Exposure Notices

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Exposure Notice

Your child has been exposed to:

CANDIDIASIS (THRUSH)

Signs or symptoms you may see:

- Creamy white patches on tongue, inner cheeks, or gums that do not wipe away easily
- Mouth soreness or fussiness, especially during feeding
- Some infants have difficulty feeding
- A related yeast diaper rash may be bright red with small surrounding spots

What to do if your child shows symptoms:

- Good handwashing
- Consult doctor for treatment
- Wash and sanitize toys, bottles and pacifier nipples after they have been mouthed
- Children should not share mouthed objects unless they are first washed and sanitized
- Replace the toothbrush if a child is using one

When can your child return to child care?

- Thrush alone does not require exclusion if the child is otherwise well enough to participate. Seek treatment advice and clean feeding items appropriately.

Exposure Notice

Your child has been exposed to:

CHICKEN POX

Signs or symptoms you may see:

- Itchy rash that becomes fluid-filled blisters and later crusts over
- Spots may appear in waves, so different stages can be present together
- Fever, tiredness, or reduced appetite may begin before the rash
- Rash often begins on the chest, back, or face and then spreads

What to do if your child shows symptoms:

- Call your doctor. Your doctor can give advice on treatment and care for your child
- Prevent scratching by trimming fingernails and putting gloves on the child during the night
- Calamine lotion or cool sodium bicarbonate baths can help to reduce itching

When can your child return to child care?

- Return when all blisters are dry and crusted, with no oozing (often about six days), and other illness-exclusion criteria have resolved.

Exposure Notice

Your child has been exposed to:

CLOSTRUDIUM DIFFICILE (C-DIFF)

Signs or symptoms you may see:

- Watery diarrhea, often with frequent loose stools
- Abdominal cramps, tenderness, or fever
- Nausea or reduced appetite
- Young children can carry C. difficile without illness, so diagnosis requires clinical evaluation

What to do if your child shows symptoms:

- Child should see a doctor
- Good handwashing
- Good fluid intake
- Good cleaning and sanitizing of environment

When can your child return to child care?

- Exclude while diarrhea is present. Return when diarrhea has resolved or improved sufficiently to meet symptom-based criteria and the healthcare provider advises it is safe.

Exposure Notice

Your child has been exposed to:

COLD SORES

Signs or symptoms you may see:

- Clusters of small, painful fluid-filled blisters on or around the lips
- Tingling, itching, or burning before blisters appear
- Blisters can break, ooze, and crust over
- First infections may include fever, sore mouth, or swollen glands

What to do if your child shows symptoms:

- Keep sores dry and protected
- Wash hands frequently if coming into contact with sores
- Do not allow children to share toys
- Cold sores are highly contagious

When can your child return to child care?

- No routine exclusion if the child can participate and sores can be managed hygienically. Exclude if uncontrolled drooling or uncovered draining sores create a risk, or other illness criteria apply.

Exposure Notice

Your child has been exposed to:

COMMON COLD

Signs or symptoms you may see:

- Runny or stuffy nose and sneezing
- Sore throat and cough
- Mild fever can occur, especially in younger children
- Watery eyes, reduced appetite, or mild tiredness

What to do if your child shows symptoms:

- Child needs plenty of rest
- Ask doctor about using over the counter pain or fever medications
- Children and caregivers should wash their hands regularly.

When can your child return to child care?

- No exclusion for a mild cold without fever if the child can participate. After a febrile respiratory illness, return when fever-free for 24 hours without fever-reducing medicine and symptoms are improving overall.

Exposure Notice

Your child has been exposed to:

COVID-19

Signs or symptoms you may see:

- Fever or chills
- Cough, sore throat, or stuffy/runny nose
- Fatigue, headache, or muscle/body aches
- New loss of taste or smell (less common in some children)
- Nausea, vomiting, or diarrhea
- Shortness of breath or difficulty breathing (seek urgent medical care)

What to do if your child shows symptoms:

- Child should be seen by doctor
- Child needs plenty of rest
- Ask doctor about using over the counter pain or fever medication
- Children and caregivers should wash their hands regularly.

