

Children should be excluded from a childcare setting for the following conditions:

- Illness that **prevents the child from participating** comfortably in program activities.
- Illness that results in a **greater need for care** than the staff can provide without compromising the health and safety of other children.
- **Fever, lethargy, irritability, persistent crying, difficult breathing** and/or other manifestations of possible severe illness.
- **Persistent abdominal pain** (continuous for more than two hours) or intermittent abdominal pain associated with fever, dehydration, or other systemic signs or symptoms.
- **Chicken pox (Varicella):** exclude until all lesions have dried and crusted or, in immunized children without crusts, until no new lesions appear within a 24-hour period.
- **Diarrhea:** exclude if:
 - stool not contained in diaper
 - fecal accidents occur in a child normally continent
 - stool frequency exceeds two or more stools above normal for that child
 - stool contains blood or mucus
- **E. coli, shiga toxin-producing (STEC):** exclude until diarrhea resolves and two stool cultures are negative.
- **Haemophilus influenzae type B, invasive (Hib):** exclude until after 24 hours of antibiotic treatment.
- **Hand-Foot-and-Mouth Disease:** exclude until all lesions have dried and crusted or until no new lesions appear within a 24-hour period.
- **Head lice (Pediculosis):** refer for treatment at end of program day and readmit on completion of first treatment.
- **Hepatitis A:** exclude until one week after onset of illness.
- **Impetigo (Streptococcal infection of the skin):** exclude until after 24 hours of antibiotic treatment.
- **Influenza and Influenza-like illness:** exclude if fever is ≥ 100 degrees Fahrenheit in an un-medicated state. If child is medicated, they may return after course of antiviral treatment is complete with a doctor's note. Additional exclusions may be necessary for documented novel strain or pandemic influenza based on state or federal guidance.
- **Measles:** exclude until 4 days after onset of rash.
- **Meningococcal disease (Neisseria meningitidis):** exclude until after 24 hours of antibiotic treatment.
- **Methicillin-resistant Staphylococcus aureus (MRSA):** generally no exclusion; considerations may exist if confirmed MRSA is present from a wound in which drainage is occurring and cannot be covered and contained.
- **Mouth sores:** exclude if associated with drooling, unless a physician has determined it is not a communicable disease.
- **Mumps:** exclude until five days after the onset of parotid gland swelling.
- **Pertussis (Whooping cough):** exclude until completion of five days of recommended course of antibiotic treatment. If appropriate antibiotic treatment is not received, exclude until 21 days after onset of symptoms.
- **Rash (with fever or behavior change):** exclude until a physician has determined it is not a communicable disease.
- **RSV:** exclude 4-6 days from onset of symptoms which include a fever > 100 F or if cough is wheezy and presents a concern for airway compromise.
- **Rubella:** exclude until seven days after onset of rash.
- **Scabies:** exclude until after treatment has been completed.
- **Shigella:** exclude until 24 or more hours after diarrhea resolves.
- **Strep throat (Streptococcal pharyngitis):** exclude until after 24 hours of antibiotic treatment.
- **Tuberculosis:** exclude until a physician, concurring with the SD Department of Health, states the child is not infectious.
- **Vomiting:** exclude if vomiting occurs two or more times in 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration.



2015 Red Book, American Academy of Pediatrics, 30th Edition; 2013 Managing Infectious Diseases in Child Care and Schools, A Quick Reference Guide, American Academy of Pediatrics, 3rd Edition; 2015 Control of Communicable Diseases Manual, American Public Health Association, 20th Edition.