

CHILD EXCLUSION POLICY 
Exclusion



WE WILL EXCLUDE CHILDREN WHEN:

The child does not feel well enough to participate comfortably in routine activities.

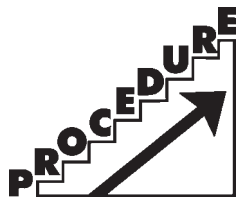
The child care provider cannot care for the child without interfering with the care of other children.

The child has one or more of the conditions listed on EXCLUSION GUIDELINES.

NOTE! The final decision whether to exclude a child from child care is made by the child care staff.

CLUSTER DEFINITION

A cluster is when three or more cases of the same symptoms or contagious disease are closely grouped in time and place.



EACH DAY

During a Daily Health Check, and throughout the day, each provider will check their assigned children to determine if an exclusion is necessary. See EXCLUSION GUIDELINES page F9.



CONTACT PARENT/GUARDIAN

If exclusion is necessary, _____ will contact the parent/guardian to pick up their child if parent/guardian is not present.
staff title/name



WHILE WAITING FOR PARENT/GUARDIAN

1. _____ will separate the child from the other children, supervise and provide comfort (i.e. blanket, pillow etc.).
staff title/name
2. _____ will continue to observe the child for other symptoms and document observations on the ENROLLMENT/ATTENDANCE/SYMPTOM RECORD page F11.
staff title/name

Continued

3. _____ will complete the top portion of the PHYSICIAN EVALUATION form page F13.
staff title/name

4. _____ will call 911 if the child becomes unconscious, has trouble breathing or has a seizure.
staff title/name



WHEN ILL CHILD'S PARENT/GUARDIAN ARRIVES

1. _____ will give the parent/guardian a copy of the PHYSICIAN EVALUATION form.
staff title/name

2. _____ will inform the parent/guardian that they will need:
staff title/name

- a. to bring back the PHYSICIAN EVALUATION form completed before their child may return to the facility.
- b. to call _____ at the facility immediately with the physician's diagnosis.
staff title/name

NOTIFY OTHER PARENT/GUARDIANS AFTER DIAGNOSIS



1. _____ will post the CONTAGIOUS DISEASE ALERT on the front door or parent/guardian bulletin board. See page F15.
staff title/name

2. _____ will copy the FACT SHEET of the specific disease from the Douglas County Health Department's *Infectious Disease Handbook for Child Care Settings*.
staff title/name

3. Copy the PARENT ALERT LETTER (PAL) for the children that may have been exposed. See page F17.



4. When children are transported by this facility, _____ will give the PALs to the driver.
staff title/name

5. The driver will distribute the PALs to parent/guardians at their homes.

6. _____ will give copies to the teacher of the group which was exposed. This teacher will hand copies to parent/guardians as they pick up their children.
staff title/name

WHEN A CLUSTER OCCURS

_____ will contact the child care health consultant for recommendations.
staff title/name

FILE

Place the original PHYSICIAN EVALUATION form in the child's file.

EXCLUSION GUIDELINES



Exclusion of children and staff is necessary if they have the following signs and symptoms:

1. Fever, accompanied by behavior change or other signs or symptoms of illness.

Exclusion Exclude until a medical exam indicates the child/staff may return.



Fever is defined as having a temperature of 100° F or higher taken under the arm or an oral temperature of 101° or greater.

NOTE! Oral temperature should not be taken on children younger than four years of age.

NOTE! Temperatures taken rectally are not recommended in the child care setting.

2. Signs/symptoms of possible severe illness

Exclusion Exclude until a medical exam indicates the child/staff may return.

Signs and symptoms include: Unusually tired, irritability, uncontrolled coughing, persistent crying, difficult breathing, wheezing, seizures, and/or severe stomach pain.

3. Vomiting

Exclusion Exclude the child/staff until vomiting stops and the child is no longer in danger of dehydration (flushed, dry, hot skin; coated tongue; irritability; confusion; not urinating [one wet diaper in an 8 hour period]).



Vomiting is defined as two or more episodes in the previous 24 hours.

4. Diarrhea either uncontrolled or uncontained

Exclusion Exclude until uncontrolled or uncontained diarrhea stops, or until a medical exam indicates that it is not a communicable disease. Exclude if stools contain blood or mucus.



Uncontrolled diarrhea is defined as 5 or more stools in an 8 hour period, an increased number of stools for the child, or watery or bloody stools.



