



Developing Child Care Exclusion Policies

Examining Legal and Best Practice Considerations for
Pennsylvania Child Care Programs

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Developing Child Care Exclusion Policies

In this session, we will:

- Examine the legal basis for exclusion of a sick child from child care facilities in Pennsylvania
 - Explore practitioner responsibilities
 - Discuss the specific periods of exclusion for certain infectious diseases
- Examine resources for making exclusion determinations
- Review the development of policies on exclusion
- Discuss conflicts / obstacles faced by programs in implementing best practice recommendations



When considering exclusion, we juggle:

- Legal considerations / mandates
- Best practice recommendations
- Concerns for the wellbeing of our children, staff and community



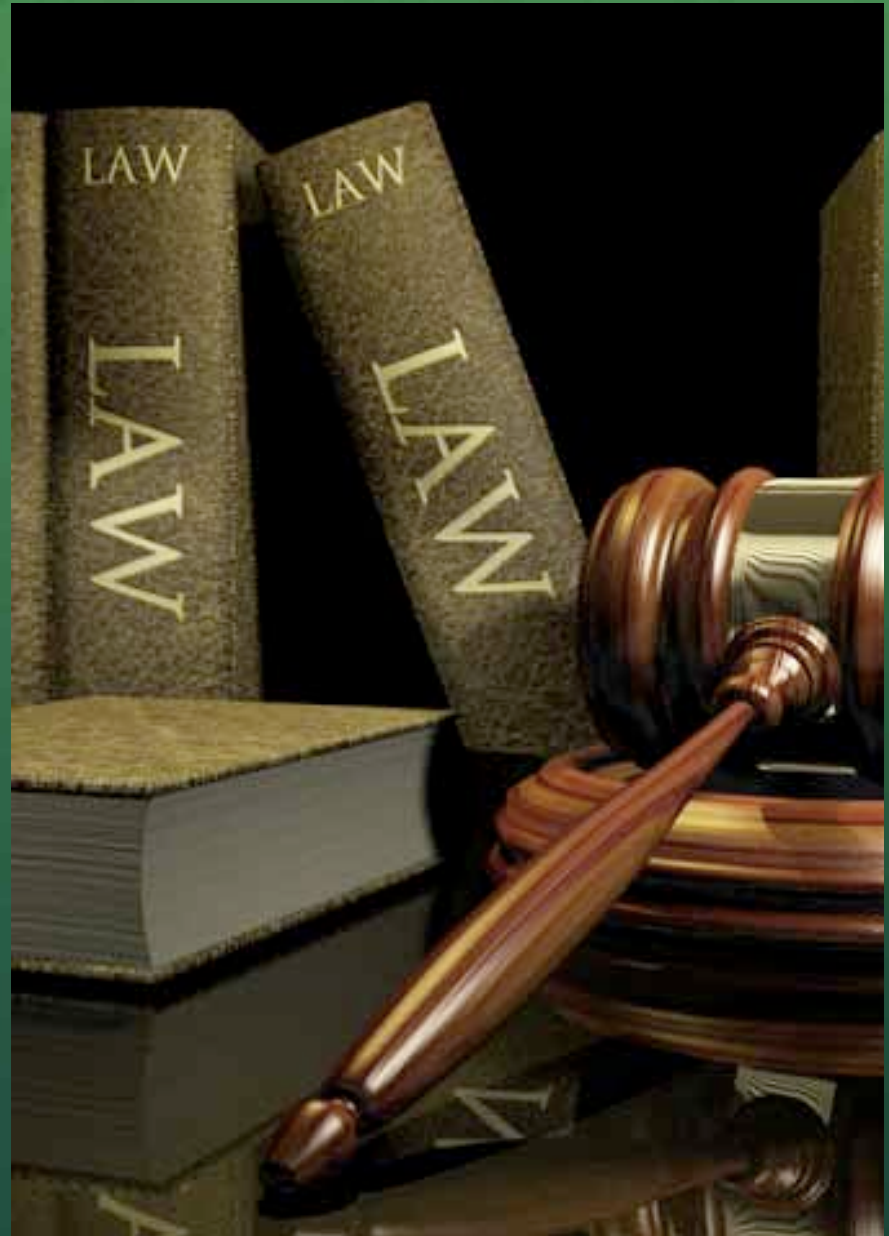
Legal Considerations

The Pennsylvania Code

Title 55, Part V, Subpart D,
Chapter 3270 of the PA Code
offers guidance for center
based child care providers on
a variety of topics, including :

- **Reporting diseases**
§ 3270.136
- **Children with symptoms
of disease**
§ 3270.137

* Group child day care homes are
addressed under Chapter 3280, and
family child day care homes under
Chapter 3290.



