



CHILD CARE AND SCHOOL INFECTIOUS DISEASE EXCLUSION GUIDANCE



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Exclusion of Ill Individuals from Child Care or School

The following table outlines the recommendations from the North Dakota Department of Health (NDDoH) for exclusion for specific diseases. These guidelines should be followed unless a school or child care facility has a more stringent policy in place. For more information about these conditions, please visit www.health.nd.gov/diseases-conditions or call 800-472-2180.

General Exclusion Criteria

Child Care:

Regardless of the disease, children should be excluded from child care if they meet any of the following exclusion criteria:

1. The staff determines that the illness is preventing the child from participating in activities.
2. The staff determines that they cannot care for the sick child without compromising their ability to care for the health and safety of the other children in the group.
3. The child has illness suggested by a fever (temperature at or above 101.0°F any location) along with difficulty breathing, changes in behavior, lethargy, irritability, persistent crying, or progressive rash). Infants younger than two months, exclude if the temperature is at or above 100.4°F with or without behavior change or other symptoms.
4. The child experiences vomiting two or more times in the preceding 24 hours unless determined to be caused by a non-communicable condition and the child is able to remain hydrated and participate in activities.
5. The child has diarrhea and stool is not contained in diaper or if fecal accidents occur in a child who is toilet trained, or if stool frequency exceeds two or more stools above normal for that child, or if stool contains blood or mucus.
6. Persistent abdominal pain (two or more hours) or intermittent abdominal pain associated with fever, dehydration, or other systemic signs and symptoms.
7. Oral lesions if the child is unable to contain oral secretions or if unable to participate because of other symptoms or until the child is considered to be noninfectious.
8. Skin lesions if they are weeping/draining/oozing and unable to be kept covered with a waterproof dressing.

School:

Regardless of the disease, children should be excluded from school if they meet any of the following exclusion criteria:

1. The staff determines the child is unwilling or unable to participate in activities due to illness.
2. The staff determines that they cannot care for the sick child without compromising their ability to care for the health and safety of the other children in the group.
3. The child has illness suggested by a fever (temperature at or above 101.0°F any location) along with difficulty breathing, changes in behavior, lethargy, irritability, persistent crying, or progressive rash fever.
4. The child experiences vomiting two or more times in the preceding 24 hours, unless determined to be caused by a non-communicable condition and the child is able to remain hydrated and participate in activities.
5. The individual has diarrhea and cannot self-contain stool.

If you suspect or know of a child attending your child care center or school that has one of the conditions listed below with a reportable conditions symbol (☎), please call the NDDoH Division of Disease Control at 800-472-2180 to report.

Disease	Child Care Exclusion	School Exclusion	Return
Bacterial meningitis ☎	Yes.	Yes.	When a health professional determines they are no longer contagious.
Bronchitis	No, unless general exclusions apply.	No, unless general exclusions apply.	
Campylobacteriosis (Campylobacter) ☎	No, unless general exclusions apply. Exclude symptomatic staff who handle food.	No, unless general exclusions apply. Exclude symptomatic staff who handle food.	Children and staff can return when diarrhea resolves.

Disease	Child Care Exclusion	School Exclusion	Return
Chickenpox 🦠	<p>Yes, children and staff should be excluded.</p> <p>Exposed children or staff without symptoms do not need to stay home unless chickenpox develops. Disease may be prevented after exposure if unvaccinated individuals are vaccinated within three to five days of being exposed to chickenpox.</p>	<p>Yes, children and staff should be excluded.</p> <p>Exposed children or staff without symptoms do not need to stay home unless chickenpox develops. Disease may be prevented after exposure if unvaccinated individuals are vaccinated within three to five days of being exposed to chickenpox.</p>	<p>Children or staff should be excluded until all blisters have dried into scabs and no new blisters have started for 24 hours or in immunized individuals without scabs, until the blisters are resolving. This usually takes five to six days.</p>
Cholera (<i>Vibrio cholerae</i>) 🦠	<p>No, unless general exclusions apply.</p> <p>Exclude symptomatic staff who handle food.</p>	<p>No, unless general exclusions apply.</p> <p>Exclude symptomatic staff who handle food.</p>	<p>Children and staff can return when diarrhea resolves.</p>
<i>Clostridioides difficile</i>	<p>Yes, children should be excluded.</p>	<p>No, unless general exclusions apply.</p>	<p>Child in child care may return when stools are contained in the diaper or child is able to control diarrhea and stool frequency is no more than two stools above that child's normal frequency.</p>

