

Too Sick for Day Care?



The following information is intended to use as a guide to help with this decision.

- If a child has had a fever of 100 degrees or more, they should stay home for 24 hours after the temperature returns to normal (without the use of an acetaminophen).
- If a child has vomited or had diarrhea, they should stay home until 24 hours after the last episode.
- If a child has had any rash that may be disease-related or the cause is unknown, check with family physician before sending the child to day care.

DISEASE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION/ MODE OF TRANSMISSION ON COMMUNICABILITY
Chicken Pox	Fever and skin rash that comes in crops. Rash begins on the chest, back, under arms, neck, and face; changes to blisters and then scabs.	Usually 13 – 17 days can be as long as 3 weeks.	Exclude from day care until blisters have dried into scabs, usually about 6 days after the rash appears. Virus spread by direct contact with the blister fluid or by droplets – from the nose and throat of an infected person during sneezing and coughing. Readily communicable. One attack usually confers immunity. DO NOT give aspirin, as there is a risk of Reye Syndrome. Children on immuno-suppressive drugs are at high risk.
Common Cold Respiratory Infections (viral)	Runny nose, sneezing, chills, tiredness, fever, muscle aches, sore throat, cough, which may last 2 – 7 days.	Colds: 1 – 3 days, Other acute respiratory illness: up to 10 days	Exclude from day care until child is without fever for 24 hours and is well enough to participate in normal, daily activities. Different viruses spread directly through coughing, sneezing, and explosive manner of speech in which droplets are cast: indirectly through articles freshly soiled by discharges of infected person.
Influenza	Sudden onset of fever, headache, muscle pain, generalized discomfort, cough and sore throat.	1 – 3 days	Exclude from day care until temperature has been normal for 24 hours and child is well enough to participate in normal activities. Virus spreads directly through coughing, sneezing, and contact with nose or throat discharges of patient.
Lice (head)	Itching of the scalp. Look for 1) crawling lice in the hair, 2) eggs (nits) glued to the hair near the scalp, and 3) scratch marks on scalp or back of neck at hairline.	Nits (eggs) hatch in 6 – 10 days	Exclude from day care until first treatment is completed and no live lice are seen. Considered communicable until treated. Advise exam of household contacts for nits and lice. Louse transmitted primarily by direct contact with infested persons. Lice can also be transmitted through combs, brushes, bedding, wearing apparel, headwear including hair ornaments, helmets, and sleeping bags.
Pink Eye (Conjunctivitis)	<u>Bacterial</u> : pink or red conjunctiva with pus that causes matting of the eyelids, pain or redness of eyelids. <u>Viral</u> : pink conjunctiva with clear watery discharge and without pain or redness of eyelids.	1 – 3 days	Refer for medical diagnosis and treatment if bacterial (with pus), exclude from day care until 24 hours after treatment begins. <u>Viral</u> (without pus): no exclusion. Most are viral in etiology, some bacterial. May be spread through hand eye contact.

DISEASE	SYMPTOMS/SIGNS	INCUBATION PERIOD	EXCLUSION/ MODE OF TRANSMISSION ON COMMUNICABILITY
Hand, Foot and Mouth Disease	Sores occur toward the front of the mouth, on the sides of the tongue, inside the cheeks, and on the gums; 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.	Usually 3 – 5 days.	Exclude until temperature is normal for 24 hours and child is well enough to participate in normal, daily activities. Sores may still be present. Coxsackievirus spread through contact with nose and throat discharge and stool of infected persons. Hand washing important.
Streptococcal Sore Throat/Scarlet Fever	Sudden onset of fever, sore throat, swollen glands, headache, abdominal pain, nausea and vomiting in severe cases. With scarlet fever a very fine raised rash is present. A fuzzy, white tongue may occur. The rash appears most often on the neck, chest, in folds of the armpit, elbow, groin, and the inner thigh. Later there may be peeling of the skin on the fingertips and toes.	Usually 1 – 3 days	Exclude until throat culture report is received. If positive for strep, exclude from day care until 24 hours after antibiotic treatment is started and until clinically well. Communicable until 24 hours after treatment is started. Exclude from day care until temperature has been normal for 24 hours. Bacteria spreads directly from nose and throat discharges of infected persons.
Diarrhea (Infectious) (Rotavirus)	In addition to diarrhea, there may be blood and mucus in the stool. Other symptoms may include nausea, stomach pain, vomiting, and fever. Vomiting, fever and watery diarrhea. Sometimes a cough, runny nose or ear infection is present.	1 day to 4 weeks 1 to 3 days	As long as infectious germs are present in the stool, a person can pass the germs on to other people. Exclude from day care until diarrhea has stopped. Infectious germs leave the body through the stool of an infected person and enter another person when hands, food, or objects (such as toys) contaminated with stool are placed in the mouth. Rotavirus can also spread through droplets from sneezing and coughing. Spread can occur when people do not wash their hands after using the toilet or changing diapers.
Pertusis (Whooping Cough)	Begins with a runny nose, sneezing, possibly a low-grade fever, and mild cough. After a week or two, a persistent cough develops, which may occur in explosive bursts (paroxysmal coughing), sometime ending in a high-pitched whoop and vomiting. Can occur in vaccinated children.	6 to 20 days	Persons remain contagious until three weeks after explosive bursts of coughing begin. Exclusion from day care until 5 days after appropriate antibiotic treatment begins. When a person with pertussis coughs tiny droplets with pertussis bacteria into the air and another person breathes them in.

****For additional information on other childhood diseases, contact the licensing office or consult an infectious disease handbook.**

References Infectious Diseases in Child Care Settings, Fourth Edition, 1998, Epidemiology Program of Hennepin County Community Health Department 2000 Red Book Report of the Committee on Infectious Diseases, American Academy of Pediatrics 25th Edition
2000 Control of Communicable Diseases Manual, James Chin, M.D., Editor, 17th Edition
 Is My Child Well Enough To Go To Day Care?, Anoka-Hennepin Independent Day care District 11, Health Services Staff, February 2002.