
Exclusion for Illness in Group or Child Care Settings

I. PURPOSE

Keeping children healthy is a partnership between parents, child care providers, the children themselves and the medical provider. Only a few illnesses require temporary exclusion of sick children from a group setting to prevent the illness from spreading to other children and staff. This policy outlines illnesses and situations when children should be temporarily excluded from group participation.

II. SCOPE

This policy applies to all Health Agency environments involving children in either group or child care settings, such as but not limited to the Perinatal Outpatient Extended Group (POEG) program.

III. POLICY

A. Children will be temporarily excluded from a group or child care setting for the following reasons:

1. The illness prevents the child from participating comfortably in routine activities.
2. The illness requires more care than the staff are able to provide without compromising the health and safety of the other children.
3. The illness is any of the specifically diagnosed conditions listed in [Appendix A: Diseases and Exclusion Recommendations](#).
4. The child exhibits signs or symptoms described below under Conditions that Require Exclusion.

B. If the reason for exclusion is based on whether the child has a communicable illness that poses a risk to other children in the group, different health professionals in the community might give conflicting opinions. In these cases, [California Health and Safety Code 120175](#) authorizes the Public Health Department to make a determination.

IV. CONDITIONS THAT REQUIRE EXCLUSION

- Fever along with behavior change. Fever is defined as having a temperature of 100° F or higher taken under the arm, oral temperature of 101° F or greater, and rectal temperature of 102° F or greater. Oral temperatures should not be taken on children younger than four years of age. Rectal temperatures are no longer recommended in the child care setting; it is preferable to have an accurate, easy to use thermometer maintained in a First Aid kit.
- Symptoms and signs of possible severe illness until medical evaluation allows inclusion. May include unusual tiredness, uncontrolled coughing or wheezing, continuous crying or anger, or difficulty breathing.

- Diarrhea if stool not contained in diaper, accidents in an older child who is normally continent, more than 2 stools/day above normal for child, or stool containing blood or mucus.
- Vomiting more than once in preceding 24 hours.
- Weeping skin lesion(s) that cannot be completely covered with waterproof dressing.
- See [Appendix A](#) for a detailed list of disease exclusions, actions, and duration of exclusion.

V. CONDITIONS THAT DO NOT REQUIRE EXCLUSION

Assuming none of the above symptoms or circumstances are present, conditions that do not require exclusion or sending a child home include the following:

- Common cold
- Diarrhea, if stools are contained within diaper, there is no soiling of clothes/environment in older children, and frequency is no more than 2 stools/day above normal for the child
- Rash without fever and without behavior changes
- Thrush (yeast infection of mouth)
- Conjunctivitis (pink eye) without fever and without behavior changes
- Parvovirus infection
- Cytomegalovirus (CMV) infection
- Colonization with Methicillin-resistant *Staphylococcus aureus* (MRSA), unless the child has a draining lesion/wound
- Presence of germs in urine or feces in an asymptomatic child, **except** for Shiga toxin-producing *E. coli* (e.g., 0157:H7), *Shigella*, or *Salmonella*.
- Chronic hepatitis B virus infection
- HIV infection

VI. NOTIFICATION

- A. Inform parents of observed signs or symptoms. See template in [Appendix B: Notice of Exclusion Due to Illness](#).
- B. Promptly notify all families when a diagnosed communicable condition arises. Post a notice that includes the signs and symptoms to watch for, what to do, and when children with the condition can return. See template in [Appendix C: Notice of Exposure to a Contagious Disease](#).
- C. Notification forms are also available from [UCSF California Childcare Health Program](#) under Communicable Disease.

VII. REFERENCES

- Health and Safety in the Child Care Setting: Prevention of Infectious Disease. 2nd Edition. The California Child Care Health Program. June 1998.

X. APPENDIX A: LIST OF DISEASES AND EXCLUSION RECOMMENDATIONS

Source: [The California Child Care Health Program. Health and Safety in the Child Care Setting: Prevention of Infectious Disease. Second Edition. Revised March 2001.](#)