Disease	Child Care Exclusion	School Exclusion	Return
COVID-19 🦠	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	<p>Children and staff with no symptoms may end isolation after day 5.</p> <p>Children and staff that had symptoms may end isolation after day 5 if:</p> <ul style="list-style-type: none"> • Fever-free for 24 hours (without the use of fever-reducing medication) and • Symptoms are improving. <p>If fever or symptoms have not improved, continue to isolation until they improve.</p> <p>Children and staff with moderate illness (experienced shortness of breath or had difficulty breathing), severe illness (were hospitalized), or who have a weakened immune system, need to isolate through day 10.</p> <p>See Isolation and Precautions for People with COVID-19 CDC for additional isolation considerations and mask use.</p>
Cryptosporidiosis (Crypto) 🦠	No, unless general exclusions apply. Exclude symptomatic staff who handle food.	No, unless general exclusions apply. Exclude symptomatic staff who handle food.	Children and staff can return when diarrhea resolves.
Ear infection	No, unless general exclusions apply.	No, unless general exclusions apply.	


Disease	Child Care Exclusion	School Exclusion	Return
<i>E. coli</i> O157:H7 and all other Shiga toxin-producing <i>E. coli</i> (STEC) 🚫	Yes. Exclude symptomatic staff.	No, unless general exclusions apply. Exclude symptomatic staff who handle food.	Children and staff can return when diarrhea resolves and two consecutive negative stool samples are obtained at least 24 hours apart and 48 hours after completion of antibiotics. Food handlers must be excluded from handling food until the regulatory authority grants approval for their return and two consecutive negative stool samples are obtained at least 24 hours apart and 48 hours after completion of antibiotics or the worker has been asymptomatic for at least seven days.
Flu (Influenza) 🚫	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	Children and staff can return when they are fever free for 24 hours without the use of fever reducing medicine.
Fifth disease	No, unless general exclusions apply.	No, unless general exclusions apply.	

Disease	Child Care Exclusion	School Exclusion	Return
Fungal infections of the skin (Ringworm, Athlete's foot, etc.)	<p>Yes, but not until the end of the day.</p> <p>Children with ringworm can attend child care as long as treatment has been started. When possible, the affected area should be covered.</p> <p>However, all people with fungal infections should be excluded from certain activities that are likely to expose others to the fungus, such as using swimming pools, showers, towels at public gyms, etc.</p>	<p>Yes, but not until the end of the day.</p> <p>Children with ringworm can attend school as long as treatment has been started. When possible, the affected area should be covered.</p> <p>However, all people with fungal infections should be excluded from certain activities that are likely to expose others to the fungus, such as using swimming pools, showers, towels at public gyms, etc.</p>	<p>Athletes with ringworm can compete in matches 72 hours after starting treatment and when the affected area can be covered.</p>
Giardiasis (<i>Giardia</i>)	<p>No, unless general exclusions apply.</p> <p>Exclude symptomatic staff who handle food.</p>	<p>No, unless general exclusions apply.</p> <p>Exclude symptomatic staff who handle food.</p>	<p>Children and staff can return when diarrhea resolves.</p>
Hand, foot & mouth disease (HFMD)	<p>No, unless general exclusions apply.</p>	<p>No, unless general exclusions apply.</p>	
Head lice	<p>Yes, but not until the end of the day.</p>	<p>No.</p>	<p>Exclusion and treatment of children in child care can occur at the end of the day with return the following day after their first treatment.</p> <p>Children can remain in school, but should be treated for lice as soon as possible.</p> <p>Head-to-head contact with other children should be discouraged.</p>

Disease	Child Care Exclusion	School Exclusion	Return
Hepatitis A 🦠	Yes. All symptomatic child care staff should be excluded.	No, unless general exclusions apply. Exclude symptomatic staff who handle food.	Children and staff can return seven days after onset of symptoms. Food handlers must be excluded from handling food until the regulatory authority grants approval for their return and at least seven days have passed since the onset of jaundice or 14 days have passed since the onset of symptoms other than jaundice.
Hepatitis B 🦠	No.	No.	
Hepatitis C 🦠	No.	No.	
Herpes simplex "cold sores"	No, unless child has mouth sores or blisters and does not have control of oral secretions or other exclusions apply.	For primary infections, no, unless child has mouth sores or blisters and does not have control of oral secretions or other exclusions apply. For recurrent infections, no exclusion.	If uncontrolled oral secretions, child may return once mouth sores are gone.
Hib (<i>Haemophilus influenzae</i> type B) 🦠	Yes. Exposed children and staff do not need to be excluded.	Yes. Exposed children and staff do not need to be excluded.	Children should be excluded until a health professional determines they are no longer contagious.
HIV 🦠	No.	No.	
Impetigo	Yes, but not until the end of the day.	Yes, but not until the end of the day.	Children can return after starting treatment and as long as exposed lesions can be covered.

