



Exclusion Guidelines for Child Care

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

The parent or legal guardian 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 child care provider/program can override a health care provider's advice.** If you have any questions regarding advice received, please contact your Child Care Health Consultant.

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:

- The illness prevents the child from participating comfortably in activities as determined by the child care provider.
- 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.
- The child has any of the following conditions:
 - Fever with behavior changes or other symptoms.
 - Fever is defined as having a temperature of 100°F or higher taken under the arm, or an oral or ear temperature of 101°F or higher.
 - Rectal temperatures are NOT recommended in child care settings.
 - Oral temperatures should not be taken on children under 4 years old
 - Tympanic (ear) thermometers should not be used with children less than four months
 - Infants younger than 2 months old with any fever should get urgent medical attention
 - Symptoms and signs of possible severe illness such as lethargy, uncontrolled coughing, irritability or persistent crying, difficulty breathing, wheezing, or other unusual signs for the child.
 - Diarrhea
 - Stool is not contained in the diaper
 - Is causing "accidents" for toilet trained children
 - Stool frequency exceeds 2 or more stools above normal for the child
 - Children are allowed to return to child care once the diarrhea resolves with the exception of the following:
 - Salmonella, until 3 negative stool cultures
 - Shigella, until 2 negative stool cultures
 - E. Coli, until 2 negative stool cultures
 - Blood in stools, not explained by dietary change, medication, or hard stools.
 - Vomiting illness
 - Two or more episodes in the previous 24 hours, unless caused by non-infectious condition (ex. reflux) and child remains hydrated.
 - One episode if other symptoms are present or if child has recent history of a head injury.
 - Abdominal pain
 - Persistent pain that continues more than 2 hours
 - Intermittent pain associated with fever or other signs or symptoms.
 - Mouth sores with drooling (except for canker sores, thrush)
 - Unless a health care provider or health department official determines that the child is noninfectious.
 - Hand, foot and mouth disease
 - Until lesions crust over

- Rash with fever or behavior change
 - Until a health care provider determines that these symptoms do not indicate an infectious disease.
- Head lice
 - From the end of the day until after the first treatment.
- Scabies
 - Until after treatment has been completed.
- Active Tuberculosis
 - Until a health care provider or health official gives written permission stating that the child is on appropriate therapy and can attend child care.
- Impetigo
 - Until treatment has started as long as lesions are covered.
- Strep throat
 - Until child has been treated for 24 hours.
- Chickenpox
 - Until all sores have dried and crusted.
- Pertussis (whooping cough)
 - Until 5 days of antibiotic treatment.
- Mumps
 - Until 5 days after the onset of parotid gland swelling.
- 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.
- Measles
 - Until 4 days after onset of rash.
- Rubella
 - Until 7 days after onset of rash.
- Methicillin-resistant Staphylococcus aureus (MRSA)
 - If lesions cannot be covered
 - If child is running a fever
 - If child cannot participate in activities

References:

CFOC, 3rd Edition, 2011
Managing Infectious Diseases in Child Care and in Schools, 3rd Edition AAP, 2013
FCPH, May 2016

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