Stepping Stones Educational Therapy Center
Parent and Student Handbook

Policies and Procedures

2026-2027

Rev. 02.2026

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Welcome

Thank you for partnering with Stepping Stones Educational Therapy Center for your child's education. We specialize in quality education that strives to maximize the growth of each child. Parents, teachers, therapists, and support staff make up a team that is dedicated to helping each child bloom. Classrooms are staffed by highly qualified teachers, many of whom possess college degrees, and all undergo regular staff development training as mandated by Bright from the Start and other accrediting agencies. Stepping Stones is accredited by Cognia and the Georgia Accreditation Commission.

The Georgia Bright from the Start program serves preschoolers with and without special needs from six weeks of age through four. The Academy at Stepping Stones serves special needs students ages five through fourteen. The Upper School serves students ages fourteen to 21. The building is open from 7:00 am to 5:30 pm, with the school day beginning at 8:00 am and ending at 3:05 pm.

School runs from August to May: a detailed calendar may be found in the main office, or on the school's website: www.steppingstonesschool.org.

Prior to attendance, a completed admissions packet, which includes fees, immunizations, birth certificate, and medical plan (if applicable) must be on file with the front office.

Misson and Beliefs

Mission Statement

Stepping Stones Educational Therapy Center's mission is dedicated to laying an educational, emotional, and social foundation for each child who is enrolled in our program to reach their maximum potential and meet the challenges of life, for life. We believe that all children can learn given the right conditions, the appropriate stimulus, and sufficient time. To that end, we strive to maximize the potential of young children with disabilities and create awareness and acceptance between children with and without disabilities.

The School

Stepping Stones is a nonprofit private school serving special needs students ages 6 weeks to 21 years old. Inclusion classes in the pre-school and Bright from the Start Pre-K serve special needs and typically developing children. This affords an opportunity for our youngest children to develop empathy and compassion and exposes our special needs children to students meeting expected milestones.

Located about an hour south of Atlanta, GA, Stepping Stones serves students from six weeks of age to sixteen years, from nine surrounding counties. Stepping Stones hosts two distinctive programs: a reverse inclusion preschool (which includes a Georgia DECAL Lottery Funded Pre-K) and the Academy at Stepping Stones.

Our reverse inclusion preschool is the only one of its kind in middle Georgia: students of all abilities work side by side to help promote inclusion and empathy while promoting scaffolding and early intervention. The Academy serves neurodivergent and impaired students ages 5 through 14. The Upper School serves students ages 14 through 21.

Stepping Stones utilizes the Unique Learning System as the primary curriculum in the Academy and Upper School. The preschool follows the Georgia DECAL GELDS and "Investigator Club" curricula.

Stepping Stones currently serves students from nine area counties: Spalding, Lamar, Butts, Upson, Pike, Monroe, Henry, Clayton, and Jasper counties, and hosts students with 39 different diagnoses and needs. This handbook has been prepared for your information: **it is for school-related use only. Information, names, and contract information herein are exclusively for school-related uses. Use for any other purpose requires written permission from the Executive Director.** We ask that you retain it for reference throughout the year. It is important for both you and your child(ren) to be familiar with the policies and procedures of the school. Please take time to read this information thoroughly and discuss it with your student. Your cooperation and support at home are essential in fostering a positive school experience.

Notice of Nondiscrimination Policy

Stepping Stones Educational Therapy Center admits students of any race, color, national or ethnic origin, to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on color, race, national or ethnic origin in the administration of its educational policies, admission policies, athletics, and other school-administered programs.

Trustees, Administration, Faculty and Staff

2026-2027 Board of Trustees

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Administration Team

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Faculty and Staff

Preschool Faculty

Teresa Chambers
Maegan Holt
Skye Gunter
Abby Lindsey
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Shawna Pippin-Ingham
Tiffany Simpson
Hannah Smith
Mary Monroe Smith
Zoe Smith
Jakayla Willis

Academy Faculty
Holly Bates
Ann Clark
Marlene Hay
Mary Catherine McLean
Stephanie McMillan
Madison Moore
Tiffany Pruitt
Christa Roberts
Alyssa Santos
Grayci Simpson

Upper School Faculty
Ebony Davis
Connie Fuller

Support Faculty
Karen Betsill, Director of Nutrition
Tara Jones, Art Teacher
Noya Levy, Music Therapist
Penny Rikard, Physical Education

Policies and Procedures

Payments

Enrollment and registration fees are non-refundable.
Tuition is pro-rated and divided into ten (10) equal payments, beginning in August and ending in June. Parents may elect to pay tuition in quarterly, bi-annual, or annual installments. Incidental billing and tuition payments are billed through FACTS.