§ 3270.136. Reporting diseases

<http://www.pacode.com/secure/data/055/chapter3270/s3270.136.html>

- (a) If an operator allows admission of an ill child, the operator shall receive instructions from the parent for care of the child to assure that the child's needs for rest, attention and administration of medication are met.
- (b) The operator shall inform parents of enrolled children when there is a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency in the opinion of the Department of Health.

§ 3270.136 continued

(c) If a child becomes ill at the facility, the operator shall notify the child's parent as soon as possible.

(d) A facility person who knows of a communicable disease for which 28 Pa. Code Chapter 27 (relating to communicable and noncommunicable diseases) requires reporting, or who knows of a group expression of an illness which may be of public concern, whether or not it is known to be of a communicable nature, shall report it promptly to the appropriate division of the Department of Health as specified in Chapter 27, or to a local department of health.

§ 3270.137. Children with symptoms of disease

<http://www.pacode.com/secure/data/055/chapter3270/s3270.137.html>

An operator who observes an enrolled child with symptoms of a communicable disease or infection that can be transmitted directly or indirectly and which may threaten the health of children in care shall exclude the child from attendance until the operator receives notification from a physician or a CRNP that the child is no longer considered a threat to the health of others. The notification shall be retained in the child's file. **Diseases and conditions which require exclusion are specified in 28 Pa. Code Chapter 27 (relating to communicable and noncommunicable diseases).** The Department of Health will provide, upon request, a list of communicable diseases.

28 PA Code, Chapter 27

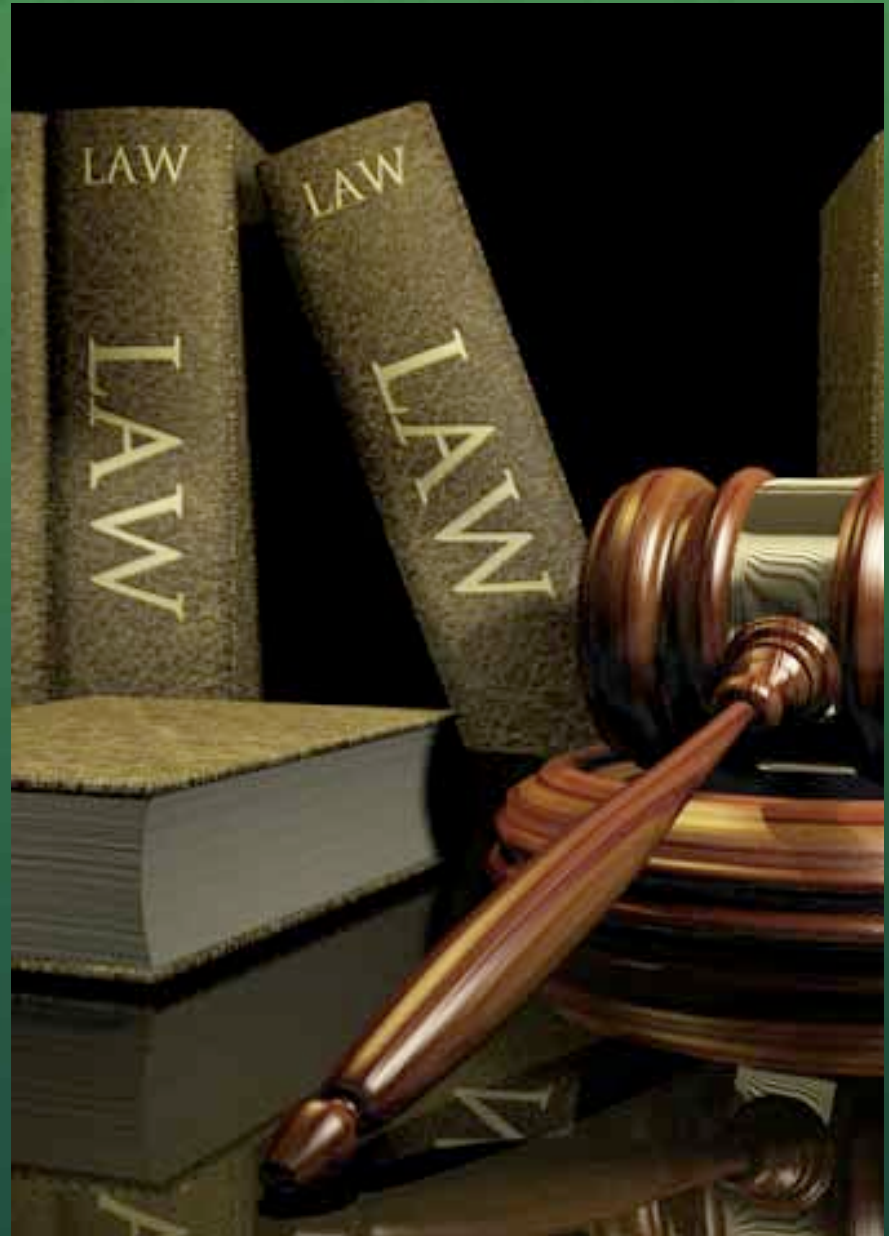
**Communicable and
noncommunicable
diseases**