When can your child return to child care?

- Return when fever-free for at least 24 hours without fever-reducing medicine, symptoms are improving overall, and the child can participate comfortably.

Exposure Notice

Your child has been exposed to:

CROUP

Signs or symptoms you may see:

- Distinctive barking or seal-like cough
- Hoarse voice and sometimes fever or runny nose
- Noisy, high-pitched breathing when breathing in (stridor)
- Breathing difficulty, stridor at rest, or bluish lips require urgent evaluation

What to do if your child shows symptoms:

- Child should see a doctor

When can your child return to child care?

- Return when fever-free for 24 hours without fever-reducing medicine, breathing is comfortable, respiratory symptoms are improving, and the child can participate.

Exposure Notice

Your child has been exposed to:

CRYPTOSPORIDIOSIS (CRYPTO)

Signs or symptoms you may see:

- Watery diarrhea, sometimes lasting for days or longer
- Stomach cramps or pain
- Nausea, vomiting, fever, or loss of appetite
- Dehydration or weight loss can occur
- Some infected children have no symptoms

What to do if your child shows symptoms:

- Take child to the doctor
- Doctor may prescribe medication
- Wash hands after using the restroom and before handling food
- Make sure infants and children's hands are washed after diapering or going to the restroom

When can your child return to child care?

- Exclude while diarrhea is present. Return only when diarrhea has resolved and public health or the healthcare provider confirms applicable child-care exclusion requirements have been met. Avoid swimming for two weeks after diarrhea stops.

Exposure Notice

Your child has been exposed to:

CYTOMEGALOVIRUS (CMV)

Signs or symptoms you may see:

- Most healthy children have no noticeable symptoms
- If symptoms occur: fever, fatigue, sore throat, or swollen glands
- Congenital CMV may cause hearing problems or other developmental concerns
- Symptoms and severity depend on the timing of infection

What to do if your child shows symptoms:

- Good handwashing, especially for women of childbearing age/pregnant women
- Practice good Universal Precautions
- Wear disposable gloves when handling sheets or clothing soiled with the feces or urine of the ill child
- Avoid kissing the ill child on the lips or letting the child put his fingers or hands in another person's mouth
- Do not share cups or eating utensils

When can your child return to child care?

- No exclusion is needed solely for CMV if the child is otherwise well. Follow standard precautions for saliva and urine, especially around pregnant caregivers.

Exposure Notice

Your child has been exposed to:

DIARRHEA

Signs or symptoms you may see:

- Stools that are looser, more watery, or more frequent than normal for your child
- May be accompanied by stomach cramps, fever, nausea, or vomiting
- Signs of dehydration include fewer wet diapers, dry mouth, or few tears
- Blood in stool, severe pain, or signs of dehydration need medical evaluation

What to do if your child shows symptoms:

- Make sure the child gets plenty of rest and offer a diet of clear liquids
- Breastfeeding can continue
- If symptoms persist, fever occurs or if blood appears in stool, call your doctor
- Children and caregivers should wash their hands regularly.

When can your child return to child care?

- Return after being free of diarrhea for at least 24 hours and stool can be contained in a diaper or the toilet-trained child is not having accidents. Bloody diarrhea requires medical evaluation; certain infections have stricter public health rules.

Exposure Notice

Your child has been exposed to:

ERYTHEMA INFECTIOSUM (FIFTH DISEASE)

Signs or symptoms you may see:

- Bright red “slapped-cheek” rash on the face
- Lacy, pink/red rash on trunk, arms, or legs
- Mild fever, runny nose, headache, or tiredness may occur before rash
- Some children have no symptoms; rash may fade and reappear

What to do if your child shows symptoms:

- Good handwashing and personal hygiene
- Treat symptoms with over-the-counter medications/treatments as needed

When can your child return to child care?

- No exclusion is required solely for fifth disease after the rash appears if the child is well enough to participate; follow other symptom-based criteria.

