

Health Exclusion Policy



Children who have the following signs/symptoms will be excluded from the child care setting until 1) the child meets the exclusion guidelines; 2) a health care provider has determined that the child can return, 3) the child can participate in routine activities. A parent/guardian information sheet is available for infectious diseases upon request.

Exclusion Guidelines for Children with an Infectious Disease

Problem/Disease	Signs/Symptoms	Exclusion Guidelines
Fever* A variety of communicable diseases may cause this with exclusion. May be specific to diagnosis.	An elevation of body temperature of auxiliary (armpit) temperature: 100 F or higher when accompanied by behavior changes, stiff neck, difficulty breathing, rash, sore throat, and/or other signs or symptoms of illness, or the child is unable to participate in routine activities.	Until fever free for 24 hours without fever reducing medications. For some infections, the person must also be treated with antibiotics before returning to the childcare setting.
Diarrhea (infectious) A variety of communicable diseases may cause this and exclusion may be specific to diagnosis.	Diarrhea is defined as an increased number of stools compared with a person's normal pattern, along with decreased form of stools and/or watery, bloody, or mucus containing stools. Often a symptom of infection from germs such as bacteria, parasites, or viruses.	Until diarrhea stops or until a medical exam indicates that it is not due to a communicable disease. May need to be evaluated on an individual basis.
Ecoli	See Diarrhea	Until 2 stool cultures 24 hours apart are negative
Norovirus	Watery diarrhea and vomiting, fever, headache, muscle aches and fatigue	Until diarrhea and vomiting have stopped.
Vomiting	Vomiting is defined as two or more episodes in the previous 24 hours	Until vomiting stops.
Rash with fever or behavior change.	Rash- Wide variety of causes and appearance that can be difficult to diagnose. Some may be contagious, therefore, medical personnel needs to be consulted.	Until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion (see chickenpox, measles, roseola, rubella, shingles, strep throat).
Respiratory Infections (Viral) Acute Bronchitis (chest cold) Other respiratory illness may affect children and exclusion may be specific to diagnosis. (Croup & Parapertussis)	Runny nose, sneezing, chills, tiredness, fever, muscle aches, sore throat, cough, which may last 2-7 days.	Until fever is gone and child is well enough to participate in routine activities.
Respiratory Syncytial Virus Infection (RSV)	Fever, cough, watery eyes, runny nose, sneezing. Very young infants may have tiredness, irritability, and loss of appetite, with other respiratory signs	Until fever is gone and child is well enough to participate in routine activities.
Pertussis (Whooping Cough)	Runny nose, sneezing, slight fever, and a mild cough. After a week or two, a persistent cough develops and occurs in explosive bursts, sometimes ending with a high-pitched whoop and vomiting. Coughing attacks continue for 4-6 weeks and are more common at night.	Until 5 days after appropriate antibiotic treatment begins. If not treated with antibiotics, exclusion is 21 days.

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Ringworm (fungi)	<p>Body: Ringworm appears as flat spreading ring shaped lesions. The edge of the lesion may be dry and scaly or moist and crusty. As the lesions spread outward, the center often becomes clear.</p> <p>Scalp: Ringworm may be hard to detect in the early stages. It often begins as a small scaly patch on the scalp. Mild redness and swelling may occur. Infected hairs become brittle and break off easily.</p>	Until 24 hours after treatment has been started.
Purulent Conjunctivitis (Pinkeye) Nonpurulent Conjunctivitis (Without Pus)	Redness of eyes and/or eyelids with thick white or yellow drainage and/or eye pain and itching. May have a fever. Clear watery discharge without fever or red eyelids.	(With pus): Until examined by health care provider and approved to return. (Without pus): no exclusion
Cytomegalovirus (CMV)	Most people have no symptoms. Occasionally there are temporary symptoms that include fever, sore throat, tiredness, and swollen glands.	No exclusion necessary.
Fifth Disease	Rarely any symptoms other than a rash ("slapped cheek") that begins on cheeks; later found on the backs of arms and legs. Rash is very fine, lacy pink, and tends to come and go in sunlight or heat.	No exclusion necessary as it is no longer infectious once rash begins.
Hand, Foot, and Mouth Disease (Viral)	Blister like rash in the mouth, on the sides of the tongue, inside the cheeks, and on the gums and may last 7-10 days. In most cases, sores can be found on the palms of the hands, the fingers, and the soles of the feet. A low-grade fever may last 1-2 days.	Until fever is gone and child is well enough to participate in routine daily activities. Sores/rash may still be present.
Head Lice Very small, less than 1/8 inch long, brownish colored insects that live on human heads and lay their eggs (nits) close to the scalp.	Tiny wingless grayish insects. The eggs are nits and attach to hair shafts close to the scalp, behind ears, or back of the head. Itching of head and neck. Look for lice, eggs (nits) glued to head/hair, behind ears, and back of neck..	Until first treatment is completed and no live lice are seen. Nits are NOT considered live lice. PHCC chooses to exclude a child that has evidence of Nits that are clear/white in color, this is an indication that the Nit is live or has hatched. Lice/Nits that are dead appear brown in color.
Scabies	Rash with pink bumps or tiny blisters, commonly between fingers, elbows, & armpits, intense itching which is often worse at night.	Until 24 hours after treatment begins.
Rubella (German Measles)	Low grade fever, swollen glands behind ears and neck. Rash on face that moves head to foot. Swollen joints.	Until 7 days after the rash appeared. See additional guidelines for persons who are unvaccinated.
Impetigo	Typically begins at a break in the skin (cut, insect bite). Sores form on the skin and produce a thick yellow discharge that crusts and sticks to skin.	Until child has been treated with antibiotics for 24 hours and sores are drying.
Measles*	Fever, watery eyes, runny nose, and cough prior to a red blotchy rash appearing on the 3 rd to 7 th day. Rash usually begins on the face, spreads down the trunk and out the extremities, and lasts 4-7 days.	Until 4 days after rash appears. See additional guidelines for persons who are unvaccinated.

