

## ILLNESS POLICY WHEN TO KEEP YOUR CHILD AT HOME

Young children frequently become mildly ill. Infants, toddlers and preschoolers experience a yearly average of six respiratory infections (colds) and can develop one to two gastrointestinal infections (vomiting and/or diarrhea) each year.

Deciding when children can go to child care or school can be difficult. Parents and caregivers should discuss the child's symptoms and decide what to do.

Parents should contact the child care program or school when their child is sick and describe the symptoms. If a specific diagnosis, (such as strep throat or "pink eye") is made by a doctor (health care provider), let program staff know so other families can be alerted.

Sometimes it is necessary for a child to remain at home.

### There are three reasons to keep (exclude) sick children out of child care or school:

1. The child is not able to participate in usual activities. Child may be very tired, irritable or cry a lot.
2. The child needs more individual care than program staff can provide.
3. The illness or symptoms are on the exclusion list.

### Look at the symptoms and/or illness list below to help you decide if your child should be kept home from child care or school:

ILLNESS OR SYMPTOM	EXCLUSION IS NECESSARY
<b>CHICKEN POX</b>	<b>Yes</b> - until blisters have dried and crusted (Usually 6 days). If blisters occur after vaccination, refer to Colorado Health Department guidelines
<b>CONJUNCTIVITIS (pink eye)</b> (pink color of eye <i>and</i> thick yellow/green discharge)	<b>Yes</b> - until 24 hours after treatment (if indicated) If your health provider decides not to treat your child, a note is needed authorizing return to group care
<b>COUGHING</b> (severe, uncontrolled coughing or wheezing, rapid or difficulty in breathing)	<b>Yes</b> - medical attention is necessary. <b>Note:</b> <i>Children with asthma may be cared for with a written health care plan and authorization for medication/treatment</i>
<b>COXSACKIE VIRUS</b> <b>(Hand, foot and mouth disease)</b>	<b>No</b> - may attend if able to participate in usual activities, unless the child has mouth sores and is drooling
<b>CROUP</b> (see COUGHING)	Seek medical advice <b>Note:</b> <i>May not need to be excluded unless child is not well enough to participate in usual activities</i>
<b>DIARRHEA</b> (frequent, loose or watery stools compared to child's normal pattern; not caused by diet or medication)	<b>Yes</b> – if child looks or acts ill; diarrhea with fever and behavior change; diarrhea with vomiting; diarrhea that is not contained in the toilet, (infants/children in diapers should be excluded)
<b>EARACHE</b>	<b>No</b> – unless unable to participate in usual activities or fever with behavior changes (see FEVER)
<b>FEVER <u>with</u> behavior changes or illness</b> (an elevation of body temperature above normal) <b>Note:</b> <i>An unexplained temperature of 100°F or above is significant in infants 4 months of age or younger and requires immediate medical attention</i>	<b>Yes</b> - when fever is accompanied by behavior changes or other symptoms of illness, such as rash, sore throat, vomiting, etc. <b>Note:</b> <i>Fever alone is not a reason to exclude from care</i>

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ILLNESS OR SYMPTOM	EXCLUSION IS NECESSARY
<b>FIFTH'S DISEASE</b>	<b>No</b> - child is no longer contagious once rash illness appears
<b>HEADLICE OR SCABIES</b>	May return after treatment starts
<b>HEPATITIS A</b>	<b>Yes</b> – until 1 week after onset of illness or jaundice and when able to participate in usual activities
<b>HERPES</b>	<b>No</b> – unless child has mouth sores and blisters <i>and</i> does not have control of drooling
<b>IMPETIGO</b>	<b>Yes</b> – until 24 hours after treatment starts
<b>BODY RASH <u>with</u> fever</b>	<b>Yes</b> - seek medical advice. Any rash that spreads quickly, has open, weeping wounds and/or is not healing should be evaluated  <b>Note:</b> <i>Body rash without fever or behavior changes usually does not require exclusion from the program; seek medical advice</i>
<b>RESPIRATORY OR COLD SYMPTOMS</b> (stuffy nose with clear drainage, sneezing, mild cough)	<b>No</b> – may attend if able to participate in usual activities
<b>RINGWORM</b>	May return after treatment starts Keep area covered for the first 48 hrs of treatment
<b>ROSEOLA</b>	<b>No</b> – unless child cannot participate in usual activities and has fever with behavior changes.
<b>RSV</b> (Respiratory Syncytial Virus)	Seek medical advice. Once a child has been infected, spread is rapid.  <b>Note:</b> <i>A child does not always need to be excluded unless child is not able to participate in usual activities</i>
<b>STREP THROAT</b>	<b>Yes</b> - until 24 hours after treatment and the child is able to participate in usual activities
<b>VACCINE PREVENTABLE DISEASES</b> Measles, Mumps, Rubella (German Measles), Pertussis (Whooping Cough).	<b>Yes</b> – until judged not infectious by the health care provider
<b>VOMITING</b> (2 or more episodes of vomiting in the past 24 hrs; vomiting with fever; recent head injury)	<b>Yes</b> – until vomiting resolves or a health care provider approves return to program.
<b>YEAST INFECTIONS</b> (thrush or candida diaper rash)	<b>No</b> Follow good hand washing and hygiene practices

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#### 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*, Second Edition, Elk Grove Village, IL 2002
- American Academy of Pediatrics, *Managing Infectious Diseases in Child Care and Schools*, Elk Grove Village, IL 2005
- Colorado Department of Public Health and Environment, Communicable Disease Epidemiology Program, *Infectious Disease in Child Care Settings: Guidelines for Child Care Providers*, Denver, CO., December 2002
- 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