Exposure Notice

Your child has been exposed to:

ESCHERICHIA COLI (E-COLI)

Signs or symptoms you may see:

- Stomach cramps and diarrhea, which may become bloody
- Nausea or vomiting; fever may be absent or mild
- Reduced urination, unusual tiredness, or paleness are warning signs for complications
- Severe bloody diarrhea or signs of dehydration need prompt evaluation

What to do if your child shows symptoms:

- Child should be seen by a doctor
- Contact public health authorities
- Good handwashing
- Sanitize or dispose of contaminated items

When can your child return to child care?

- For Shiga toxin-producing E. coli (STEC), exclude until diarrhea resolves and Iowa public health requirements for two consecutive negative stool specimens are met. Do not apply ordinary diarrhea return rules to STEC.

Exposure Notice

Your child has been exposed to:

FEVER

Signs or symptoms you may see:

- Body temperature of 100.4°F (38°C) or higher
- Child may feel warm, shiver, sweat, or seem tired or irritable
- May occur with cough, rash, vomiting, diarrhea, or other symptoms
- A fever in an infant younger than 2 months needs urgent medical evaluation

What to do if your child shows symptoms:

- Call your doctor if your child is uncomfortable or has a change in behavior
- For an infant younger than 2 months with a temperature of 100.4°F (38°C) or higher, seek urgent medical advice.

When can your child return to child care?

- Return after at least 24 hours fever-free without fever-reducing medicine, when well enough to participate.

Exposure Notice

Your child has been exposed to:

GIARDIA

Signs or symptoms you may see:

- Diarrhea, sometimes greasy or foul-smelling
- Gas, bloating, and abdominal cramps
- Nausea, fatigue, or reduced appetite
- Some infected children have no symptoms
- Prolonged illness may cause weight loss or dehydration

What to do if your child shows symptoms:

- Take your child to the doctor
- Doctor may prescribe medication
- Frequently wash hands, especially after using the bathroom and before handling food
- Make sure child's hands are washed after diapering or using the bathroom

When can your child return to child care?

- Exclude while diarrhea is present. Return when diarrhea is not present and the child meets symptom-based criteria; follow healthcare provider or public health instructions for a confirmed infection.

Exposure Notice

Your child has been exposed to:

HAEMOPHILUS INFLUENZAE TYPE B (HIB)

Signs or symptoms you may see:

- Symptoms depend on the site of infection
- Serious infection can cause fever, lethargy, or irritability
- Meningitis may cause stiff neck, headache, vomiting, or unusual sleepiness
- Airway infection can cause trouble breathing, drooling, or difficulty swallowing
- Suspected invasive Hib disease requires urgent medical care

What to do if your child shows symptoms:

- Child needs to be seen by a doctor
- Consult public health department
- Cover cough
- Good handwashing
- Child needs to stay current on age appropriate Hib immunizations

When can your child return to child care?

- For invasive Hib disease, exclude until at least 24 hours of effective antibiotic treatment and clearance by healthcare provider/public health authorities. Close contacts may need preventive medication.

Exposure Notice

Your child has been exposed to:

HAND FOOT AND MOUTH DISEASE

Signs or symptoms you may see:

- Fever, sore throat, or reduced appetite
- Painful mouth sores that may make eating or drinking difficult
- Small red spots or blisters on palms, soles, or sometimes buttocks, arms, or legs
- Drooling in young children because swallowing hurts
- Dehydration may develop if a child cannot drink enough fluids

What to do if your child shows symptoms:

- Frequent handwashing, especially after diapering or using the restroom
- Consult your child's healthcare professional if symptoms are concerning.

When can your child return to child care?

- Your child may return when fever-free, well enough to participate in normal activities, and free of open sores and uncontrolled drooling caused by mouth sores. Additional restrictions may apply during an outbreak, as directed by public health officials. .

