 hours after vomiting has stopped



Rash

Rashes must be evaluated to determine if exclusion is required. If the rash requires medical attention beyond what can be administered at school, or concern for serious disease (including measles, mumps, chicken pox, etc.), the parent/guardian must pick up their student. Depending upon diagnosis, students may return once cleared by the treating provider.

Respiratory Viral Illness

As the threat from COVID-19 becomes more similar to that of other common respiratory viruses, the CDC is issuing Respiratory Virus Guidance, rather than additional virus-specific guidance. Students with respiratory virus symptoms that are not better explained by another cause should stay home. Students may return 24 hours after both resolution of fever without fever-reducing medication AND overall symptoms are getting better

Reference: SC Department of Health and Environmental Control. (2023). *School and Childcare Exclusion List*. <https://scdhec.gov/sites/default/files/media/document/2022-2023-School-Childcare-Exclusion-List-6.28.2022.pdf>



DHEC School Exclusion List

Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Chicken Pox (Varicella)	Airborne route or respiratory (droplet) route or by direct contact with drainage from blisters or nasal secretions	2 days before rash begins until the rash is crusted over	Report individual cases within 3 days Report outbreaks IMMEDIATELY by phone (defined as 3 or more cases within 6 weeks)	Exclude individuals with rash until crusted over and no new lesions appear within a 24-hour period <i>Breakthrough varicella</i> , 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	A parent note or staff statement that lesions have dried/crusted Parent note or staff statement that lesions are fading/resolving, and no new lesions have appeared for 24-hours
Haemophilus influenzae type B (Hib)	Respiratory (droplet) route or by direct contact with contaminated objects	May be as long as bacteria is in the mouth or nose	Report within 24 hours	Exclude infected individual until cleared by a health professional No exclusion is required for exposed students or staff	Medical note documenting completion of antibiotic treatment, and clearance to return to school
Hand, foot, and mouth disease	Direct contact with infected: •Nose discharge • Throat discharge	The virus may be shed for weeks to months in the	Report outbreaks only	Exclude while symptoms of fever or excessive drooling are present, which is typically during the first week of illness	Parent note



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
	<ul style="list-style-type: none"> • Blisters • Feces 	stool after the infection starts; respiratory shedding of the virus is usually 1-3 weeks.			
Head lice (pediculosis)	Direct contact with infected person or contaminated object	As long as live lice are present	Not reportable	<p>Exclude for:</p> <ul style="list-style-type: none"> • The presence of live, crawling lice visualized on direct inspection of the scalp • The presence of nits(eggs) that appear to be ¼ inch (6 mm) or closer to the scalp <p>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</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



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
				<p>close head-to-head contact can be avoided during routine activities.</p> <p>Re-screening Recommendations: Persons who were excluded for pediculosis should be rescreened at 7-10 days after initial treatments</p>	



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
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 minimal 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
Impetigo (Streptococcal Staphylococcal bacteria)	By infection of skin opening, or by contact with skin sores of an infected person	Until treatment with antibiotics for 24 hours or lesions crusted	Not reportable	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	Parent note or staff statement indicating antibiotic therapy has been initiated for 24 hours
Influenza/ Influenza like illness (ILI) (ILI is defined as an oral temperature of > 100° F with a	Airborne and respiratory (droplet) routes, or by contact with infected individuals or objects	One day before symptom onset until at least 7 days after onset	Report outbreaks immediately	Exclude individuals until at least 24 hours after fever has resolved without the use of fever-reducing medicines	Parent note or staff statement that fever has resolved for at least 24 hours without the use of fever reducing medications



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
cough and/or sore throat for which there is no other known cause)					
Measles (Rubeola)	Airborne and respiratory (droplet) routes	1-2 days before signs and symptoms appear until 4 days after rash	Report IMMEDIATELY by phone	Exclude individuals until 4 days after onset of rash and cleared by health care provider	Medical note documenting at least 4 days since onset of illness
Meningitis (Bacterial) <ul style="list-style-type: none"> • Neisseria Meningitides (meningococcal) • Haemophilus influenza (h. flu) • Streptococcus pneumonia (pneumococcal) 	Contact with respiratory secretions or contact with contaminated objects	Until after 24 hours of antibiotics	Report IMMEDIATELY by phone	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.	Medical note documenting that the affected person is non-contagious



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Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
				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	



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Meningitis (Viral)	Environmental exposure to respiratory secretions of an infected individual or by poor toileting habits	Shedding of virus in feces can continue for several weeks or the respiratory tract for a week or less	Report IMMEDIATELY by phone	Exclude individuals as soon as meningitis is suspected and until bacterial meningitis is ruled out	Medical note documenting that the affected person is non-contagious
Mouth sores—herpes simplex, canker sores, and thrush (also see hand, foot, and mouth disease)	Exposure to an infectious agent	Varies by the infectious agent	Report outbreaks only	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. Do not exclude individuals with cold sores (herpes simplex virus). Encourage good hand hygiene	Parent note



