



When to Keep Your Child Home from Child Care

In today's world of two-income families and single parents, many young children spend a lot of their time in child care. Many school-age children are in before and after school child care programs, as well.



What's the Policy?

When choosing a child care setting for your child, do not forget to take into account this crucial factor— what is the policy concerning sick children?

To reduce the risk of becoming sick, your child, the child care providers, and all the children being cared for must be up-to-date with the immunizations recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC). To view the most up-to-date immunization schedules, click here ([/English/safety-prevention/immunizations/Pages/Recommended-Immunization-Schedules.aspx](#)).

Common Sickneses in Child Care:

The viruses responsible for colds or the flu cause the most common sicknesses in child care facilities. Even though your child has had immunizations, he or she can get still get viruses causing colds, sore throats, coughs, vomiting, and diarrhea.

Children of any age will experience a lot of infection in their first year of group child care. However, if a first year of child care is during infancy, a child may have as many as 8 to 12 colds more than a child would have if cared for at home without exposure to siblings or other children. During the second year of child care attendance, the number of respiratory illnesses begins to decrease because exposure to so many germs causes rapid development of the immune system. Diarrhea occurs once or twice a year in the typical child.

AAP Child Care Recommendations for Exclusion:

The primary reasons for exclusion from child care or school are that the condition:

- Prevents the child from participating comfortably in activities
- Results in a need for care that is greater than staff members can provide without compromising the health and safety of other children
- Poses a risk of spread of harmful disease to others (*see list of these conditions below*)

Any child with respiratory symptoms (cough, runny nose, or sore throat) and fever should be excluded from their child care program. The child can return after the fever associated with these symptoms has resolved (without the use of fever-reducing medicine ([/English/health-issues/conditions/fever/Pages/Medications-Used-to-Treat-Fever.aspx](#))).

To reduce the risk of becoming sick with the flu, child care providers and all the children being cared for must receive all recommended immunizations, including the flu vaccine ([/english/safety-prevention/immunizations/Pages/Prepare-Your-Family-for-Flu-Season.aspx](#)). The single best way to protect against the flu is to get vaccinated each year. This critically important approach puts the health and safety of everyone in the child care setting first. The flu vaccine is recommended for everyone 6 months of age and older, including child care staff.

Note: Children 6 months through 8 years of age may need two doses spaced one month apart to get the full benefit. These children should receive their first dose as soon as the vaccine is on hand in their community.

Conditions that require exclusion include:

- When the child appears to be severely ill, is not responsive, irritable, persistently crying, having difficulty breathing, or having a quickly spreading rash. [Back to Top](#)
- Fever (temperature above 101°F [38.3°C] by any method) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, or diarrhea). For infants less than 2 months of age, an unexplained fever should be evaluated by a health professional. For these infants younger than 2 months of age, get urgent medical advice for temperature above 100.4°F [38.0°C], whether or not other symptoms are present.
- Diarrhea—Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing "accidents," and for children whose stool frequency exceeds 2 stools above normal per 24-hours for that child while the child is in the program or whose stool contains more than a drop of blood or mucus. Diarrhea is defined by stool which is occurring more frequently and/or is less formed in consistency than usual in the child, and not associated with changes of diet.
- Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable/non-infectious condition and the child is not in danger of dehydration.
- Abdominal pain that continues for more than 2 hours or intermittent abdominal pain associated with fever or other signs or symptoms.
- Mouth sores with drooling that the child cannot control unless the child's primary health care provider or local health department authority states that the child is noninfectious.
- Rash with fever or behavioral changes, until a primary care provider has determined that the illness is not a communicable disease.
- Skin sores that are weeping fluid and are on an exposed body surface that cannot be covered with a waterproof dressing.

Other conditions with specific diagnoses as follows:

- Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until the child has had two doses of a course of an appropriate antibiotic 12 hours apart.
- Head lice, scabies, ringworm until after the first treatment (Exclusion is not necessary before the end of the program day.) Treatment may occur between the end of the program day and beginning of the next day—not requiring any exclusion.
- Chickenpox (varicella) until all lesions have dried or crusted (usually 6 days after onset of rash) and no new lesions have showed for at least 24 hours.
- Rubella, until 7 days after the rash appears
- Pertussis, until 5 days of appropriate antibiotic treatment (21 days if untreated)
- Mumps, until 5 days after onset of parotid gland swelling
- Measles, until 4 days after onset of rash
- Hepatitis A virus infection, until 1 week after onset of illness or jaundice or as directed by the health department

Make Sure You Are Reachable at All Times:

In many child care programs, as well as public and private schools, parents are contacted right away when their child shows signs of even a mild illness, like a cold. In others, children are allowed to continue the regular program as long as they can take part in most activities and do not have a condition that requires exclusion. Either way, be certain that the school or caregiver has a way to reach you at all times—make your phone numbers at home and work available, as well as your cell phone number.

When It's OK to Stay in Child Care:

Except during outbreaks of influenza, as long as the first two criteria are met, children do not need to be excluded for:

- Common colds
- Runny noses (regardless of color or consistency of nasal discharge)
- Coughs

- Yellow, green, white, or watery eye discharge without fever, even if the whites of the eyes are red (pinkeye) [Back to Top](#)
- Eye pain or eyelid redness
- Fever in children older than 4 months above 101°F (38.3°C) from any site-(axillary, oral or rectal) without any signs or symptoms of illness
- Rash without fever and without behavioral changes
- Thrush
- Fifth disease
- All staphylococcal infections including Methicillin-resistant Staphylococcus aureus (MRSA) carriers or children with colonization of MRSA but without an illness that would otherwise require exclusion
- Molluscum contagiosum
- Cytomegalovirus infection
- Hepatitis B virus infection
- HIV infection
- Children who have no symptoms but are known to have a germ in their stools that causes disease—except when they have an infection with a Shiga toxin-producing Escherichia coli (STEC), Shigella, or Salmonella serotype Typhi. In these types of bowel infections, follow health department guidelines for return to care.

Additional Information & Resources:

- [Preventing the Flu: Resources for Parents & Child Care Providers \(/English/safety-prevention/immunizations/Pages/Preventing-the-Flu-Resources-for-Parents-Child-Care-Providers.aspx\)](#)
- [Germ Prevention Strategies \(/English/health-issues/conditions/prevention/Pages/Germ-Prevention-Strategies.aspx\)](#)
- [Hand Washing: A Powerful Antidote to Illness \(/English/health-issues/conditions/prevention/Pages/Hand-Washing-A-Powerful-Antidote-to-Illness.aspx\)](#)
- [Cleaners, Sanitizers & Disinfectants \(/English/health-issues/conditions/prevention/Pages/Cleaners-Sanitizers-Disinfectants.aspx\)](#)
- [Influenza Prevention and Control: Strategies for Early Education and Child Care Programs \(https://www.aap.org/en-us/Documents/disasters_dpac_InfluenzaHandout.pdf\)](https://www.aap.org/en-us/Documents/disasters_dpac_InfluenzaHandout.pdf) (AAP.org)

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