Exposure Notice

Your child has been exposed to:

HEAD LICE

Signs or symptoms you may see:

- Live crawling lice on scalp or in hair
- Itching of the scalp, especially behind ears and at the back of the neck
- Nits (eggs) attached firmly to hair shafts close to the scalp
- Scratch marks or scalp irritation; some children have no itching

What to do if your child shows symptoms:

- Treat the child using an over-the-counter medicated head-lice shampoo, shampoo and conditioner (refer to the IDPH Lice Brochure)
- Use a nit comb as part of the 14-day treatment
- Avoid head-to-head (hair-to-hair) contact during play and activities
- Do not share clothing, such as hats, scarves, coats, hair ribbons, barrettes, combs, brushes or towels
- Machine wash and dry clothing, bed linens and other items that the child wore or used during the two days before treatment, using hot water (130 degrees or more) and the high heat drying cycle
- Clothing and items that are not washable may be dry-cleaned or sealed in a plastic bag and stored for 2 weeks
- Thoroughly vacuum floor and furniture, particularly where the child sits or lays
- Do not use fumigant sprays or fogs

When can your child return to child care?

- Child can return to childcare when there are no signs of lice (bugs) or eggs (nits).

Exposure Notice

Your child has been exposed to:

HEPATITIS

Signs or symptoms you may see:

- Symptoms vary by hepatitis virus; some children have no symptoms
- Fatigue, poor appetite, nausea, vomiting, or stomach pain
- Fever or dark urine and pale stools
- Yellow skin or whites of eyes (jaundice) can occur
- Type of hepatitis must be identified by a health professional

What to do if your child shows symptoms:

- Child needs to be seen by a doctor

When can your child return to child care?

- Return depends on the type of hepatitis. Obtain condition-specific clearance.

Exposure Notice

Your child has been exposed to:

HERPES ZOSTER (SHINGLES)

Signs or symptoms you may see:

- Pain, itching, or tingling in one area of skin
- Grouped fluid-filled blisters, often in a band on one side of the body
- Rash typically crusts over after several days
- Fever or headache may occur; shingles near the eye needs prompt evaluation

What to do if your child shows symptoms:

- Child should consult a doctor for treatment
- Good handwashing
- Keep the rash covered
- Avoid touching or scratching the rash
- Wet compresses, calamine lotion, and colloidal oatmeal baths may help relieve some of the itching

When can your child return to child care?

- Return or attend if localized lesions can be completely covered and the child is otherwise well; if lesions cannot be covered or disease is widespread, seek clinician/public health guidance.

Exposure Notice

Your child has been exposed to:

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Signs or symptoms you may see:

- Children with HIV may have no noticeable symptoms for years
- When symptomatic: poor growth, enlarged lymph nodes, recurring fever, or prolonged diarrhea
- Frequent or unusually severe infections may occur without treatment
- Symptoms alone cannot diagnose HIV; laboratory testing is necessary

What to do if your child shows symptoms:

- Child needs to be seen by doctor
- Consult public health department
- Universal Precautions should be followed when blood or blood-containing body fluids are handled
- Good cleaning and sanitizing/disinfecting

When can your child return to child care?

- HIV status alone is not a reason to exclude a child from care. Apply the same symptom-based criteria used for other children and maintain confidentiality; coordinate individualized care needs with the family and healthcare provider.

Exposure Notice

Your child has been exposed to:

IMPETIGO

Signs or symptoms you may see:

- Red sores or blisters that break open and form honey-colored crusts
- Often appears around the nose or mouth but can occur elsewhere
- Sores may itch or spread with scratching
- Some infections produce larger, fluid-filled blisters

What to do if your child shows symptoms:

- Child needs to be seen by a doctor
- Take medication as prescribed by doctor
- Children and caregivers should wash their hands regularly.

When can your child return to child care?

- Return after evaluation by a healthcare provider, at least 24 hours after appropriate antibiotic treatment has started, with blisters/lesions covered.

