

Common Child Illnesses and Exclusion Criteria for Education and Child Care Settings

A child should be temporarily excluded from an education or child care setting when the child's illness causes one or more of the following:

- Prevents the child from participating comfortably in activities.
- A need for care that is greater than the staff can provide without compromising the health and safety of other children.
- An acute change in behavior: lethargy, lack of responsiveness, irritability, persistent crying, difficulty breathing, or a quickly spreading rash.
- Fever <u>with</u> behavior change or other signs and symptoms in a child older than 2 months (e.g., sore throat, rash, vomiting, diarrhea).
- For infants younger than 2 months of age, a fever with or without a behavior change or other signs and symptoms.
- A child with a temperature elevated above normal is not necessarily an indication of a significant health problem. A fever is defined as:
 - For an infant or child older than 2 months, a fever is a temperature that is above 101 degrees F [38.3 degrees C] by any method.
 - For infants younger than 2 months of age a fever is a temperature above 100.4 degrees F [38 degrees C] by any method.
 - Temperature readings do not require adjustment for the location where the temperature is taken.
 - In education settings please refer to your district's policy regarding fever definition.

ILLNESS	EXCLUDE	RETURN TO CHILD CARE/SCHOOL
Chicken Pox	Yes.	When all blisters are crusted with no oozing (usually 6 days) and resolution of exclusion criteria.
COVID-19: K-12	Yes, for 5 days from positive test (if no symptoms) or symptom onset. Those who are unable to wear a mask, choose not to wear a mask, have moderate or severe COVID-19 illness, or are immunocompromised exclude for 10 days.	On day 6 if fever free for 24 hours without the use of fever-reducing medication and if symptoms have improved. Per CDC guidance, should wear a mask from days 6-10. On day 11 if fever free for 24 hours without the use of fever-reducing medication and if symptoms have improved.

COVID-19: Child Care	If >2 years and able to wear a mask correctly and consistently, exclude for 5 days from positive test (if no symptoms) or symptom onset.	the use of fever-reducing medication and if symptoms have improved. Per CDC guidance, should wear a mask from days 6-
	If < 2 years of age, unable to wear a mask, choose not to wear a mask, have moderate or severe COVID-19 illness, or are immunocompromised exclude for 10 days.	On day 11 if fever free for 24 hours without the use of fever-reducing medication and if symptoms have improved.
Diarrhea (infectious)	Yes (there are special exclusion rules for <i>E.coli</i> 0157.H7, <i>Shigella</i> and cryptosporidiosis).	When diarrhea stops and health care provider and public health official states the child may return.
Diarrhea (non-infectious)	Yes, if stool cannot be contained in the diaper, or if toileted child has 2 or more loose stools in 24 hours, or blood in stool.	When diarrhea stops and resolution of exclusion criteria.
Fifth Disease	No. Unless child meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Hand and Mouth	No. Unless child meets other exclusion criteria. Or is excessively drooling with mouth sores.	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Head Lice (Pediculosis)	No. Unless child meets other exclusion criteria.	Treatment of an active lice infestation may be delayed until the end of the day. Children do not need to miss school or child care due to head lice. Treatment recommendations can be found here: https://www.cdc.gov/parasites/lice/he ad/treatment.html
Impetigo	Yes, exclude at the end of the day if blisters can be covered.	After child has been seen by the doctor, after 24 hours on antibiotic, and blisters are covered.
Influenza	Yes.	When child is fever free for 24 hours and resolution of exclusion criteria.

Molluscum Contagiosum	No. Unless child meets other exclusion criteria.	Skin disease similar to warts. Do not share towels or clothing and use good hand hygiene.
MRSA	No. Unless child meets other exclusion criteria.	Wounds should be kept covered and gloves worn during bandage changes. Do not share towels or clothing and use good hand hygiene.
Otitis Media (ear infection)	No. Unless child meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of exclusion criteria.
Pertussis (Whooping Cough)	Yes.	Child may return after 5 days of antibiotics and resolution of exclusion criteria.
Pink Eye (Conjunctivitis)	No. Unless child meets other exclusion criteria.	Child does not need to be excluded unless health care provider or public health official recommends exclusion. Resolution of all exclusion criteria.
Ringworm	No. Unless child meets other exclusion criteria.	Treatment of ringworm infection may be delayed to the end of the day. Child may be readmitted after treatment has begun. Cover lesion(s) if possible. Do not share clothing, bedding or personal items.
Strep Throat	Yes.	When resolution of exclusion criteria and after 24 hours of antibiotic.
Vomiting	Yes.	When vomiting has resolved and resolution of exclusion criteria.

Please refer to Caring for Our Children: National Health and Safety Performance Standards (Online Database) https://nrckids.org/CFOC or the Iowa Department of Public Health EPI Manual https://wiki.idph.iowa.gov/epimanual for guidance on specific diseases not included in this list. Contact your local Child Care Nurse Consultant https://idph.iowa.gov/hcci/consultants for additional information.

References:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. CFOC Standards Online Database. Aurora, CO; National Resource Center for Health and Safety in Child Care and Early Education; 2020. https://nrckids.org/CFOC/Database/3.6.1.1 (Accessed on 05212021)

Iowa Department of Public Health EPI Manual: Guide to Surveillance, Investigation, and

Reporting. Reportable Disease Information. Revised 6/2011