Subchapter C

Quarantine and Isolation

**Communicable diseases in
children and staff attending
schools and child care group
settings**

[http://www.pacode.com/secure/
data/028/chapter27/chap27toc.ht
ml](http://www.pacode.com/secure/data/028/chapter27/chap27toc.html)



- **§ 27.71. Exclusion of children, and staff having contact with children, for specified diseases and infectious conditions**
- **§ 27.72. Exclusion of children, and staff having contact with children, for showing symptom**
- **§ 27.73. Readmission of excluded children, and staff having contact with children.**
- **§ 27.74. Readmission of exposed or isolated children, and staff having contact with children.**
- **§ 27.75. Exclusion of children, and staff having contact with children, during a measles outbreak.**
- **§ 27.76. Exclusion and readmission of children, and staff having contact with children, in child care group settings.**

§ 27.76. Exclusion and readmission of children, and staff having contact with children, in child care group settings

(a) Sections 27.71—27.75 apply to child care group settings, with the exception that readmission of excluded persons as provided in those sections, as well as provided in this subsection, shall be contingent upon a physician verifying that the criteria for readmission have been satisfied. . . .

§ 27.76 continued

(b) To facilitate the proper exclusion of sick children and staff, the caregiver at a child care group setting shall arrange for the following:

(1) Instruction of staff, including volunteers, regarding exclusion and screening criteria that apply to themselves and attending children.

(2) Instruction of parents and guardians regarding exclusion criteria and that they are to notify the caregiver within 24 hours after it is determined or suspected that a child has an illness or condition for which exclusion is required.

(3) Followup after exclusion of a child by staff at the time the child is brought to the child care group setting to ensure that the condition which required exclusion has been resolved.

Diseases and infectious conditions addressed by § 27.71 the Pa Code include . .

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- (1) Diphtheria. Two weeks from the onset or until appropriate negative culture tests.
- (2) Measles. Four days from the onset of rash. Exclusion may also be ordered by the Department as specified in § 27.160 (relating to special requirements for measles).
- (3) Mumps. Nine days from the onset or until subsidence of swelling.
- (4) Pertussis. Three weeks from the onset or 5 days from institution of appropriate antimicrobial therapy.
- (5) Rubella. Four days from the onset of rash.
- (6) Chickenpox. Five days from the appearance of the first crop of vesicles, or when all the lesions have dried and crusted, whichever is sooner.
- (7) Respiratory streptococcal infections including scarlet fever. At least 10 days from the onset if no physician is in attendance or 24 hours after institution of appropriate antimicrobial therapy.
- (8) Infectious conjunctivitis (pink eye). Until judged not infective; that is, without a discharge.
- (9) Ringworm. The person shall be allowed to return to school, child care or other group setting immediately after the first treatment, if body lesions are covered. Neither scalp nor body lesions that are dried need to be covered.

(10) Impetigo contagiosa. Twenty-four hours after the institution of appropriate treatment.

(11) Pediculosis capitis. The person shall be allowed to return to either the school, child care or other group setting immediately after first treatment. The person shall be reexamined for infestation by the school nurse, or other health care practitioner, 7 days posttreatment.

(12) Pediculosis corpora. After completion of appropriate treatment.

(13) Scabies. After completion of appropriate treatment.

(14) Trachoma. Twenty-four hours after institution of appropriate treatment.

(15) Tuberculosis. Following a minimum of 2 weeks adequate chemotherapy and three consecutive negative morning sputum smears, if obtainable. In addition, a note from the attending physician that the person is noncommunicable shall be submitted prior to readmission.

(16) Neisseria meningitides. Until judged noninfective after a course of rifampin or other drug which is effective against the nasopharyngeal carriage state of this disease, or until otherwise shown to be noninfective.

** The provisions of this § 27.71 amended January 25, 2002, effective January 26, 2002

Source: <http://www.pacode.com/secure/data/028/chapter27/chap27toc.html>

Exclusion is discussed in § 27.72 for the following symptoms . . .