Exposure Notice

Your child has been exposed to:

INFLUENZA

Signs or symptoms you may see:

- Fever or chills (not every child has fever)
- Cough, sore throat, or runny/stuffy nose
- Headache, muscle/body aches, or marked tiredness
- Vomiting or diarrhea can occur, especially in children
- Difficulty breathing or signs of dehydration require prompt care

What to do if your child shows symptoms:

- Child needs plenty of rest
- Ask doctor about using over the counter pain or fever medication
- Children and caregivers should wash their hands regularly.

When can your child return to child care?

- Return when fever-free for at least 24 hours without fever-reducing medicine, respiratory symptoms are improving overall, and the child can participate comfortably.

Exposure Notice

Your child has been exposed to:

LYME DISEASE

Signs or symptoms you may see:

- Expanding red rash that may or may not have a bull's-eye appearance
- Fever, chills, headache, fatigue, or muscle and joint aches
- Swollen lymph nodes may occur
- Later symptoms may include facial weakness or swollen, painful joints
- Not every child develops or notices a rash

What to do if your child shows symptoms:

- If present, remove the tick using tweezers and pulling straight back
- Do not handle tick with bare hands and wash hands after removing tick
- Child needs to be seen by a doctor-bring the tick to the appointment
- Consult public health department

When can your child return to child care?

- No exclusion is needed solely for Lyme disease, which is not spread person to person, if the child is well enough to participate.

Exposure Notice

Your child has been exposed to:

MENINGITIS

Signs or symptoms you may see:

- Fever, headache, and stiff neck (symptoms can vary by age)
- Nausea, vomiting, sensitivity to light, or confusion
- Infants may have poor feeding, unusual sleepiness, irritability, or a bulging soft spot
- Seizures, difficulty waking, or a rapidly appearing purple rash are emergency warning signs
- Suspected meningitis requires immediate emergency medical evaluation

What to do if your child shows symptoms:

- Child needs to be seen by a doctor immediately

When can your child return to child care?

- Do not return until the treating healthcare provider and, where applicable, public health officials determine that return is safe; requirements depend on the cause.

Exposure Notice

Your child has been exposed to:

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Signs or symptoms you may see:

- Skin infection may appear as a red, swollen, painful, warm bump or sore
- May look like a pimple or boil and contain pus or drainage
- Fever can occur with more serious infection
- Symptoms depend on where the infection occurs; a laboratory test may be needed

What to do if your child shows symptoms:

- The child should see a doctor
- Good handwashing
- Avoid sharing personal items, such as towels
- Cover open or draining sores or boils
- Universal precautions should be followed when blood or blood-containing body fluids are handled

When can your child return to child care?

- No routine exclusion for MRSA if the child is otherwise well. Draining sores must be fully covered and the child should be under a healthcare provider's care; exclude if drainage cannot be covered or other illness criteria apply.

Exposure Notice

Your child has been exposed to:

MOLLUSCUM CONTAGIOSUM

Signs or symptoms you may see:

- Small, firm, round skin bumps that may be skin-colored, white, or pink
- Bumps often have a tiny dimple in the center
- Usually painless but sometimes itchy, red, or inflamed
- May appear in clusters on the trunk, arms, legs, or elsewhere

What to do if your child shows symptoms:

- Good handwashing
- Do not share towels
- Do not scratch the bumps
- Apply cold compresses for itching

When can your child return to child care?

- No exclusion is required solely for molluscum. Cover bumps when practical, avoid sharing towels, and follow general illness criteria.

Exposure Notice

Your child has been exposed to:

MONONUCLEOSIS (MONO)

Signs or symptoms you may see:

- Pronounced fatigue, fever, and sore throat
- Swollen glands in the neck or elsewhere
- Enlarged tonsils, headache, or body aches
- Sometimes an enlarged spleen or a rash
- Young children may have few or no symptoms

What to do if your child shows symptoms:

- Child should see a doctor for diagnosis, especially those with very hoarse throats/swollen glands
- Do not share food or drink with the infected child
- Do not kiss infected child
- Clean and sanitize toys after use by infected children
- Child should rest

When can your child return to child care?

- No routine exclusion if the child is well enough to participate and meets fever and other symptom-based criteria. Avoid activities with risk of abdominal injury until cleared by a clinician.