Uncontained diarrhea is defined as 1 loose stool that cannot be contained by the diaper or use of the toilet.

5. Mouth sores with drooling

Exclusion Exclude until a medical exam indicates the symptoms are not contagious.

EXCLUSION GUIDELINES

6. Undiagnosed Rash

Exclusion Exclude until a medical exam indicates that the rash is not a symptom of a communicable disease. Exclude if child has a rash with fever or behavioral change.

7. Eye drainage

Exclusion Exclude until 24 hours after treatment has started and the physician has approved readmission.



Eye drainage is defined as pink or red eyes with white or yellow discharge that causes matting of the eyelids; pain or redness of eyelids.

8. Unusual Color

Exclusion Exclude until a medical exam indicates the symptoms are not of a contagious disease.



Unusual color is defined as yellow eyes or skin; gray or white stool; black or blood colored stool; dark, tea or cola-colored urine.



9. Head lice or nits (eggs). See Lice (head) Fact Sheet.

10. Exclude staff from food handling duties with any of the following conditions:

- Exclusion**
- a. Diarrhea and/or a diagnosed illness due to *Shigella*, *Campylobacter*, *Salmonella typhi*, hepatitis A, or *E. coli O157:H7*.
 - b. Tests positive for one of the above, even if no symptoms are present.
 - c. Fever, vomiting, jaundice, sore throat with fever, or diarrhea (see #4 Diarrhea exclusion guideline).
 - d. Has an open, infected or draining wound that cannot be securely covered.

OR

Because infections spread easily among children, you may exclude children in the following situations.

1. The child does not feel well enough to participate comfortably in the routine activities.

Exclusion Exclude until the child is able to participate comfortably.

2. The child care provider cannot care for the child without interfering with the care of the other children.

Exclusion Exclude until the child feels well enough to participate with the group.

PHYSICIAN EVALUATION FORM

PROGRAM:

PHONE:

CONTACT PERSON:

DATE:

TO BE COMPLETED BY CHILD CARE PROVIDER

CHILD'S NAME _____ DATE OF BIRTH _____

Has Has Not been excluded from our child care setting.

The following signs and/or symptoms have been noted:

- | | | |
|--|--|---|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Bloody diarrhea | <input type="checkbox"/> Skin lesions |
| <input type="checkbox"/> Eye drainage | <input type="checkbox"/> Light stool | <input type="checkbox"/> Mouth sores |
| <input type="checkbox"/> Respiratory signs | <input type="checkbox"/> Dark urine | <input type="checkbox"/> Fever, temp. _____ |
| <input type="checkbox"/> Cough/wheezing | | |

Other concerns in our daily health observation:

For your information, __ cases of _____
have recently been reported in others attending our program.

HEALTH CARE PROVIDER, PLEASE EVALUATE THIS CHILD AND COMPLETE THE REMAINDER OF THIS FORM.

DIAGNOSIS

Diagnosis _____ Not Communicable Communicable

TREATMENT/MEDICATION

Medication _____ Dosage _____
 Other _____

RETURN TO CHILD CARE

May return to child care
 Exclude until _____

COMMENTS: _____

HEALTH CARE PROVIDER SIGNATURE: _____
PHONE NUMBER: _____ DATE: _____

Parent/guardian must return this completed form to the child care program when the child returns.

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CONTAGIOUS DISEASE ALERT KIT INSTRUCTIONS

1. The CONTAGIOUS DISEASE ALERT will be posted when a contagious disease has been diagnosed.
2. Post this CONTAGIOUS DISEASE ALERT in the entry way or in a place it can be clearly seen by all parent/guardians.
3. Find sheet with appropriate DISEASE NAME CARD*.
4. Copy sheet and cut out appropriate DISEASE NAME CARD*.
5. Place the DISEASE NAME CARD * at the top of the ALERT (see sample A below).
6. Insert the appropriate FACT SHEET*** into the clear RED FOLDER** on the ALERT (see sample B below).
7. The front of the FACT SHEET should show through.

ITEM	Where to Find It
* DISEASE NAME CARDS	back pocket of this manual
** RED FOLDER	back pocket of this manual
*** FACT SHEETS	Douglas County Health Department's <i>Infectious Disease Control for Child Care.</i>

NOTICE TO PARENTS
A child at this center has been diagnosed with

FIFTH DISEASE

Please see the director if you would like a copy of this fact sheet.

FIFTH DISEASE

FIFTH DISEASE

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A. Disease Name Card

B. Fact Sheet

Red Folder