- (1) Mouth sores associated with inability to control saliva.
- (2) Rash with fever or behavioral change.
- (3) Purulent discharge from the eyes.
- (4) Productive cough with fever.
- (5) Oral or axillary temperature equal to or greater than 102° F.
- (6) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of severe illness.
- (7) Persistent vomiting.
- (8) Persistent diarrhea.

Exclusion is not diagnosis . . .

Child care providers do not *diagnose* when they exclude a child from care. But they do make exclusion determinations based on their knowledge of the *symptoms* associated with a range of infectious diseases.

Diagnosis of many of the conditions listed in § 27.71 of the PA Code can only be made by a health care professional such as a physician or an advanced practice nurse.



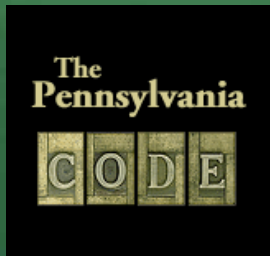
Mandates to report illness

Certain diseases, many of which do require exclusion, are also reportable to the Department of Health. § 27.23 of the PA Code holds child care centers responsible for reporting some diseases within 24 hours of occurrence, and others within 5 days of occurrence. These diseases are listed in § 27.21a.

Dependent upon your location, this means notifying your local office of the PA Department of Health, or a County Health Department.

While physicians, hospitals, and schools also report this information it is important for child care providers to make the Dept. of Health aware of the incidence of reportable diseases in the child care setting.

Resources on Legal Aspects of Exclusion



The Commonwealth of Pennsylvania

The Pennsylvania Code can be found in its entirety online at:

<http://www.pacode.com/index.html>

Contact your OCDEL certification representative if you have questions regarding applying the PA Code in a particular situation.





Best Practice Recommendations

Best Practice is Evolving . . .



As research contributes to an expanded understanding of the nature of disease, and of treatment; best practice recommendations will change over time.

Decisions regarding exclusion can change based on changes in best practice.

For example, § 27.71 and § 27.72 of the PA Code were approved in January 2002. At that time, children or staff with infectious conjunctivitis (pink eye) were to be excluded from the center until judged noninfective – that is without a discharge.

2002



2012

The current editions of *CFOC* and *Managing Infectious Diseases in Child Care and Schools* offer a markedly different opinion on exclusion for conjunctivitis . . .

- Children and staff with conjunctivitis should *not* be excluded from child care unless:
 - a) They are unable to participate in activities;
 - b) Care for other children would be compromised because of the care that the child with conjunctivitis requires;
 - c) The person with conjunctivitis has fever or a change in behavior;
 - d) A health care professional or health department recommends exclusion of the person with conjunctivitis.

2002



2012

Not every illness requires exclusion

Many symptoms/conditions do not necessitate exclusion (but children are frequently excluded because of them). These include:

- The common cold, or a runny nose
- Fever without behavioral changes (unless the child is under 6 mos. of age)
- Rash without fever / behavioral changes
- Thrush
- Fifth Disease
- Cytomegalovirus (CMV) infection

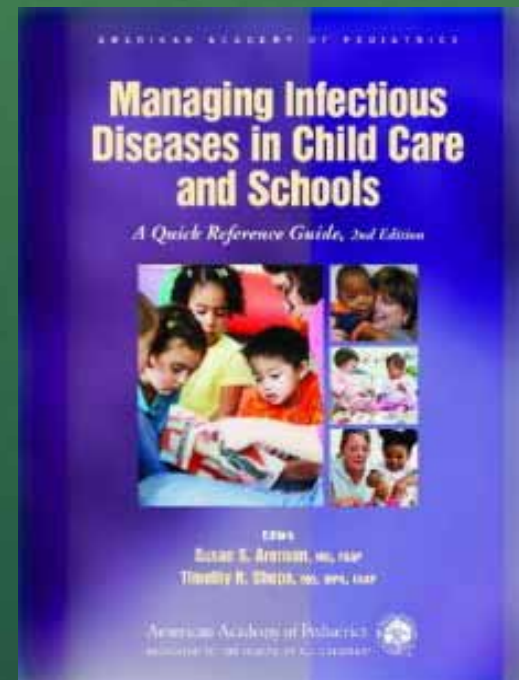
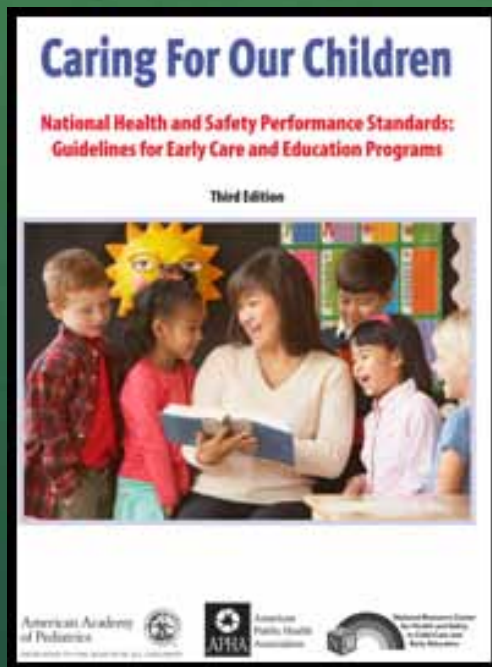
Making a decision to exclude a child from care