Exposure Notice

Your child has been exposed to:

MUMPS

Signs or symptoms you may see:

- Swelling and tenderness of salivary glands near one or both ears/jaw
- Fever, headache, fatigue, or muscle aches
- Pain while chewing or swallowing, or reduced appetite
- Some people have mild symptoms or no gland swelling

What to do if your child shows symptoms:

- Child should be seen by a doctor
- Report it to the local health department
- Ensure age-appropriate MMR immunizations.

When can your child return to child care?

- Exclude until at least five days after swelling begins, or until swelling resolves if longer, and follow public health guidance; exposed unvaccinated children may require exclusion.

Exposure Notice

Your child has been exposed to:

PERTUSSIS (WHOOPING COUGH)

Signs or symptoms you may see:

- Early symptoms resemble a cold: runny nose, mild cough, and sometimes low fever
- After 1–2 weeks, repeated severe coughing fits may develop
- A whooping sound, gasping, or vomiting after coughing may occur
- Infants may have pauses in breathing (apnea) with little or no cough
- Breathing problems or blue/gray color need emergency evaluation

What to do if your child shows symptoms:

- Child should consult a doctor for treatment
- Good fluid intake to prevent dehydration

When can your child return to child care?

- Exclude until five full days of appropriate antibiotics are completed, or until 21 days after cough onset if untreated, and other symptom-based return criteria are met.

Exposure Notice

Your child has been exposed to:

PINK EYE

Signs or symptoms you may see:

- Pink or red color in one or both eyes
- Watery eyes or thick discharge that may crust on eyelashes
- Itching, burning, or gritty feeling in the eyes
- Swollen eyelids or sensitivity to light
- Eye pain, vision changes, or marked light sensitivity require prompt medical evaluation

What to do if your child shows symptoms:

- Child with fever should be seen by a doctor
- Child without fever should continue to be watched by parents

When can your child return to child care?

- Child may return to care 24 hours after starting prescribed medication or when cleared by the treating physician.

Exposure Notice

Your child has been exposed to:

PINWORMS

Signs or symptoms you may see:

- Itching around the anus, especially at night
- Disturbed sleep, restlessness, or irritability
- Tiny white thread-like worms may be seen near the anus at night
- Some children have no symptoms

What to do if your child shows symptoms:

- Child should be seen by a doctor for diagnosis and treatment
- Good handwashing and personal hygiene
- Frequent changes of undergarment and bed linens first thing in the mornings
- Launder bed linens, clothing and pajamas in hot water and dry using hot cycle
- Frequent cleaning and vacuuming floors of bedrooms and bathrooms
- Keep toilet seats clean

When can your child return to child care?

- Usually may return after treatment is started, if the child is well enough to participate; reinforce handwashing and laundering and follow clinician advice.

Exposure Notice

Your child has been exposed to:

PNEUMONIA

Signs or symptoms you may see:

- Cough, fever, or chills
- Fast breathing or difficulty breathing
- Chest discomfort, fatigue, or reduced activity
- In young children: poor feeding, unusual sleepiness, or irritability
- Blue lips, severe breathing difficulty, or inability to stay awake require emergency care

What to do if your child shows symptoms:

- Child should be seen by a doctor

When can your child return to child care?

- Return when fever-free for 24 hours without fever-reducing medicine, respiratory symptoms are improving, and the child can participate comfortably; follow the treating clinician’s instructions.

Exposure Notice

Your child has been exposed to:

RINGWORM

Signs or symptoms you may see:

- Circular or ring-shaped, scaly, itchy patches on skin
- Patch may have a raised edge with clearer skin in the center
- Scalp infection can cause scaling, broken hairs, or patchy hair loss
- Appearance varies, and not every rash forms a perfect ring

What to do if your child shows symptoms:

- Child needs to be seen by a doctor
- Cover the area to prevent spreading of fungus
- Ringworm spreads by direct skin to skin contact
- Do not let your child share personal items (combs, brushes, clothing, towels, bedding)
- Dry skin thoroughly after washing and wash bathroom surfaces and toys daily

When can your child return to child care?