Tuition is due on the first of each month. A late fee of $25.00 will be assessed if the invoice is not paid within 10 days of the due date.

Tuition

Stepping Stones is supported by tuition, fees, and gifts. Tuition covers approximately 70% of the school's operating expenses, thus on time payments and full tuition payments are critical to the school's functioning. Payments of tuition must be made on the due date announced on the enrollment contract signed by parents each school year.

The school does not accept partial payment unless the Executive Director provides a written waiver. Tuition is NOT discounted for days missed due to any reason. Any extenuating circumstances regarding late payment must be made known to the Executive Director.

No records of any kind will be released on behalf of any student whose account is in arrears.

Attendance

Regular, full-day attendance is critical in the progression of a child's learning process. It is paramount that students arrive at school daily on time, with absences reserved for medical needs or family emergencies.

If your student is absent, please contact the classroom teacher or the office as soon as possible.

Absences of two consecutive days or more will require a doctor's note explaining the prolonged absence.

Academy student absences in excess of 10 days that are not medical in nature will be reviewed and can be grounds from dismissal from the school.

If your student arrives after 8:05 am, please **escort your child into the building and sign them in with the office.**

If a preschool child is absent for one consecutive week without prior notice, the child will be considered withdrawn.

Parents taking students off campus during the school day for whatever reason must sign the student out in the office. An administrator will collect your student and bring them to the office for early dismissal.

Any person, other than custodial parents, picking up a student from school will need to first show the office a copy of their driver's license.

Withdrawal and Dismissal

If a student is withdrawn from school, the school requires two weeks' notice, along with requisite withdrawal paperwork. **Records will not be released until all tuition and fees are paid in full.**

Stepping Stones reserves the right to revoke, withdraw, and/or not seek renewal of student contracts at any time. The school reserves the right to dismiss a student during the school year for justifiable causes (i.e. medical, behavioral, academic, or financial). A student is dismissed from Stepping Stones when the student's continued enrollment is deemed not in the best interest of the student or the school, or if the student's behavior has become unduly disruptive to the school's educational environment. Involvement in any abuse or harassment may be cause for dismissal. The decision to dismiss a student is made solely by the Executive Director. There is no refund of tuition.

Communication and FACTS

The school's primary form of communication is through FACTS Student Information Systems. FACTS is used to send emails and texts to families at a school level. Teachers also communicate via FACTS and their email system and will send weekly updates to their classes. Please be sure to check your email daily to ensure you are up to date on school communications.

Some classes utilize a private classroom Facebook page and the Remind app to further communicate with parents: please refer to your homeroom teacher's curriculum night packet for further information.

Teachers will return parent emails within one business day; teachers do not share their personal communication information with their students or families. **Teachers will not communicate with families via text messaging or other personal communication and social media platforms.**

Discipline and Behavior

When discipline is necessary, it will be appropriate to the child and the situation. At no time will cruel or unusual punishment be used – not even at the request of parents. Positive examples by teachers will be used, as well as behavior modification techniques, timeout, isolation within the classroom, and removal from class with supervision and parent notification.

If a child becomes so aggressive that teachers or other children are harmed, the parents will be called in for a conference to develop behavior management strategies.

The Program Director is responsible for behavior plans and assisting with appropriate consequences, if necessary. The Executive Director administers suspensions and expulsions.

Biting

If a child bites two times, the parents will be called in to conference and help create a behavior plan to curtail this behavior.

A behavior plan will be constructed by the parents, classroom teacher, administrator, and therapists working with the child.

The behavior plan will be followed both at home and at school for two weeks. If after that period, the child continues to bite the parent will be asked to pick the child up and set up an appointment with the administration to determine further action.

This policy applies to the entire school, regardless of age or class.

The School Day

Arrival and Dismissal

Morning carpool begins at 7:40 am. If you plan to walk your child to class, please park your car in a designated parking space, so that parents who are dropping off wheelchair-bound and limited mobility students can drop-off at the front door.

