

CHILD CARE PROVIDER ILLNESS GUIDELINES

**These guidelines refer to child care providers who come into direct contact with children.
A child care provider and other staff should be excluded from work for the following conditions:**

SYMPTOM OR ILLNESS	EXCLUSION AND COMMENTS
DIARRHEA	3 or more episodes during past 24 hours, until diarrhea resolves
FLU SYMPTOMS Fever over 100°F with a cough or sore throat. Other flu symptoms can include fatigue, body aches, vomiting and diarrhea	Until at least 24 hours after there is no longer a fever, without the use of fever-reducing medicine
RASH	Staff should be excluded if rash occurs with fever or joint pain.
RESPIRATORY SYMPTOMS (mild) stuffy nose with clear drainage, sneezing, mild cough	May attend with simple colds. If illness limits staff ability to work and compromises health and safety of children, then exclude.
VOMITING	Until vomiting resolves or a health care provider decides it is not contagious. Observe for other signs of illness.
CHICKEN POX	Until sores have dried and crusted, usually by 6 days
CONJUNCTIVITIS Pink color of eye <i>and</i> thick yellow/green discharge	No unless the staff member meets other exclusion criteria.
FIFTH'S DISEASE	May attend, no longer contagious once rash illness appears
HAND, FOOT AND MOUTH	May attend, If illness limits staff ability to work, then exclude
HEAD LICE AND SCABIES	Until after first treatment is completed
HEPATITIS A	For 1 week after onset, or as directed by health department
HERPES COLD SORES	May attend, if covered and sores are not touched. Staff should not kiss or nuzzle children. Follow hand washing policies.
IMPETIGO (skin infection)	Until treatment has started
PERTUSSIS (whooping cough)	Until 5 days after antibiotic therapy
SHINGLES	May attend, if covered by a dressing until the sores have crusted
STREP THROAT	Until 24 hours after antibiotics and fever free without the use of fever-reducing medicine unless explicitly indicated by a medical provider that it is okay for the staff member to return sooner after starting appropriate antibiotics.

References:

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, *Caring for Our Children: National Health and Safety Performance Standards*, Third Edition, Elk Grove Village, IL 2011
- Kendrick AS, Kaufman R., Messenger KP, Eds. *Healthy Young Children: A Manual for Programs*. Washington, D.C. National Association for the Education of Young Children; 2002
- American Academy of Pediatrics, *Managing Infectious Diseases in Child Care and Schools*, 4th Edition, Elk Grove Village, IL 2017.
- Colorado Department of Public Health and Environment, Communicable Disease Epidemiology Program, *Infectious Disease in Child Care Settings: Guidelines for Schools and Child Care Providers*, Denver, CO, March, 2016.





ILLNESS POLICY - HOW SICK IS TOO SICK? WHEN TO KEEP YOUR CHILD AT HOME FROM SCHOOL OR CHILD CARE

Children's Hospital Colorado

There are three main reasons to keep sick children at home:

1. The child doesn't feel well enough to take part in normal activities, (such as; overly tired, fussy or won't stop crying).
2. The child needs more care than teachers and staff can give, and still care for the other children.
3. The illness is on this list and staying home is recommended.

And remember, the best way to prevent the spread of infection is through good hand washing.

Children with the following symptoms or illness should be kept home (excluded) from school:

SYMPTOMS	Child Must Be at Home?
DIARRHEA frequent, loose or watery stools compared to child's normal ones that are not caused by food or medicine	Yes - if child looks or acts sick; if child has diarrhea with fever and isn't acting normally; if child has diarrhea with vomiting; if child has diarrhea that overflows the diaper or the toilet
FEVER with behavior change or other illness A fever of 100°F or above in babies 4 months or younger needs immediate medical attention.	Yes , if the child also has a rash, sore throat, vomiting, diarrhea, behavior changes, stiff neck, difficulty breathing, etc.
"FLU-LIKE" SYMPTOMS Fever over 100°F with a cough or sore throat. Other flu symptoms can include tiredness, body aches, vomiting and diarrhea	Yes - for at least 24 hours after the fever is gone, without the use of medicine that reduces the fever
COUGHING <u>Note:</u> Children with asthma may go to school with a written health care plan and the school is allowed to give them medicine and treatment	Yes - if severe, uncontrolled coughing or wheezing, rapid or difficulty breathing and medical attention is necessary
Mild RESPIRATORY OR COLD SYMPTOMS stuffy nose with clear drainage, sneezing, mild cough	No - may attend if able to take part in school activities <i>Keep home if symptoms are severe. This includes fever and the child is not acting normally and/or has trouble breathing.</i>
RASH WITH FEVER <u>Note:</u> Body rash without fever or behavior changes usually does not need to stay home from school, call the doctor	Yes – call the doctor. Any rash that spreads quickly, has open, weeping wounds and/or is not healing should be evaluated
VOMITING Throwing up two or more times in the past 24 hrs	Yes - until vomiting stops or a doctor says it is not contagious. If the child has a recent head injury watch for other signs of illness and for dehydration

**ILLNESS POLICY - HOW SICK IS TOO SICK?
WHEN TO KEEP YOUR CHILD AT HOME**

ILLNESS	Child Must Be at Home?
CHICKEN POX	Yes - until blisters have dried and crusted (usually 6 days)
CONJUNCTIVITIS (PINK EYE) pink color of eye <i>and</i> thick yellow/green discharge	No (bacterial or viral) – children don't need to stay home unless the child has a fever or behavioral changes. Call the doctor for diagnosis and possible treatment.
CROUP (SEE COUGHING) <u>Note:</u> May not need to stay home unless child is not well enough to take part in usual activities	Seek medical advice
FIFTH'S DISEASE	No - child is no longer contagious once rash appears
HAND FOOT AND MOUTH DISEASE (Coxsackie virus)	No - unless the child has mouth sores, is drooling and isn't able to take part in usual activities
HEAD LICE OR SCABIES	Yes - from end of the school day until after first treatment.
HEPATITIS A	Yes - until 1 week after the start of the illness and when able to take part in usual activities
HERPES	No, unless - the child has open sores that cannot be covered or is drooling uncontrollably
IMPETIGO	Yes – until treatment has started
RINGWORM	Yes - from end of school until after starting treatment Keep area covered for the first 2 days
ROSEOLA	No – children don't need to stay home unless the child has a fever or behavioral changes.
RSV (Respiratory Syncytial Virus)	Staying home isn't necessary, but is recommended when a child is not well enough to take part in usual activities and/or is experiencing acute respiratory symptoms. Call the doctor. RSV spreads quickly through classrooms
STREP THROAT	Yes - for 24 hours after starting antibiotics and the child is able to take part in usual activities unless explicitly indicated by a medical provider that it is okay for the child to return sooner after starting appropriate antibiotics.
VACCINE PREVENTABLE DISEASES Measles, Mumps, Rubella (German Measles), Pertussis (Whooping Cough)	Yes – the doctor says the child is no longer contagious
YEAST INFECTIONS including thrush or Candida diaper rash	No - follow good hand washing and hygiene practices

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, *Managing Infectious Diseases in Child Care and Schools*, 4th Edition, Elk Grove Village, IL 2017.
- Colorado Department of Public Health and Environment, Communicable Disease Epidemiology Program, *Infectious Disease in Child Care Settings: Guidelines for Schools and Child Care Providers*, Denver, CO, March, 2016.