

Exclusion Guidelines for Child Care

The parent, legal guardian, or other person the parent authorizes should be notified immediately when a child has any sign or symptom that requires exclusion from the child care setting. The child care provider should ask the parents to consult with the child's health care provider. The child care provider should ask the parents to inform them of the advice received from the health care provider. The advice of the child's health care provider should be followed by the child care provider.

A child care setting should temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exist:

- A. The illness prevents the child from participating comfortably in activities as determined by the child care provider.**
- B. The illness results in a greater need for care than the child care staff can provide; therefore, compromising the health and the safety of the other children as determined by the child care provider.**
- C. The child has any of the following conditions:**
 1. Fever with behavior changes or other symptoms (fever is defined as having a temperature of 100 degrees F or higher taken under the arm, or an oral temperature of 101 degrees F or higher. Rectal temperatures are not recommended in child care settings and oral temperatures should not be taken on children younger than four years of age.)
 2. Symptoms and signs of possible severe illness such as lethargy, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing, wheezing, or other unusual signs for the child.
 3. Diarrhea
 4. Blood in stools
 5. Vomiting illness (2 or more episodes in the previous 24 hours)
 6. Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms.
 7. Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious.
 8. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease.
 9. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been started.
 10. Head lice, from the end of the day until after the first treatment.
 11. Scabies, until after treatment has been completed.
 12. Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care.
 13. Impetigo, until child has been treated for 24 hours.
 14. Strep throat, until child has been treated for 24 hours and no longer has a fever.
 15. Chickenpox, until all sores have dried and crusted.
 16. Pertussis (whooping cough), until 5 days of antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed.
 17. Mumps, until 9 days after the onset of parotid gland swelling.
 18. Hepatitis A virus, until 1 week after onset of illness, jaundice, or as directed by the health department when immune globulin has been given to appropriate children and staff members.
 19. Measles, until 4 days after onset of rash.
 20. Rubella, until 6 days after onset of rash.
 21. Unspecified respiratory illness (including the common cold, sore throat, croup, bronchitis, runny nose, or ear infection), only exclude a child if their illness is characterized by one or more the following conditions:
 - a) The illness has a specified cause that requires exclusion, as determined by other specific performance standards listed above.

- b) The illness limits the child's comfortable participation in child care activities.
- c) The illness results in a need for more care than the staff can provide; therefore, compromising the health and safety of other children.

- **Special note - treatment with antibiotics should not be required or otherwise encouraged as a condition for returning to child care unless directed by the child's health care provider or by the local health department.**

- 22. Shingles, exclusion should be decided by the health care provider. If child or staff member is allowed in child care, then it is recommended to keep all sores covered by clothing or a dressing until all sores have crusted over. The virus is present in small, fluid filled blisters, and is spread by direct contact.
- 23. Herpes simplex, if child is drooling and mouthing toys/items. In selected situations, children with mild disease who are in control of their mouth secretions may not have to be excluded if recommended by a health care provider.