- Children may finish the day; start appropriate treatment before returning the next care day. Cover lesions when possible; exclude only for other illness criteria.

Exposure Notice

Your child has been exposed to:

ROSEOLA

Signs or symptoms you may see:

- Sudden high fever, often lasting 3–5 days
- Child may be irritable or have a runny nose or swollen neck glands
- Pink, small spots or patches usually appear as fever subsides
- Rash often starts on the trunk and spreads to the neck and arms
- Some children have a fever-related seizure

What to do if your child shows symptoms:

- Frequent handwashing
- Keep child comfortable
- Contact doctor, medication may be prescribed for fever relief

When can your child return to child care?

- Return when fever-free for at least 24 hours without fever-reducing medicine and the child can participate; the rash alone does not normally require exclusion.

Exposure Notice

Your child has been exposed to:

ROTAVIRUS

Signs or symptoms you may see:

- Watery diarrhea and vomiting
- Fever, stomach pain, or reduced appetite
- Dehydration can cause fewer wet diapers, dry mouth, or unusual sleepiness
- Symptoms may be more severe in infants and young children

What to do if your child shows symptoms:

- Good handwashing
- Good cleaning and sanitizing
- Good fluid intake to prevent dehydration
- Up to date on age-appropriate Rotavirus vaccinations (for infants)

When can your child return to child care?

- Return when diarrhea has improved and is contained, vomiting has resolved overnight, and the child can eat/drink and participate comfortably.

Exposure Notice

Your child has been exposed to:

RSV

(Respiratory Syncytial Virus)

Signs or symptoms you may see:

- Runny nose, congestion, sneezing, or cough
- Reduced appetite, fever, or wheezing
- Young infants may show only irritability, reduced activity, or trouble breathing
- Fast breathing, chest retractions, pauses in breathing, or blue/gray lips are urgent warning signs

What to do if your child shows symptoms:

- Child should be seen by a doctor
- Frequent hand washing
- Avoid contact with an infant or child if you have a cold or fever
- Do not allow smoking near infant or child with RSV
- RSV is highly contagious and spread very easily
- Touching, kissing and shaking hands with an infected person can spread RSV
- RSV is also spread through the air by sneezing or coughing

When can your child return to child care?

- Return when fever-free for 24 hours without fever-reducing medicine, symptoms are improving overall, and the child can participate comfortably.

Exposure Notice

Your child has been exposed to:

RUBELLA

Signs or symptoms you may see:

- Mild fever and a pink/red rash beginning on the face
- Rash spreads downward and usually lasts about three days
- Swollen lymph nodes behind ears or at back of neck
- Runny nose or red eyes; some infections cause no symptoms

What to do if your child shows symptoms:

- Child needs to be seen by a doctor
- Consult public health department
- Cover cough
- Good handwashing
- The child should be current on MMR vaccinations

When can your child return to child care?

- Exclude for at least seven days after rash onset; consult public health for case and exposure management and return clearance.

Exposure Notice

Your child has been exposed to:

RUBEOLA (MEASLES)

Signs or symptoms you may see:

- High fever, often with cough, runny nose, and red/watery eyes
- Small white spots inside the mouth may appear early
- Red blotchy rash typically starts on the face and spreads downward
- Symptoms generally begin 7–14 days after exposure; call ahead before seeking in-person care

What to do if your child shows symptoms:

- Consult the child's doctor about symptoms and possible exposure before being seen
- Consult public health department
- An infant with high fever (above 101.4) and child with headaches should be seen and treated by a doctor
- Manage symptoms, such as fever, with over-the-counter medications and itching with cool soaks
- The child should be current with Measles immunizations

When can your child return to child care?

- Exclude immediately and contact public health. Return only on the date specified by public health, generally no earlier than four days after rash onset and once other symptoms meet return criteria. Exposed susceptible children may also require exclusion.

