

GUIDELINES FOR EXCLUDING FROM CHILD CARE

Certain symptoms in children may suggest the presence of a communicable disease. Children who have the following symptoms should be excluded from the child care setting until 1) a physician has certified the symptoms are not associated with an infectious agent or they are no longer a threat to the health of other children at the center or 2) the symptoms have subsided.

For the mildly ill child, exclusion should be based on whether there are adequate facilities and staff available to meet the needs of both the child and other children in the group.

Fever	Auxiliary or oral temperature: 100 degrees F. or higher or Rectal temperature 101 F. or higher; especially accompanied by the other symptoms such as vomiting, sore throat, diarrhea, headache and stiff neck or undiagnosed rash.
Respiratory Symptoms	Difficulty or rapid breathing or severe cough - child makes high-pitched croupy or whooping sounds after he coughs. - child unable to lie comfortably due to continuous cough.
Diarrhea	An increased number of abnormally loose stools in the previous 24 hours. Observe the child for symptoms such as fever, abdominal pain or vomiting.

Vomiting	Two or more episodes of vomiting within the previous 24 hours.
Eye/Nose Drainage	Thick mucus or pus draining from the eye or nose - (nose drainage in which is not clear in color is most usually an infection.)
Sore Throat	Sore throat, especially when fever or swollen glands in the neck are present.
Skin Problems	Rash, undiagnosed or contagious. Infected sores, sores with crusty, yellow or green drainage which cannot be covered by clothing or bandages.
Itching	Persistent itching of body or scalp.
Appearance/ Behavior	Child looks or acts differently; usually tired pale, lacking appetite, confused, irritable, difficult to awaken.
Unusual color	Eyes or skin - yellow Stool - gray or white Urine - dark, tea colored These symptoms can be found in hepatitis and should be evaluated by a physician.

SPECIFIC DISEASE EXCLUSION GUIDELINES

Aids	Exclude infected child if he/she exhibits biting behavior, is not in control of his/her body fluids, or has open skin sores which cannot be covered.
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Chicken Pox	Until all the blisters have dried into scabs; about six days after the rash.
Conjunctivis (pinkeye)	Bacterial - until 24 hours after treatment begins. Viral - until a letter from the physician is provided to verify that the child does not have bacterial conjunctivitis. In both situations, the child should be well enough to participate in normal daily activities.
Fifth Disease	No exclusion necessary
Giardiasis	For those with diarrhea only; until the child has started treatment and diarrhea is no longer present.
Hand, Foot and Mouth	Until the fever is gone and child is well enough to participate in normal daily activities (sores may be present.)
Hepatitis B	No exclusion necessary unless infected child exhibits biting behavior, or has open sores that cannot be covered.
Impetigo	Until sores are healed or can be covered with bandages, or until child has been treated with antibiotics for at least a full 24 hours.
Lice(head)	Until first treatment is completed and no live lice are seen.
Measles	Until four days after the rash appears.

Mumps	Until swelling subsides, usually five days but may be as long as nine days after swelling begins.
Oral Herpes (Cold Sores)	No exclusion necessary
Pertussis (whooping cough)	Until five to seven days after antibiotic treatment begins.
Pinworms	Until after treatment has started.
Strep Throat Scarlet Fever	Until at least a full 24 hours after treatment begins and child is without fever for 24 hours.