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Mumps*	Not all people have symptoms. When symptoms occur, they usually consist of swollen glands, in front of and below the ear; headache, slight fever, and earache.	Until 5 days after swelling begins. See additional guidelines for persons who are unvaccinated.
Methicillin-resistant Staphylococcus aureus (MRSA)	Skin infections with bacteria that are resistant to some antibiotics. Draining sores are present and cannot be completely covered.	If draining sores can be completely covered and contained with a clean, dry bandage.
Streptococcal (Strep) Sore Throat/Scarlet Fever/Perianal Cellulitis	Sudden onset of fever, sore throat, swollen glands, headache, abdominal pain; nausea and vomiting in some cases. With scarlet fever a very fine raised rash is present. The rash appears most often on the neck, chest, in folds of the armpit, elbow, groin, and in the inner thigh. Later there may be peeling of the skin on the fingertips and toes. Perianal Cellulitis: Skin around anus is painful, red, and tender.	Until 24 hours after antibiotic treatment begins and until the child is without fever.
Mononucleosis (mono)	Sore throat, swollen glands, headache, fever, and sometimes a rash. May be very tired.	No exclusion necessary unless the child is unable to participate in routine activities.
Oral Herpes (cold sores, gingivostomatitis)	Blister like sores inside the mouth, gums, lips, and face. Recurrent mild infections appear on lips and face. Sores usually crust and heal within a few days.	No exclusion necessary for mild oral herpes in children who are in control of their mouth secretions. Medical exam indicating child can return, or sores healed.
Chickenpox (occasionally vaccine failure occurs)	Fever and skin rash that comes in crops. Rash begins on the chest, back, under arms, neck, and face; changes from red bumps to blisters and then scabs.	Until all the blisters have dried into scabs, about 6 days after rash began.
Roseola	High fever for 3-7 days as fever breaks, a rash appears on the trunk and neck, and may spread. Seizures may occur with high fevers.	Rule out other rash illness, may return when fever is gone.
Yeast Infection (candidiasis)	Mouth: White, slightly raised patches that may begin on the tongue or inside the cheek (also called Oral Thrush) Diaper Area: A smooth, shiny "fire engine" red rash.	No exclusion necessary.
Signs/Symptoms of Possible Severe Illness	Unusually tired, uncontrolled coughing irritability, persistent crying, difficulty breathing, or wheezing should be evaluated by the health care provider to rule out severe illness.	Until a child is able to participate in activities with reasonable comfort and does not require more care than the program staff can provide without compromising the health and safety of other children.
Pinworm (parasite)	Itching of the anal area, especially at night, irritability, disturbed sleep.	No exclusion necessary.
Rubella (German Measles)	Low grade fever, swollen glands behind ears and neck. Rash on face that moves head to foot. Swollen joints.	Until 7 days after the rash appeared. See additional guidelines for persons who are unvaccinated.

This information above is not inclusive of all children's illnesses. Depending upon individual situations, you may be required to confer with your health care provider regarding the return of your child to the center.

If a child develops any of the above symptoms or other signs of illness or infection while at the Center, he/she will be isolated from the other children. The parent(s)/guardian(s) will be called and asked to take their child home within the hour.

Exclusion policies are mandated through MN DHS Rule 3 and follow recommendations from the MN Public Health Department with information taken from Infectious Disease in Child Care Settings provided by Hennepin County Community Health Department, Epidemiology and Environmental Health.

***Note: For any outbreaks of illnesses such as H1N1, influenza (or others) we will follow MDH recommendations for exclusion.**

3/2020