



WHEN CHILDREN SHOULD BE EXCLUDED OR DISMISSED FROM A CHILDCARE SETTING

3.6.1 Management of Illness

A facility shall not deny admission to or send home a child because of illness unless one or more of the following conditions exist. The parent, legal guardian or other authorized by the parent shall be notified immediately when a child has a sign or symptom requiring exclusion from the facility, as described below: a) The illness prevents a child from participating comfortably in facility activities; b) The illness results in a greater care need than the childcare staff can provide without compromising the health and safety of the other children; or c) The child has any of the following conditions:

1. Temperature: Oral temperature 101 F or greater; rectal temperature 102 F or greater; axillary (i.e., armpit) temperature 100 F or greater, accompanied by behavior changes or other signs or symptoms of illness until medical evaluation indicates inclusion in the facility. Oral temperature shall not be taken on children younger than 4 years (or younger than 3 years if a digital thermometer is used). Only persons with specific health training shall take rectal temperature.
2. Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs), until medical evaluation allows inclusion.
3. Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper, until diarrhea stops.

4. Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a healthcare provider determines the illness to be non-communicable, and the child is not in danger of dehydration.
5. Rash with fever or behavior change, until a healthcare provider determines that these symptoms do not indicate a communicable disease.

Rationale:

Exclusion of children with many mild infectious diseases is likely to have only a minor impact on the incidence of infection among other children in the group. Thus, when formulating exclusion policies, it is reasonable to focus on the needs and behavior of the ill child and ability of staff in the out-of-home childcare setting to meet those needs without compromising the care of other children in the group.

Chicken pox, measles, rubella, mumps and pertussis are highly communicable illnesses for which routine exclusion of infected children is warranted. It is also appropriate to exclude children with treatable illnesses until treatment is received and until treatment has reduced the risk of transmission.

The presence of diarrhea, particularly in diapered children, and the presence of vomiting increase the likelihood of exposure of other children to the infectious agents that cause these illnesses. It may not be reasonable to routinely culture children who present with fever and sore throat or diarrhea. However, in some outbreak settings,

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identifying infected children and excluding or treatment of them may be necessary.

Fever is defined as an elevation of body temperature above normal. The presence of fever alone has little relevance to the spread of disease and may or may not preclude a child's participation in childcare. The height of the fever does not necessarily indicate the severity of the child's illness. A child's over-exertion in a hot, dry climate may produce a fever. Life-threatening diseases, such as meningitis, cause a small proportion of childhood illness with fever. Generally, young infants show less fever with serious illness than older children. Infants and children older than 4 months should be excluded whenever behavior changes and/or signs or symptoms of illness accompany fever. Infants 4 months old or younger should be excluded when rectal temperature is 101 F or above, or axillary (i.e., armpit) temperature is 100 F or above, even if there has not been a change in their behavior.

It is unreasonable and inappropriate for childcare staff to attempt to determine which illnesses with fevers may be serious. The child's parents or legal guardians, with the help of their child's healthcare provider, are responsible for these decisions; therefore, parents should be informed promptly when their child is found to have a fever while attending childcare.

Excerpted from Caring For Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, The American Public Health Association (Washington DC) and the American Academy of Pediatrics (Elks Grove Village, IL), 2011.