

CHILD CARE PROVIDER ILLNESS GUIDELINES

**These guidelines refer to child care providers who come into direct contact with children.
A child care provider and other staff should be excluded from work for the following conditions:**

SYMPTOM OR ILLNESS	EXCLUSION AND COMMENTS
DIARRHEA	3 or more episodes during past 24 hours, until diarrhea resolves
FLU SYMPTOMS Fever over 100°F with a cough or sore throat. Other flu symptoms can include fatigue, body aches, vomiting and diarrhea	Until at least 24 hours after there is no longer a fever, without the use of fever-reducing medicine
RASH	Staff should be excluded if rash occurs with fever or joint pain.
RESPIRATORY SYMPTOMS (mild) stuffy nose with clear drainage, sneezing, mild cough	May attend with simple colds. If illness limits staff ability to work and compromises health and safety of children, then exclude.
VOMITING	Until vomiting resolves or a health care provider decides it is not contagious. Observe for other signs of illness.
CHICKEN POX	Until sores have dried and crusted, usually by 6 days
CONJUNCTIVITIS Pink color of eye <i>and</i> thick yellow/green discharge	No unless the staff member meets other exclusion criteria.
FIFTH'S DISEASE	May attend, no longer contagious once rash illness appears
HAND, FOOT AND MOUTH	May attend, If illness limits staff ability to work, then exclude
HEAD LICE AND SCABIES	Until after first treatment is completed
HEPATITIS A	For 1 week after onset, or as directed by health department
HERPES COLD SORES	May attend, if covered and sores are not touched. Staff should not kiss or nuzzle children. Follow hand washing policies.
IMPETIGO (skin infection)	Until treatment has started
PERTUSSIS (whooping cough)	Until 5 days after antibiotic therapy
SHINGLES	May attend, if covered by a dressing until the sores have crusted
STREP THROAT	Until 24 hours after antibiotics and fever free without the use of fever-reducing medicine unless explicitly indicated by a medical provider that it is okay for the staff member to return sooner after starting appropriate antibiotics.

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*, Third Edition, Elk Grove Village, IL 2011
- 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
- American Academy of Pediatrics, *Managing Infectious Diseases in Child Care and Schools*, 4th Edition, Elk Grove Village, IL 2017.
- Colorado Department of Public Health and Environment, Communicable Disease Epidemiology Program, *Infectious Disease in Child Care Settings: Guidelines for Schools and Child Care Providers*, Denver, CO, March, 2016.

