IOWA | Health and Human Services

Child Illness and Disease Exclusion Criteria for Education and Child Care Settings

To prevent the spread of illnesses in child care and K-12 settings, it is important for children and staff/child care providers to temporarily stay home while sick. Symptom based illness and disease exclusion guidance is provided below to assist in determining when children should be excluded from school and child care.

Symptom-Based Exclusion Criteria

Fever: Exclude if the child has a fever (greater than or equal to 100.4 degrees F [38 degrees C]). Return when fever-free for at least 24 hours without the use of a fever-reducing medicine.

- Temperature readings do not require adjustment for the location where the temperature is taken.
- In education settings, refer to your district's policy regarding fever definition.
- A child with a fever that is explained by a chronic health condition, as documented by a physician or prescribing healthcare provider, does not need to be excluded.

Vomiting: Exclude if vomiting occurs more than twice in the preceding 24 hours. Return when vomiting has resolved overnight, and the child can hold down foods/liquids in the morning.

Diarrhea: Exclude when the child is ill with diarrhea. If the child wears diapers, exclude if stool cannot be contained in the diaper. Return when diarrhea is improving. Bloody diarrhea should be evaluated by a healthcare provider prior to return.

Skin sores: Exclude if sores are draining fluid and cannot be covered by a bandage. Return when sores are crusting and the child is under treatment from a provider.

Respiratory virus symptoms (e.g., influenza, COVID-19, RSV): Exclude if symptoms are not explained by another cause (e.g., seasonal allergies). Return when fever-free for 24 hours without the use of fever-reducing medications **and** symptoms are getting better overall.

General illness: Children with improving symptoms should be able to participate in school or child care unless instructed to stay home by a healthcare provider or a public health professional.

- If a child's needs while sick would interfere with the ability of the school or child care staff to teach and care for other students, or if the child cannot comfortably participate in activities, the child should stay home.
- If a child shows an acute change in behavior: lethargy, lack of responsiveness, irritability, persistent crying, difficulty breathing, or a quickly spreading rash, the child should stay home.
- The child should return when symptoms are improving, and the child can comfortably participate in school or child care activities.

Disease-Specific Exclusion Criteria

Disease	Exclude	Return to Child Care/School
Chickenpox (varicella zoster virus)	Yes.	When all blisters are crusted with no oozing (usually 6 days) and resolution of symptom-based exclusion criteria.
Fifth disease (parvovirus B19)	No. Unless the child meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of symptom-based exclusion criteria.
Hand, foot, and mouth (enteroviruses)	No. Unless the child has uncontrolled drooling with mouth sores or meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of symptom-based exclusion criteria.
Head lice (pediculosis)	No. Unless the child meets other exclusion criteria.	Treatment of an active lice infestation may be delayed until the end of the day. Children do not need to miss school or child care due to head lice. Treatment recommendations: cdc.gov/lice/treatment/
Impetigo (*Staphylococcus* or *Streptococcus*)	Yes. The child can finish the day if lesions can be covered.	The child has been seen by a healthcare provider, antibiotic treatment has been initiated for 12 hours and blisters are covered.
Measles (rubeola)	Yes.	The child may return only on a date specified by public health authorities, 4 days after rash onset and with resolution of symptom-based exclusion criteria.
Molluscum contagiosum	No. Unless the child meets other exclusion criteria.	A skin disease like warts. Do not share towels or clothing and use good hand hygiene.
MRSA and other MDROs (methicillin-resistant *Staphylococcus aureus* and multidrug-resistant organisms)	No. Unless the sores are draining fluid and unable to be covered with a bandage or the child meets other exclusion criteria	The child should be under treatment by a healthcare provider. Sores should be kept covered until crusted and gloves worn during bandage changes. Do not share towels or clothing and use good hand hygiene.
Otitis media (ear infection)	No. Unless the child meets other exclusion criteria.	If excluded due to presence of other exclusion criteria, resolution of symptom-based exclusion criteria.

Disease	Exclude	Return to Child Care/School
Pertussis (whooping cough, *Bordetella pertussis*)	Yes.	The child may return after 5 days of antibiotics (or after cough has been present for 21 days) and resolution of symptom-based exclusion criteria.
Pink eye (conjunctivitis)	No. Unless the child meets other exclusion criteria.	The child does not need to be excluded unless 1) a healthcare provider or public health official recommends exclusion, or 2) child meets other symptom-based exclusion criteria (return at resolution of symptom-based exclusion criteria.)
Ringworm	No. Unless child meets other exclusion criteria.	Treatment of ringworm infection may be delayed until the end of the day. Child may be readmitted after treatment has begun. Cover lesion(s) if possible. Do not share clothing, bedding or personal items.
Strep throat (*Streptococcus pyogenes*)	Yes.	The child may return after 12 hours of antibiotics and resolution of symptom-based exclusion criteria.