Disease	Child Care Exclusion	School Exclusion	Return
Measles 🦠	<p>Yes, children and staff should be excluded.</p> <p>Exposed persons: Vaccinated people who are not showing symptoms do not need to be excluded.</p> <p>Unvaccinated people who have been exempted from measles immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.</p>	<p>Yes, children and staff should be excluded.</p> <p>Exposed persons: Vaccinated people who are not showing symptoms need not be excluded.</p> <p>Unvaccinated people who have been exempted from measles immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.</p>	<p>Children and staff who are infected with the measles virus can return after the rash has been present for four days.</p> <p>If unvaccinated people are not vaccinated within 72 hours, they should be excluded from all activities until the NDDoH determines it is safe for them to return.</p>
Meningococcal meningitis (<i>Neisseria meningitidis</i>) 🦠	<p>Yes, children and staff should be excluded.</p>	<p>Yes, children and staff should be excluded.</p>	<p>People should be excluded until at least 24 hours after antibiotic therapy was started and the illness has subsided.</p>
Molluscum (<i>Molluscum contagiosum</i>)	<p>No.</p> <p>Covering lesions is not necessary for child care.</p>	<p>No.</p> <p>Children participating in close contact sports, such as wrestling, should cover lesions with dressing followed by under wrap and tape if not covered by clothing.</p>	

Disease	Child Care Exclusion	School Exclusion	Return
Monkeypox 🦠	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	<p>Children and staff who test positive for monkeypox should isolate at home. Isolation precautions should be continued until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.</p> <p>*People identified by public health officials as close contacts of someone with Monkeypox are rated based on low/ intermediate/high risk. Based on risk, individuals may be offered vaccination doses. Asymptomatic close contacts do not need to be excluded but are recommended to self-monitor for symptoms.</p>
Infectious mononucleosis (Mono)	No, unless general exclusions apply.	No, unless general exclusions apply.	
MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>)	No, unless the wound cannot be covered or general exclusions apply.	No, unless the wound cannot be covered or general exclusions apply.	
Mumps 🦠	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	Children and staff should be excluded for five days after symptom onset.
Norovirus	Yes.	Yes.	Children and staff may return 48 hours after diarrhea and/or vomiting has resolved.

Disease	Child Care Exclusion	School Exclusion	Return
Pertussis (Whooping cough) 	<p>Yes, children and staff should be excluded.</p> <p>Symptomatic contacts (contacts with a cough) of pertussis cases also should be excluded from activities until five days of antibiotic treatment are completed.</p> <p>Contacts without symptoms do not need to be excluded.</p>	<p>Yes, children and staff should be excluded.</p> <p>Symptomatic contacts (contacts with a cough) of pertussis cases also should be excluded from activities until five days of antibiotic treatment are completed.</p> <p>Contacts without symptoms do not need to be excluded.</p>	<p>Children and staff may return after they have completed five days of appropriate antibiotics or if they have been coughing for more than 21 days.</p>
Pinkeye	No, unless general exclusions apply.	No, unless general exclusions apply.	
Pinworms	No.	No.	
Pneumonia	No, unless general exclusions apply.	No, unless general exclusions apply.	
Rotavirus	No, unless general exclusions apply.	No, unless general exclusions apply.	Children and staff can return when diarrhea resolves.
RSV (Respiratory syncytial virus)	No, unless child exhibits rapid or labored breathing or general exclusions apply.	No, unless child exhibits rapid or labored breathing or general exclusions apply.	Children can return when they are fever free for 24 hours without the use of fever reducing medicine.