The caregiver/teacher should determine if an illness:

- a) Prevents the child from participating comfortably in activities;
- b) Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- c) Poses a risk of spread of harmful diseases to others.



Print resources for guidance on exclusion . . .

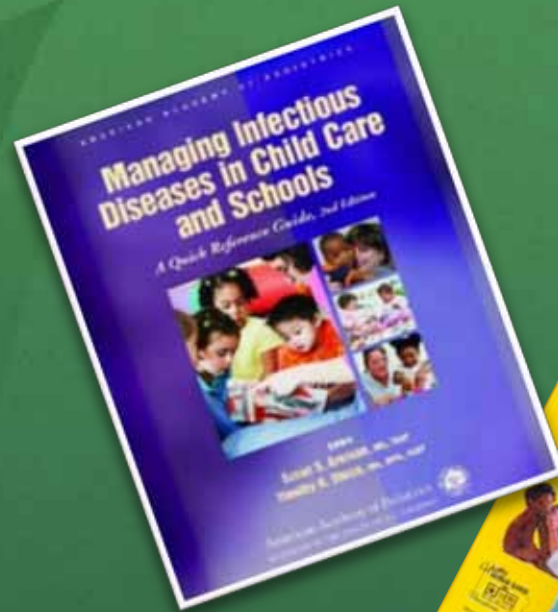




Policy Development

The most current resource is *Caring For Our Children, 3rd Edition*, released in Spring 2011.

- Chapter 3 of CFOC, particularly Section 3.6 on the management of illness, is a wonderful resource for developing policy regarding illness and exclusion.
- Chapter 7 of CFOC deals exclusively with infectious diseases. It includes discussion of a variety of diseases and an exploration of exclusion and re-admission criteria.



Drafting Exclusion Policies . . .

The child care provider (not the child's family) makes the final determination regarding their ability to care for an ill child.

Policy should make this point clear.

Families should be encouraged to plan for alternate arrangements for caring for an ill child, in the event that a provider needs to exclude a child due to an infectious disease.



At enrollment, families should be made aware that the goals of exclusion include: providing an ill child with the most appropriate environment in which to recover; and minimizing the spread of harmful diseases through a child care setting.

Families should be aware that it is their responsibility to share information regarding a child's diagnosis with the child care program once the child has seen their health care provider.

Ideally, a health care provider will provide written information stating when a child may return to group care; if there is a concern that the child presents a health risk to other children in the program.



Exclusion Policies . . .

- Should always be written. Families should be made aware of exclusion policies on their child's enrollment in the program.
- Should be periodically revised to reflect current best practice standards and guidance.
- Should include the responsibilities of the child care program as well as those of families.
- Should be implemented consistently.

Web-based Resources



National Resource Center for Health and Safety in Child Care and Early Education

The complete contents of *Caring For Our Children*, 3rd Edition, is available online at:

<http://nrckids.org/CFOC3/>



Healthy Child Care Pennsylvania

Model Child Care Health Policies, 4th Edition, can be found in its entirety online at:

<http://www.ecels-healthychildcarepa.org/content/MHP4thEd%20Total.pdf>

Telephone or On-Site Resources



The background features a stylized landscape. The top and bottom sections consist of green, triangular mountain peaks of varying shades. A wide, horizontal band of textured yellow-orange color separates the two mountain ranges. The texture of this band resembles a coarse fabric or a heavy brushstroke.

Obstacles in the Path



We can face a variety of hurdles when developing or implementing exclusion policies.

What challenges has your program faced?

How have you met those challenges?

Moving Forward . . .

Use available resources to improve existing policies and procedures.

Keep up to date on changes in best practice.

Promote communication with families, particularly when a child is ill.



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