Exposure Notice

Your child has been exposed to:

SALMONELLA

Signs or symptoms you may see:

- Diarrhea, sometimes with blood or mucus
- Fever and abdominal cramps
- Nausea, vomiting, or headache
- Dehydration may occur, especially in young children

What to do if your child shows symptoms:

- Good handwashing
- Good cleaning and sanitizing, especially kitchen work surfaces and utensils
- Good fluid intake to prevent dehydration
- Child should see a doctor if has severe diarrhea
- Safe handling, cooking and storage of meat, poultry or eggs
- Wash hands after handling reptiles, birds or baby chicks and after contact with pets

When can your child return to child care?

- Exclude while diarrhea is present. Return once diarrhea has resolved and the child meets other criteria; Salmonella Typhi or public-health-managed outbreaks require specific clearance.

Exposure Notice

Your child has been exposed to:

SCABIES

Signs or symptoms you may see:

- Intense itching, often worse at night
- Small red bumps or a pimple-like rash
- Thin, wavy burrow lines may appear in skin
- Common locations include fingers, wrists, waistline, and other skin folds
- Infants may also have rash on the head, palms, or soles

What to do if your child shows symptoms:

- Child needs to be seen by a doctor

When can your child return to child care?

- Return 24 hours after the first appropriate treatment has been completed, provided other illness-exclusion criteria do not apply.

Exposure Notice

Your child has been exposed to:

SHIGELLOSIS (SHIGELLA)

Signs or symptoms you may see:

- Diarrhea that may be watery, prolonged, or bloody
- Fever and stomach cramps or tenderness
- Urgency to pass stool even when the bowel is empty
- Dehydration can occur; some infections cause no symptoms

What to do if your child shows symptoms:

- Good handwashing
- Good cleaning and sanitizing
- Child should see a doctor if has severe diarrhea
- Good fluid intake to prevent dehydration

When can your child return to child care?

- Exclude until diarrhea has resolved AND required public-health clearance is obtained. Iowa high-risk child-care settings generally require two consecutive negative stool specimens; follow public health instructions for timing.

Exposure Notice

Your child has been exposed to:

STREP THROAT

Signs or symptoms you may see:

- Sudden sore throat or pain with swallowing
- Fever and swollen/tender lymph nodes in the neck
- Red, swollen tonsils, sometimes with white patches
- Headache, stomach pain, nausea, or vomiting in children
- A cough or runny nose is more suggestive of a viral illness than strep

What to do if your child shows symptoms:

- Child needs to be seen by a doctor
- Take all medications as prescribed for as many days as directed by your doctor

When can your child return to child care?

- Return after at least 24 hours of appropriate antibiotics, when fever-free for 24 hours without fever-reducing medicine and other symptoms are improving.

Exposure Notice

Your child has been exposed to:

TUBERCULOSIS

Signs or symptoms you may see:

- Latent TB infection causes no symptoms and is not contagious
- Active TB disease may cause a persistent cough, fever, or night sweats
- Unintended weight loss, low appetite, or fatigue
- Children may show poor weight gain or growth
- Symptoms vary by where TB disease occurs

What to do if your child shows symptoms:

- Child should see a doctor
- Consult local public health office
- Good handwashing
- Cover cough and sneezes

When can your child return to child care?

- For infectious active TB, exclude until the treating clinician and local public health department determine the child is noninfectious and approve return. Latent TB infection alone is not contagious.

Exposure Notice

Your child has been exposed to:

VOMITING

Signs or symptoms you may see:

- Throwing up stomach contents
- May occur with nausea, abdominal pain, diarrhea, or fever
- Signs of dehydration include less urination, dry mouth, or few tears
- Repeated vomiting, green or bloody vomit, or severe abdominal pain needs prompt evaluation

What to do if your child shows symptoms:

- Practice good handwashing
- Clean and sanitize surfaces contaminated with body fluids
- Contact your physician if vomiting continues for more than 24 hours

When can your child return to child care?

- Return after being free of vomiting for at least 24 hours, provided all other exclusion criteria have been met.