Exclusion/Readmission Due to Illness		
Disease	If a Child in Your Care Has Been Diagnosed with This Disease You Should	When to Allow Child to Return
Bacterial Meningitis	<ul style="list-style-type: none"> Exclude the child from child care. In most cases, the child will be hospitalized. Immediately contact your Health Department to report the case of meningitis. <ul style="list-style-type: none"> Ask whether you need to contact the parents of the other children in your facility. If so, in cooperation with the Health Department, contact the parents of the children in your facility. Follow any preventive measures the Health Department recommends. 	When the Health Department tells you it is safe.
Chickenpox	<ul style="list-style-type: none"> Temporarily exclude the sick child from the child care setting. Notify parents. 	Six days after the rash begins or when blisters have scabbed over.
Diarrheal Disease	<ul style="list-style-type: none"> Temporarily exclude the sick child from the child care setting. Carefully follow group separation, hand washing and cleaning procedures. If you know the diarrhea is caused by bacteria or a parasite such as shigella, campylobacter, E. coli, Cryptosporidium, salmonella, or giardia, ask the Health Department. <ul style="list-style-type: none"> Whether other ill and well children and adults should be tested. When to allow the sick child to return to child care. 	When the child no longer has diarrhea. However, some of these diseases require negative stool cultures; allow the child to return when the Health Department tells you it is safe.
Diphtheria	<ul style="list-style-type: none"> Temporarily exclude the sick child from the child care setting. Immediately contact the Health Department to ask what additional preventive measures should be taken. Observe all children and adults for sore throats for seven days. Anyone developing a sore throat should see a physician. Advise parents that their child should see a physician if: <ul style="list-style-type: none"> The child develops a sore throat. The child is incompletely immunized against diphtheria. Carefully follow good hygiene procedures. 	When the Health Department tells you it is safe.
Epiglottitis	<ul style="list-style-type: none"> A child diagnosed with this disease will probably be hospitalized. Contact your Health Department and ask what preventive measures to take. Carefully follow good hygiene procedures. IMPORTANT: H-flu is not the same germ as "flu" or influenza. H-flu can cause SERIOUS ILLNESS in young children. If a case of H-flu occurs in your facility, TAKE ALL ACTIONS ABOVE. 	<p>Not due to H-flu: When treating physician tells you it is safe.</p> <p>Due to H-flu: When the Health Department tells you it is safe.</p>
Hand-Foot-and-Mouth Disease	<ul style="list-style-type: none"> Exclude if child has open, draining lesion on hand or has lesions in the mouth AND is drooling. 	When lesions heal or drooling ceases.
Head Lice	<ul style="list-style-type: none"> Temporarily exclude the infested child from the child care setting. Contact your Health Department or health consultant for advice about examining, treating and readmitting exposed children and adults. Check the other children and staff for lice or nits (eggs of lice). 	24 hours after treatment.

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Appendix A (cont.)

Disease	If a Child in Your Care Has Been Diagnosed with This Disease You Should	When to Allow Child to Return
Hepatitis A	<ul style="list-style-type: none"> Temporarily exclude the sick child from the child care setting. Immediately notify your Health Department. They may recommend immune globulin shots, and possibly vaccination for children and adults and additional preventive measures. Ask for specific recommendations on notifying parents and on exclusion policies. Carefully follow good hygiene procedures. 	One week after illness begins (onset of jaundice or yellow appearance).
Influenza	In the absence of an epidemic, influenza is difficult to diagnose and usually the diagnosis comes after the end of the infectious period, so exclusion will be impractical.	N/A
Measles	<ul style="list-style-type: none"> Temporarily exclude the sick child from the child care setting. Immediately notify your Health Department. Identify unimmunized children and adults. Make sure they get vaccinated and/or exclude them from the child care setting until two weeks after rash appears in the last child who had measles in the child care setting. 	Five days after rash appears and Health Department says it is safe.
Mumps	<ul style="list-style-type: none"> Temporarily exclude the sick child from the child care setting. Carefully follow good hygiene practices. Notify Health Department. 	Nine days after swelling begins.
Pertussis (Whooping Cough)	<ul style="list-style-type: none"> Temporarily exclude the sick child from the child care setting. Immediately notify your Health Department. Exclude, until diagnosed by a physician, any other child who develops a cough within two weeks of the initial case. Carefully follow good hygiene procedures. 	Five days after antibiotics are begun and Health Department says it is safe.
Pinworms	<ul style="list-style-type: none"> Temporarily exclude the child from the child care setting. Notify parents. 	24 hours after treatment and bathing.
Pneumonia	<ul style="list-style-type: none"> A child diagnosed with this disease will probably be hospitalized. Contact your Health Department and ask what preventive measures to take. Carefully follow good hygiene procedures. IMPORTANT: H-flu is not the same germ as "flu" or influenza. H-flu can cause SERIOUS ILLNESS in young children. If a case of H-flu occurs in your facility, TAKE ALL ACTIONS ABOVE. 	<p>Not due to H-flu: When treating physician tells you it is safe.</p> <p>Due to H-flu: When the Health Department tells you it is safe.</p>
Ringworm	<ul style="list-style-type: none"> Temporarily exclude the child if the lesion cannot be covered. 	If unable to cover lesion, after treatment begins and the lesion starts to shrink.
Rubella (German or Three-day measles)	<ul style="list-style-type: none"> Temporarily exclude the child from the child care setting. Immediately notify your Health Department. Advise any pregnant women in the facility who are not known to be immune to see their physicians. Carefully follow good hygiene procedures. 	Six days after rash appears and Health Department says it is safe.
Scabies	<ul style="list-style-type: none"> Temporarily exclude the child from the child care setting. You may contact your Health Department for advice about identifying and treating exposed children and adults. 	24 hours after treatment has begun.
Streptococcal sore throat (Strep throat)	<ul style="list-style-type: none"> Temporarily exclude the child from the child care setting. Contact your Health Department if two or more children are diagnosed with strep throat. 	24 hours after antibiotics are begun.
Active Tuberculosis (TB) infection	<ul style="list-style-type: none"> Immediately notify your Health Department. Children with TB may usually remain in child care after treatment as long as they are receiving appropriate treatment. 	When Health Department says it is safe.