Afternoon carpool begins at 3:05 pm. Cars may line up in the designated spaces in front of the building.

Stepping Stones staff will oversee carpool and make the best attempt to have students picked up by the appropriate person. Once the student is inside the car, the driver takes responsibility for the student wearing seat belts, car seats, and other safety features. Drivers who need to assist students with buckling or strapping in car seats need to move to the designated location and not block the carpool line.

The Academic Day

The school day begins at 8:00 am and ends at 3:05 pm. Students need to be either in homeroom or in the Burkhalter Bistro by 8:00 am each day.

Meals

Breakfast, lunch and an afternoon snack are provided at a cost of $50.00 per month.

Monthly menus are posted on the front entrance information board and sent home weekly in the online newsletter. Exceptions can be made only where allergies and special diets prescribed by doctors apply. Children will be encouraged but not required to eat all foods.

When sending meals and snacks, please pack your student healthy, nutritious meals and snacks, keeping sodas to a minimum.

If your student is unable to drink milk, the state requires Stepping Stones to have a doctor’s note on file.

Breakfast is served from 7:40 am until 8:05 am

Preschool lunch begins at 10:55 am

Academy Lunch begins at 11:15 am

Upper School lunch begins at 12:00 pm

Bottles and Feeding for Infants and Toddlers

Infants and toddlers who are bottle fed must have an infant feeding plan on file. Bottles must be labeled each day with the child's full name and date.

School Nut and Allergen Policy

Stepping Stones is a nut-free school: no nuts, or derivatives thereof, are permitted in the school.

Rotunda Round Up

Stepping Stones Before School Rotunda Round Up is an early drop-off opportunity that is provided as a courtesy to all families. Students may be dropped off in the rotunda beginning at 7:00 am.

After School

After school begins at 3:45 pm and is billed at a rate of $10 per day. After school includes opportunities to nurture children through various forms of indoor play, outdoor play, snacks, and crafts.
After school is available until 5:30 pm, Monday through Friday. Students picked up after 5:30 pm will be assessed a late fee of $25.00 for the first five minutes and $1.00 per minute thereafter.

Children are signed in by the ASP staff at the beginning of after school. Parents and guardians must sign their child out prior to leaving ASP for the day. Students are supervised by four after school personnel.

Students who have difficulties in ASP will be respectfully worked with to create a resolution to help redirect behavior. After two verbal warnings to correct a behavior, parents will be notified so that a behavior plan may be created. If a student continues to have difficulties after school, they will be dismissed from the program.

If a child becomes ill or is injured during the after school program, the parent/guardian will be contacted immediately. If the parent cannot be reached, our staff will adhere to the emergency contact information on your child's registration form. Please notify us immediately if changes occur in addresses, phone numbers or emergency contacts for your family. Should we not be able to reach anyone, we will call 911 for transport to the appropriate hospital. Photo ID will be required.

When a child is released, the authorized person must sign the child out on our sign out sheet. No one will be released to anyone that is not on the registration form as to who may pick your child up from Stepping Stones After School.

Continual late pick up will result in loss of use of the after school program.

The Stepping Stones After School Program is not, nor required to be, licensed by the Bright from the Start. Any or all questions may be directed to the Stepping Stones Executive Director.

Field Trips

When field trips are planned, Stepping Stones will obtain a written authorization form before a child can participate in the field trip.

Because of state regulations, all students in the preschool, PK4, and Academy programs will need to be transported to and from field trips by a parent or other family member over the age of 18. Parents need to stay with their child on field trips.

Illness

In the interest of everyone's well-being, only children free of illness will be allowed at school. Students must be **fever free for 24 hours, without the aid of medication,** before they can return to school. If a child has symptoms of illness such as elevated temperature, rash, common cold, vomiting, or diarrhea, parents need to keep them at home.

Parents will be called to pick up their child due to illness if **one or more** of the following are observed at school:

- A fever of 100.4 degrees or higher.
- A continuous cough and/or mucus that is not clear.
- Two loose stools in 30 minutes.
- A rash that is spreading, itchy, or not going away after a period of observation.
- Suspicion of pink eye.
- Vomiting

The school nurse will advise parents when their child can return to school.

Please refer to the Bright From the Start's "Common Infectious Illness" chart, included at the end of this document for more information.