Disease	Child Care Exclusion	School Exclusion	Return
Rubella 🦠	<p>Yes, children and staff should be excluded.</p> <p>Exposed persons: Vaccinated people who are not showing symptoms need not be excluded.</p> <p>Unvaccinated people who have been exempted from MMR immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.</p>	<p>Yes, children and staff should be excluded.</p> <p>Exposed persons: Vaccinated people who are not showing symptoms need not be excluded.</p> <p>Unvaccinated people who have been exempted from MMR immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.</p>	<p>Children and staff should be excluded for seven days after rash onset.</p> <p>If unvaccinated people are not vaccinated within 72 hours, they should be excluded from all activities until the NDDoH determines it is safe for them to return.</p>
Salmonellosis (Nontyphoidal Salmonella) 🦠	<p>No, unless general exclusions apply.</p> <p>Exclude symptomatic staff who handle food.</p>	<p>No, unless general exclusions apply.</p> <p>Exclude symptomatic staff who handle food.</p>	<p>Children and staff can return when diarrhea resolves.</p> <p>Food handlers must be excluded from handling food until the regulatory authority grants approval for their return and two successive negative stool samples are obtained at least 24 hours apart and 48 hours after completion of antibiotics or the worker has been asymptomatic for 30 days.</p>
Scabies 🦠	<p>Yes, children and staff should be excluded, but not until the end of the day.</p>	<p>Yes, children and staff should be excluded, but not until the end of the day.</p>	<p>Children and staff may return when first treatment is complete.</p>

Disease	Child Care Exclusion	School Exclusion	Return
Shigellosis (Shigella) 🦠	Yes.	No, unless general exclusions apply. Exclude symptomatic staff who handle food.	Children and staff can return 24 hours after diarrhea has resolved and one negative stool sample is obtained. Food handlers must be excluded from handling food until the regulatory authority grants approval for their return and two successive negative stool samples are obtained at least 24 hours apart and 48 hours after completion of antibiotics or the worker has been asymptomatic for seven days.
Shingles (Herpes zoster)	No, unless lesions cannot be covered.	No, unless lesions cannot be covered.	Children and staff who are excluded may return after the lesions have crusted.
Strep throat (Group A Streptococcus)	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	Children and staff may return when they have been on appropriate antibiotics for 12 hours.
Streptococcus pneumoniae (invasive) 🦠	No, unless general exclusions apply.	No, unless general exclusions.	
Tuberculosis (TB) 🦠	Yes, children and staff with TB disease should be excluded until cleared to return by a medical provider. Children and staff with latent TB infection can participate in all activities whether they are receiving treatment or not.	Yes, children and staff with TB disease should be excluded until cleared to return by a medical provider. Children and staff with latent TB infection can participate in all activities whether they are receiving treatment or not.	Children and staff with TB disease should be excluded from school and child care until the sputum cultures are negative (about two to four weeks after the beginning of treatment) and cleared to return by a medical provider.

Disease	Child Care Exclusion	School Exclusion	Return
Typhoid Fever (<i>Salmonella Typhi</i> or <i>Paratyphi</i>) 🦠	Yes.	Yes.	Children and staff may return when diarrhea resolves and three consecutive negative stool samples are obtained at least 24 hours apart and 48 hours after antibiotics are completed. Food handlers must be excluded from handling food until the regulatory authority grants approval for their return.
Vibriosis	No, unless general exclusions apply. Exclude symptomatic staff who handle food.	No, unless general exclusions apply. Exclude symptomatic staff who handle food.	Children and staff may return when diarrhea resolves.

Procedure for Excluding a Child

1. Ask the child’s parent or guardian to pick up the child as soon as possible.
2. The teacher or caregiver will provide care for the child in a place where the child will be comfortable and away from other children, while still being supervised. The child should continue to be observed for new or worsening symptoms.
3. Follow the advice of the child’s health care professional or the NDDoH. Excluded children do not always need to have a visit with a health care professional to return to child care or school.
4. Contact the NDDoH if there is a question about a reportable communicable disease. Please call 800-472-2180.
5. Document actions in the child’s file with date, time, symptoms, and actions taken (and by whom); sign and date the document.
6. Sanitize toys, equipment, and surfaces used by the child. Everyone who has been in contact with the child should wash their hands.

Criteria for Excluding Child Care/School Staff

It is important to remember that diseases are not just spread by children to other children, but from staff to children as well as children to staff. Please encourage staff to discuss their health concerns with their health care provider or your facility's health consultant.

References

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www.legis.nd.gov/information/acdata/pdf/33-33-04.1.pdf

North Dakota Century Code, Reportable Diseases, 23-07
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