



Common Child Care Illnesses and Exclusion Criteria

***A child should be temporarily excluded from care when the child's illness causes one or more of the following:**

- Prevents the child from participating comfortably in activities.
- A need for care that is greater than the staff can provide without compromising the health and safety of other children.
- An acute change in behavior: lethargy, lack of responsiveness, irritability, persistent crying, difficult breathing, or a quickly spreading rash.
- Fever with behavior change or other signs and symptoms in a child older than 6 months (e.g., sore throat, rash, vomiting, diarrhea).
- A child with a temperature elevated above normal is not necessarily an indication of a significant health problem. For children older than 4 months a fever is defined as:
 - 100°F (37.8°C) axillary (armpit)
 - 101°F (38.3°C) orally
 - 101°F (38.3°C) Aural (ear) temperature.

Get immediate medical attention when an infant younger than 4 months has unexplained temperature of 100°F (37.8°C) axillary. Any infant younger than 2 months with a fever should get medical attention within an hour.

ILLNESS	EXCLUDE*	RETURN TO CHILD CARE
Chicken Pox	Yes.	When all blisters are crusted with no oozing (usually 6 days) and resolution of exclusion criteria.
Diarrhea (infectious)	Yes (there are special exclusion rules for E.coli 0157.H7, Shigella and cryptosporidiosis).	When diarrhea stops and health care provider or public health official states the child may return.
Diarrhea (non-infectious)	Yes, if stool can not be contained in the diaper, or if toileted child has 2 or more loose stools in 24 hours, or blood in stool.	When diarrhea stops and resolution of exclusion criteria.
Fifth Disease	No. Unless child meets other exclusion criteria.*	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Hand Foot and Mouth Disease	No. Unless child meets other exclusion criteria.* Or is excessively drooling with mouth sores.	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.

Head Lice (Pediculosis)	No. Unless child meets other exclusion criteria.*	Treatment of an active lice infestation may be delayed until the end of the day. Children do not need to miss school or child care due to head lice. The Iowa Department of Public Health & Healthy Child Care Iowa recommend a <u>14 day treatment protocol</u> .
Impetigo	Yes, exclude at the end of the day if blisters can be covered.	After child has been seen by the doctor, after 24 hours on antibiotic, and blisters are covered.
Influenza	Yes.	When child is fever free for 24 hours and resolution of exclusion criteria.
Molluscum Contagiosum	No. Unless child meets other exclusion criteria.*	Skin disease similar to warts. Do not share towels or clothing and use good hand hygiene.
MRSA	No. Unless child meets other exclusion criteria.*	Wounds should be kept covered and gloves worn during bandage changes. Do not share towels or clothing and use good hand hygiene.
Otitis Media (ear infection)	No. Unless child meets other exclusion criteria.*	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Pertussis (Whooping Cough)	Yes.	Child may return after 5 days of antibiotics and resolution of exclusion criteria.
Pink Eye (Conjunctivitis)	No. Unless child meets other exclusion criteria.*	Child does not need to be excluded unless health care provider or public health official recommends exclusion. Resolution of all exclusion criteria.
Ringworm	No. Unless child meets other exclusion criteria.*	Treatment of ringworm infection may be delayed to the end of the day. Child may be readmitted after treatment has begun. Cover lesion(s) if possible. Do not share clothing, bedding or personal items.
Strep Throat	Yes.	When resolution of exclusion criteria and after 24 hours of antibiotic.
Vomiting	Yes.	When vomiting has resolved and resolution of exclusion criteria.

Please refer to Caring for Our Children: National Health and Safety Performance Standards (third edition) or the Iowa Department of Public Health EPI Manual for guidance on specific diseases not included in this list. Contact your local Child Care Nurse Consultant for additional information.

References:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition*. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

Iowa Department of Public Health EPI Manual: Guide to Surveillance, Investigation, and Reporting. Reportable Disease Information. Revised 6/2011

Healthy Child Care Iowa Head Lice brochure Revised 10/2008 http://www.idph.state.ia.us/hcci/common/pdf/headlice_brochure.pdf