No person shall be allowed into the center that knowingly has or presents symptoms of any contagious disease. Anyone suspected of communicable diseases shall be reported to the local health department and not be allowed into the school without proper written medical authorization.

Parents will be notified in writing in the event a student is exposed to a notifiable communicative disease.

Seizure Protocol

Any student who has a history of seizures is **REQUIRED** to complete a seizure plan of action with the school nurse. Students who do not have a history of seizures and present with a seizure while at school will follow the standard operating procedure of calling 911.

Medication

Any school administered medication must be submitted to the school nurse, along with a school administration form. Medications must be in their original container, labeled with the child's name, the name of the prescribing physician, dated, and indicate the prescribing dosage. No medication will be given without this form. You will be notified immediately if any adverse reaction takes place, and it will be noted on the medical administration form.

Bright From the Start only allows the school to administer **ANY** medication to preschool and PK4 students for fourteen consecutive days at a time. If a child requires long term medication, a physician will need to provide a written statement accompanied by their signature.

All medications must be held in the nurse s station, except for Epi-pen or rescue inhalers as appropriate for the student.

No medications, including over the counter medications or vitamins may be left in a diaper bag, backpack or lunchbox.

Head Lice Policy

To decrease the duration of outbreaks, students with lice will be removed from class and sent home for treatment. Students may return to school once the lice have been treated, and the student no longer has active lice. Proof of treatment and a head check with the nurse is required prior to return to school.

Shaken Baby Syndrome/Abusive Head Trauma (AHT)

The Center is committed to preventing Shaken Baby Syndrome (SBS) and Abusive Head Trauma (AHT) through comprehensive staff training, clear policies, and safe caregiving practices. Staff are trained to recognize signs and symptoms of SBS/AHT, including unexplained injuries, excessive crying, vomiting, lethargy, seizures, or changes in behavior. All staff are instructed to respond calmly, ensure the child's immediate safety, seek medical attention when necessary, and follow mandatory reporting laws by promptly reporting any suspected abuse or neglect to appropriate authorities.

To support safe infant care, the Center provides training on age-appropriate handling, soothing techniques, and coping strategies for crying, fussing, or distraught children. Staff are encouraged to take breaks, seek assistance from coworkers, and use calming strategies to manage stress in a safe and professional manner. Ongoing education ensures staff understand early childhood brain development from birth to age five, emphasizing how fragile developing brains are and how stress, trauma, and rough handling can cause lifelong harm.

The Center strictly prohibits harmful behaviors when working with children. Prohibited behaviors include shaking, hitting, spanking, rough handling, throwing, yelling at, humiliating, or intimidating a child; restraining a child inappropriately; ignoring a child's basic needs; or responding to crying with frustration or force. All staff are required to follow these practices to ensure a safe, nurturing, and supportive environment for every child.

Expulsion/Suspension Specific to Preschool and PreK4

A child or student may be suspended or expelled to ensure the safety and well-being of all children, staff, and the learning environment. Grounds for suspension or expulsion may include serious or repeated violations of Center policies, aggressive or violent behavior, intentional harm to self or others, possession of prohibited items, ongoing disruptive behavior that interferes with learning, destruction of property, threats, bullying, or behavior that poses a safety risk. Decisions are made on a case-by-case basis, considering the child's age, developmental level, frequency and severity of the behavior, and prior interventions. Whenever possible, the Center works collaboratively with families to address concerns before suspension or expulsion is considered.

Restroom Supervision Plan

Students will be escorted to the restroom in gender-specific groups at separate times. Teachers will supervise students by standing at the restroom doorway with their back turned to maintain privacy. The door will remain slightly open to ensure accessibility, as it may be difficult for students to open independently. Teachers will provide verbal check-ins while students complete self-care tasks and will remind students to wash their hands. At no time will students of mixed genders use the restroom together.

School Related Injuries and Safety Procedures

All staff are trained in First Aid, Stop the Bleed, and CPR, and the school employs a full-time nurse to assist with all medical needs, illnesses, and injuries. In the event of an emergency, 911 will be called and the school will immediately notify the parents. If emergency vehicle transport is needed, an ambulance will be called, and an administrator will accompany the child to the hospital and remain at the hospital until the family arrives. Spalding Regional Medical Center is the closest emergency facility to the school.