XI. APPENDIX B: NOTICE OF EXCLUSION DUE TO ILLNESS

Name of Child:

Date of Birth:

Program or Facility:

Date:

Dear Parent or Guardian:

Today at the child care facility **your child was observed to have one or more of the following signs or symptoms:**

- | | |
|--|--|
| <input type="checkbox"/> Diarrhea (more than one abnormally loose stool) | <input type="checkbox"/> Difficult or rapid breathing |
| <input type="checkbox"/> Earache | <input type="checkbox"/> Fever (101° F or above orally) |
| <input type="checkbox"/> Gray or white stool | <input type="checkbox"/> Headache and stiff neck |
| <input type="checkbox"/> Infected skin patches | <input type="checkbox"/> Crusty, bright yellow, dry or gummy areas of skin |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Pink eye |
| <input type="checkbox"/> Tears, redness of eyelid lining | <input type="checkbox"/> Irritation |
| <input type="checkbox"/> Swelling and/or discharge of pus | <input type="checkbox"/> Severe coughing |
| <input type="checkbox"/> Child gets red or blue in the face | <input type="checkbox"/> Child makes a high-pitched whooping sound after s/he coughs |
| <input type="checkbox"/> Severe itching of body/scalp | <input type="checkbox"/> Sore throat or trouble swallowing |
| <input type="checkbox"/> Unusual behavior | <input type="checkbox"/> Child cries more than usual |
| <input type="checkbox"/> Child feels general discomfort | <input type="checkbox"/> Cranky or less active |
| <input type="checkbox"/> Just seems unwell | <input type="checkbox"/> Unusual spots or rashes |
| <input type="checkbox"/> Unusually dark, tea-colored urine | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Yellow skin or eyes | <input type="checkbox"/> Head lice or nits |

Contact your physician if there is:

- | | |
|---|---|
| • Persistent fever (over 100° F) without other symptoms | • Breathing so hard the child cannot play, talk, cry or drink. |
| • Severe coughing | • Earache |
| • Sore throat with fever | • Thick nasal drainage |
| • Rash accompanied by fever | • Persistent diarrhea |
| • Severe headache and stiff neck accompanied by fever | • Yellow skin and/or eyes |
| • Unusual confusion | • Rash, hives or welts that appear quickly |
| • Severe stomach ache that causes the child to double up and scream | • No urination over an 8 hour period; the mouth and tongue look dry |
| • Black stool or blood mixed with the stool | • Looks or acts very ill or seems to be getting worse quickly |

We are excluding your child from attendance at our program until (possible options):

- | | |
|--|---|
| <input type="checkbox"/> The signs or symptoms are gone | <input type="checkbox"/> The child can comfortably participate in the program |
| <input type="checkbox"/> We can provide the level of care your child needs | <input type="checkbox"/> Other: |

XII. APPENDIX C: NOTICE OF EXPOSURE TO A CONTAGIOUS DISEASE

Name of Child Care Program:

Address of Child Care Program:

Telephone Number of Child Care Program:

Date: / /

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having:

Information about this disease:

The disease is spread by:

The symptoms are:

The disease can be prevented by:

What the program is doing to reduce the spread:

What you can do at home to reduce the spread:

If your child has any symptoms of this disease, call your health care provider to find out what to do and be sure to tell them about this notice. If you do not have a regular health care provider to care for your child, contact your local health department for instructions on how to find one, or ask staff here for a referral. If you have any questions, please contact:

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