

## When Should A Child Be Sent Home?

*Caring for Our Children* (2011) recommends the following criteria for excluding a child from child care. Talk with your supervisor about your program's policy on exclusion for illness.

- ☑ The illness prevents the child from participating comfortably in activities;
- ☑ The illness results in 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 - this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash;
- ☑ Fever (temperature above 101°F [38.3°C] orally, above 102°F [38.9°C] rectally, or 100°F [37.8°C] or higher taken axillary [armpit] or measured by an equivalent method) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea).
- ☑ Diarrhea is defined by watery stools or decreased form of stool that is not associated with changes of diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing soiled pants or clothing. In addition, diapered children with diarrhea should be excluded if the stool frequency exceeds two or more stools above normal for that child, because this may cause too much work for the caregivers/teachers. Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children are continent. Special circumstances that require specific exclusion criteria include the following (2):
  - ☑ Toxin-producing *E. coli* or *Shigella* infection, until stools are formed and the test results of two stool cultures obtained from stools produced twenty-four hours apart do not detect these organisms;
  - ☑ *Salmonella* serotype Typhi infection, until diarrhea resolves. In children younger than five years with *Salmonella* serotype Typhi, three negative stool cultures obtained with twenty-four-hour intervals are required; people five years of age or older may return after a twenty-four-hour period without a diarrheal stool. Stool cultures should be collected from other attendees and staff members, and all infected people should be excluded;
- ☑ Blood or mucus in the stools not explained by dietary change, medication, or hard stools;
- ☑ Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated;
- ☑ Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness;

- ☑ Mouth sores with drooling unless the child's primary care provider or local health department authority states that the child is noninfectious;
- ☑ Rash with fever or behavioral changes, until the primary care provider has determined that the illness is not a infectious disease;
- ☑ Active tuberculosis, until the child's primary care provider or local health department states child is on appropriate treatment and can return;
- ☑ Impetigo, until treatment has been started;
- ☑ Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until twenty-four hours after treatment has been started;
- ☑ Head lice until after the first treatment (note: exclusion is not necessary before the end of the program day);
- ☑ Scabies, until after treatment has been given;
- ☑ Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash);
- ☑ Rubella, until six days after the rash appears;
- ☑ Pertussis, until five days of appropriate antibiotic treatment;
- ☑ Mumps, until five days after onset of parotid gland swelling
- ☑ Measles, until four days after onset of rash;
- ☑ Hepatitis A virus infection, until one week after onset of illness or jaundice if the child's symptoms are mild or as directed by the health department. (Note: immunization status of child care contacts should be confirmed; within a fourteen-day period of exposure, incompletely immunized or unimmunized contacts from one through forty years of age should receive the hepatitis A vaccine as post exposure prophylaxis, unless contraindicated.) Other individuals may receive immune globulin. Consult with a primary care provider for dosage and recommendations;
- ☑ Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

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; Washington, DC: American Public Health Association. pages 132-133.