For minor injuries and incidents, an Incident Report will be sent home. The report will explain how the accident happened, what treatment was given, and be signed by a staff member. A copy will be kept on file in the Nurse's office for future reference.

Outdoor activities are provided daily; therefore, send hats, coats, sunscreen, and insect repellent when needed.

When water activities are planned parents will be notified. If the activity involves water more than 2 feet deep written authorization forms will be obtained before the child can participate in the activity.

Severe Weather and School Closures

In case of severe weather, decisions will most likely coincide with the Griffin-Spalding County School System, however, conditions for the schools entire serving area will be taken into consideration before a final decision is made. Parents will be notified of closures via FACTS email, texts, and social media outlets.

Emergency weather plans are located at the school's main entrance, by the office. The information includes procedures for fire and tornado routes, as well as other emergent situations.

In the event Stepping Stones has a physical plant problem such as power failure that affects the ability to control the climate of the building, prepare meals, or adequately care for students, parents will be notified, and a post will be placed on social media. If the parents cannot be reached, the student's emergency contact will be notified. Stepping Stones will not provide private transportation.

Curriculum

Preschool and PK4 use GELDS and Investigator Adaptative Curriculum as its primary curricular scope and sequencing, as well as other supplemental materials.

Academy uses the Unique Adaptive Curriculum and iXL as its primary curricular programing.
Upper School uses Unique, iXL, and vocational curricular for its programming.

Stepping Stones utilizes GELDS and Investigator Adaptive Curriculum as its driving curricular scope and sequence for the Preschool and Pre-K classes. Stepping Stones utilizes the Unique Curriculum for its Academy classes. Students also participate in regularly scheduled Life Skills, music, and SEL classes.

Assessments

Students are assessed utilizing both summative and formative assessments, as is developmentally appropriate, throughout the course of the school year in order to ensure student progress in aspects of educational growth and development.

Summative assessments are administered as appropriate for each developmental and academic milestone, including Developmental Checklists for preschool, Work Sampling and portfolios for PK4, and Unique benchmarks for Academy. Summaries of progress are sent home quarterly with opportunities for parent conferencing in both the fall and spring semesters.

Preschool and PK4 Dress Code

Infants and not yet potty-trained children must be provided with disposable diapers, wipes, and diaper cream.

Bright From the Start requires that preschool and PK4 children wear complete sets of clothing that are comfortable and easily cleaned. Closed toe shoes are required at all times.

Be sure to bring extra labeled clothing for your child for times when the fun spills on them or an accident occurs.

Academy and Upper School Dress Code

Students should be dressed in comfortable clothing that meets the need of the child and allows for freedom of movement when playing outdoors and interacting in the classroom. Prohibited clothing that is not curated for comfort of movement, thus are specifically prohibited includes: miniskirts (shorter than fingertip length), short shorts (at least to fingertips), tank tops, leather or leather-like material, and clothing with holes in it.

Please provide the student's teacher with an extra change of clothing in case it is needed during the school day.

Upper School Parent and Student Expectations

The mission of the Upper School is to prepare Stepping Stones students for the lives they will lead the day after they leave the school. The Upper School offers two tracks of programming: a vocational heavy, independent academic track and a personal care, functional academic track. To ensure

students receive the level of education appropriate to them, parents will be asked to be involved in **occasional** outings, parent education, transition planning, and school meetings. Students should expect to have some homework and assignments to complete outside of the school day, as is appropriate for each child's individualized, differentiated, course of study. **If Upper School parents and students are unable to maintain a minimal level of commitment to the program, they will be dismissed.**

Questions and Concerns

All questions and concerns regarding day-to-day student activities should be first directed to the child's classroom teacher. The Executive Director and Program Director are also available to answer any questions and concerns one may have about any aspect of Stepping Stones. If, however, a parent has a concern that needs further investigation, please schedule a conference to discuss your concerns.