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
				practices and avoid touching lesions.	
Mumps	Respiratory (droplet) route or contact with infected individuals or contaminated objects	1-2 days before to 5 days after the swelling of glands	Report within 24 hours by phone	Exclude individuals until 5 days after onset of parotid gland swelling	Medical note documenting at least 5 days since onset of parotid gland swelling
Pinkeye (Conjunctivitis) Purulent or Non-purulent	Contact with discharge from eyes, nose, or mouth of an infected individual or contaminated hands or shared objects	Bacterial: while symptoms are present or until treatment is started Viral: while signs and symptoms are present and for days to weeks after the onset of signs and symptoms	Report outbreaks only	Exclude symptomatic individuals who have fever, severe eye pain, copious amounts of drainage, or are too sick to participate in routine activities	Parent note or staff statement that exclusion criteria has resolved Antibiotics are not required to return
RSV (Respiratory Syncytial Virus)	Respiratory (droplet) route or contact with infected individuals or contaminated objects	Shed for 3-8 days for children and adults May shed for 3-4 weeks in young	Report outbreaks immediately	Exclude individuals with RSV if the child has a fever or if the child is too sick to participate in	Parent note



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
		infants and in immuno-suppressed individuals		activities with other children and staff	
Ringworm (Tinea) Ringworm of the Scalp (Tinea capitis) Ringworm of the Body (Tinea corporis)	Contact with infected individuals, animals or contact with contaminated objects	Infectious as long as fungus is in the skin lesion Once treatment begins the individual is no longer infectious	Not reportable	Exclude all individuals at the end of the day as long as the affected area can be covered • Ringworm of the scalp (Tinea capitis) requires oral antifungal treatment • Ringworm of the body (Tinea corporis) requires topical treatment	Parent or staff note that treatment has been initiated
Rubella (German Measles)	Respiratory (droplet) route or contact with infected individual or contaminated objects	May be spread 7 days before to 7 days after the rash appears	Report within 24 hours by phone	Exclude individuals until 7 days after onset of rash Congenital Rubella: Exclude until 1 year of age unless the child is older than 3 months of age AND,	Medical note documenting at least 7 days since onset of rash



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
				after age 3 months, has had two negative PCR tests for rubella at least one month apart.	
Scabies	Close person to person contact, or contact with infected objects	Until treatment is completed	Report outbreaks only	Exclude individuals until after appropriate scabicial treatment has been completed (usually overnight)	Medical note documenting evaluation and completion of therapy
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
Skin lesions (including Staphylococcal and Streptococcal skin and soft tissue infections, MRSA, Herpes)	Contact with infected person or contaminated objects	Varies by infectious agent and treatment	Report outbreaks only	Exclude individuals only if skin lesions are draining and cannot be covered, or if the covering cannot be maintained because drainage is soaking	Not required



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
Gladiatorum, etc.)				through the coverage. Carrier Status: Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion.	
Strep Throat (Streptococcal pharyngitis)	Respiratory (droplet) route or contact with contaminated objects	Infectious until treated with appropriate antibiotic	Report outbreaks only	Exclude individuals until without fever AND at least 12 hours after treatment has been initiated	Medical note documenting initiation of treatment, with parent note of afebrile status
TB (Tuberculosis) (Suspect or confirmed TB-cough with bloody phlegm greater than 3 weeks, unexplained weight loss,	Airborne route	Varies with progression and severity of illness	Report within 24 hours by phone	Exclude individuals with active (infectious) TB, until the local health department authority or treating infectious disease physician states that the individual is noninfectious	The health department or infectious disease physician must clear the student or staff member for return to school



Disease/Agent	Mode of Transmission	Contagious Period	Report to Public Health	Exclusion	Documentation for Return
fever, or night sweats greater than 3 weeks)					
Whooping Cough (Pertussis)	Respiratory (droplet) route	<p>From the beginning of symptoms until 3 weeks after the cough begins</p> <p>Infants with no vaccinations can be infectious for over 6 weeks</p>	<p>Report individual cases within 24 hours by phone</p> <p>Report outbreaks IMMEDIATELY by phone</p>	<p>Exclude until completion of 5 days of macrolide antimicrobial therapy, such as azithromycin or erythromycin</p> <p>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)</p>	<p>Medical note documenting macrolide antibiotic prescribed with parent note or employee/staff statement of completion of 5 days of antibiotics</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:

<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. • Cold sores • Cough not associated with an infectious disease or a fever. • Croup • Cytomegalovirus (PE and sports exclusions may apply) • • Diseases spread by mosquitos: Malaria, West Nile Virus • 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 • Pinworms • Rash, without fever or behavior change • Roseola, once the fever is gone • Thrush • Urinary Tract Infection • Warts, including Molluscum contagiosum • Yeast Diaper Rash
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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
<ul style="list-style-type: none"> • <i>Campylobacter</i> • Enteropathogenic <i>E. coli</i> (EPEC) • Enterotoxigenic <i>E. coli</i> (ETEC) • 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> O157: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>



<p><i>Giardia</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 1 week after diarrheal symptoms resolve</p>	<p>Parent note or staff statement that diarrhea has resolved for 24 hours</p>
<p>Norovirus</p>	<p>Exclude until asymptomatic (diarrhea and/or vomiting have ceased for at least 24 hours)</p>	<p>A parent note or staff statement that diarrhea and/or vomiting have resolved for 24 hours</p>
<p><i>Salmonella</i> Typhi (Typhoid fever)</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 three consecutive stool cultures or culture independent diagnostic tests collected at 24-hour intervals are negative for <i>Salmonella</i> Typhi <p>If antibiotics were prescribed, stool specimens must be collected at least 48 hours after the antibiotics are completed</p>	<p>Documentation of 3 negative test results</p>



<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>• 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 <p>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>	<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>
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