CDC Guidelines ATTACHMENT "A"

Children in Day Care should have plans for responding to reportable and nonreportable communicable diseases in child care programs, and they should provide training, written information, and technical consultation to child care programs. Each day, upon entry of the child at the site, and during continual observation of the child at play, a health screening of each child should be performed by a qualified staff member. Parents should be encouraged to share information about their child's health with child care staff.

Recommendation for Inclusion or Exclusion

Mild illness is very common among children, and most common children should not be excluded from their usual source of care for common respiratory and gastrointestinal illnesses of mild severity. Infectious disease prevention and control strategies are often influenced by the fact that asymptomatically infected persons can transmit certain infectious microorganisms to others. Parents of children in child care and adult child caregivers should be educated as to the infectious disease risks of child care. Much illness risk can be reduced by following common-sense hygienic practices.

Exclusion of children from out-of-home child care setting has been recommended for illnesses known to be transmitted among, by, and to children when exclusion of the child or adult has a potential for reducing the likelihood of secondary cases. Exclusion has also been recommended in cases of serious illness for which a hypothetical risk of transmission exists but for which data at present are insufficient to quantitate the risk. In many situations, the expertise of the program's medical consultant and the responsible local and state public health authorities are helpful in determining the benefits and risks of excluding children from their usual care program.

Child-and caregiver-specific exclusion policies reflect the present state of knowledge. Children need not be excluded for a minor illness **unless** any of the following exists:

- The illness prevents the child from participating comfortably in the program activities.
- The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children.
- The child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of possible severe illness.
- Diarrhea (defined as an increased number of stools compared with the child's normal pattern, with increased stool water and/or decreased form) that is not contained by diapers or toilet use.
- Vomiting two or more times in the previous 24 hours unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration.
- Mouth sores associated with an inability of the child to control his/her saliva, unless the child's physician or local health department authority states that the child is noninfectious.
- Rash with fever or behavior change until a physician has determined the illness not to be a communicable disease.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until examined by a physician and approved for readmission, with or without treatment.
- Tuberculosis, until the child's physician or local health department authority states that the child is noninfectious.
- Impetigo, until 24 hours after treatment has been initiated.
- Streptococcal pharyngitis, until 24 hours after treatment has been initiated, and until the child has been afebrile for 24 hours.
- Head Lice (pediculosis), until the morning after the first treatment.
- Scabies, until after treatment has been completed.
- Varicella, until the sixth day after onset of rash or sooner if all lesions have dried and crusted (see Varicella-Zoster Infections, page 520).
- Pertussis (which is confirmed by laboratory or suspected based on symptoms of the illness or because of cough onset within 14 days of having face-to-face contact with a person in a household or classroom who has a laboratory-confirmed case of pertussis) until 5 days of appropriate antibiotic therapy (currently, erythromycin) has been completed (total course of treatment is 14 days).
- Mumps, until 9 days after onset of parotid gland swelling
- Hepatitis A virus infection until one week after onset of illness and jaundice, if present, has disappeared or until passive immunoprophylaxis (immune serum globulin) has been administered to appropriate children and staff in the program, as directed by the responsible health department.

Certain conditions do not constitute an a priori reason for excluding a child from child care unless the child would be excluded by the above criteria or the disease is determined by a health authority to contribute to transmission of the illness at the program. These conditions include the following: asymptomatic excretion of an enteropathogen; nonpurulent conjunctivitis (defined as pink conjunctiva with a clear, watery eye discharge and without fever, eye pain, or eyelid redness); rash without fever and without behavior change; cytomegalovirus infection; hepatitis B virus carrier state; and HIV infection.