COMMON INFECTIOUS ILLNESSES

From birth to age 18

	Disease, illness or organism	Incubation period (How long after contact does illness develop?)	How is it spread?	When is a child most contagious?	When can a child return to the childcare center or school?	Report to county health department*	How to prevent spreading infection (management of conditions)***
	To prevent the spread of organisms associated with common infections, practice frequent hand hygiene, cover mouth and nose when coughing and sneezing, and stay up to date with immunizations.						
Eyes, ear, nose, throat and chest	**Bronchiolitis, bronchitis, common cold, croup, ear infection, pneumonia, sinus infection** and most **sore throats** (respiratory diseases caused by many different viruses and occasionally bacteria)	Variable	Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, often from the day before symptoms begin to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	
	Cold sore (Herpes simplex virus)	2 days to 2 weeks	Direct contact with infected lesions or oral secretions (drooling, kissing, thumb sucking)	While lesions are present	When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children	NO	Avoid kissing and sharing drinks or utensils.
	Conjunctivitis (Pink eye)	Variable, usually 24 to 72 hours	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	During course of active infection	Once treatment begins	NO	
	Diphtheria (Corynebacterium diphtheriae bacteria)	1 to 10 days (usually 2 to 5 days)	Contact with droplets and discharge from eyes, nose, throat or skin of infected person; rarely, transmission may occur from skin lesions or articles soiled with discharges from lesions of infected person	Without antibiotic therapy, usually less than 2 weeks, but occasionally as long as 6 months. A child is no longer infectious after treatment with appropriate antibiotics	After 2 negative cultures are taken at least 24 hours apart	YES	Timely immunization beginning at 2 months old; booster dose of Tdap is recommended at 11 years old; all adults should receive a booster of Tdap. Close contacts, regardless of immunization status, should be monitored for 7 days for evidence of disease and started on antimicrobial prophylaxis; immunizations should be brought up to date, if necessary.
	Influenza (the flu) (influenza virus)	1 to 4 days	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from 24 hours before onset of symptoms to 7 days after onset; can be prolonged in young children	No fever for 24 hours without the use of fever-reducing medicines	NO for individual cases; YES for influenza-associated deaths or novel influenza A virus infections	Annual influenza vaccine recommended for everyone 6 months and older (with rare exception).
	Mononucleosis (Mono) (Epstein-Barr virus)	30 to 50 days	Contact with the infected person's saliva	Indeterminate	No restriction unless child has fever or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Avoid kissing and sharing drinks or utensils.
	Mumps (mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with saliva or mucus from the mouth, nose or throat of an infected person	1 to 2 days before symptoms appear through 5 days after onset	5 days after onset of parotid gland (neck) swelling	YES	Avoid sharing beverage containers, eating utensils and kissing. Timely immunization beginning at 12 months old. Vaccination of contacts may be recommended.
	Respiratory syncytial virus (RSV)	2 to 8 days (4 to 6 days is most common)	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from the day before onset of symptoms until 3 to 8 days after or longer; may last up to 3 to 4 weeks	No fever for 24 hours without the use of fever-reducing medicines	NO	Practice meticulous hand hygiene and avoid contact with respiratory secretions.
	Strep throat (Group A Streptococcus bacteria)	2 to 5 days	Contact with droplets from nose and mouth; close, crowded contact	Highest during acute infection; no longer contagious within 24 hours after antibiotics	After 24 hours of antibiotic treatment	NO	Avoid close contact with symptomatic persons until completion of 24 hours of antimicrobial therapy.
	Tuberculosis (TB) (mycobacterium tuberculosis)	2 to 10 weeks (risk of developing disease is highest 6 months to 2 years after infection)	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Usually only a few days to a week after effective drug therapy. Children' younger than 10 years are rarely contagious	For active disease, once determined to be non-infectious, therapy started, symptoms diminished and adherence documented; no exclusion for latent infection	YES	Risk-based screening of children may be indicated. Consult with local health department. Adults should undergo annual symptom and exposure screening with testing based on local risk factors.
	Whooping cough (pertussis) (bordatella pertussis bacteria)	4 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	1 to 2 weeks before cough onset to completion of 5 days of appropriate antibiotic. If untreated, infectious for 3 weeks after cough onset	After 5 days of appropriate antibiotic treatment; if untreated, 3 weeks after onset of cough	YES	Timely immunization beginning at 2 months old; booster dose of Tdap is recommended at 11 years old. All adults should receive a booster dose of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts.

Gastrointestinal	To prevent spreading infection for all GI diseases, avoid potentially contaminated beverages, food and water, and divide food preparation and diapering responsibilities among staff.							
	Gastroenteritis–bacterial (vomiting and/or diarrhea) **Campylobacter, C. difficile** (Clostridium difficile), **Shiga toxin-producing E. coli** (Escherichia coli) or **E. coli O157, Salmonella, Shigella**	Varies with pathogen (from 10 hours to 7 days)	Contact with stool from infected individual (or occasionally pets); contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present; pathogenic E. coli and Shigella are highly infectious in small doses even after diarrhea resolves	Shiga toxin-producing E. coli, E. coli O157 and Shigella require 2 negative stool cultures; Salmonella serotypes Typhi and Paratyphi require 3 negative stool cultures; all others: no fever, diarrhea or vomiting for 24 hours	YES for E. coli, Salmonella, Campylobacter and Shigella; NO for others	Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting. Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used. Frequent cleaning of common-touch surfaces with appropriate cleaning agents (bleach is effective against C. difficile). Proper cooking and handling of meats and raw eggs. Reptiles and live poultry (e.g., chickens) should not be permitted in childcare centers.
	Gastroenteritis–viral (vomiting and/or diarrhea), **Norovirus, Sapovirus, Adenovirus**	Varies with pathogen (from 12 hours to 10 days)	Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food or water; norovirus is highly contagious and is a frequent cause of outbreaks	Variable; most contagious from 2 days before illness until vomiting and diarrhea improve; can be contagious for up to 21 days after symptoms	No fever, vomiting or diarrhea for 24 hours	NO for a single illness; YES for multiple illnesses or outbreak	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting. Alcohol-based hand hygiene products do not inactivate Norovirus; soap and water must be used. Frequent cleaning of common-touch surfaces with appropriate cleaning agents (bleach is effective against Norovirus at certain concentrations). Exclude ill children and staff until vomiting, diarrhea and fever-free for at least 24 hours.
	Giardia (parasite)	1 to 3 weeks	Contact with infected stool; animals, including dogs or cats; swallowing water from lakes, rivers or streams; or food	When diarrhea is present	No fever, vomiting or diarrhea for 24 hours	YES	Good hand hygiene, especially after playing outside, gardening or picking up pet feces. Avoid swallowing untreated water. Clean with bleach solution or quaternary ammonium compound products.
	Hepatitis A (virus)	15 to 50 days (average 28 days)	Eating contaminated food or water; close contact with infected individuals; contact with infected stool	From 1 to 2 weeks before illness until 1 week after onset of illness or after jaundice appears; can be longer in newborn infants	After 1 week from onset of illness or appearance of jaundice	YES	Timely immunization at 12 months old; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or immunoglobulin should be administered within 14 days of exposure to unimmunized contacts.
	Pinworms (enterobius vermicularis)	1 to 2 months or longer	Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; reinfection is common	No restriction, but treatment should be given to reduce spread	NO	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly.
	Rotavirus	1 to 3 days	Contact with stool from infected individual; ingestion of contaminated water or food and contact with contaminated surfaces or objects	Virus is present in stools of infected children several days before the onset of diarrhea to several days after onset of diarrhea	No diarrhea present	NO	Timely immunization beginning at 2 months old.
Meningitis	To prevent spreading infection for all meningitis diseases, practice frequent hand hygiene, properly dispose of soiled tissues, cover coughs and sneezes, and avoid sharing drinks and utensils.							
	Haemophilus influenzae Type B (hib bacteria)	Unknown (usually 1 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization beginning at 2 months old; consult public health regarding vaccination and/or treatment of close contacts.
	Neisseria meningitidis (meningococcal bacteria)	1 to 10 days (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization at 11 to 12 years old; booster dose of MCV4 is recommended at 16 years old; antibiotic prophylaxis of household and saliva contacts of a patient with invasive N. meningitidis.
	Streptococcus pneumoniae (pneumococcal bacteria)	Variable (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment; child well enough to participate	YES	Timely immunization beginning at 2 months old; treatment of contacts not necessary and not beneficial.
	Viral meningitis (usually enterovirus)	3 to 6 days	Contact with droplets from nose, eyes or mouth or fecal material, often from healthy people	From the day before illness until up to 2 weeks after onset	After 24 hours without fever, child well enough to participate	YES	Proper disinfection of surfaces such as changing tables with soap, water and bleach-containing solution; treatment of contacts not necessary, no specific treatment.