

Signs and Symptoms Chart

Routine Exclusion Criteria Applicable to All Signs and Symptoms

- Unable to participate.
- Care would compromise staff's ability to care for other children.
- Child meets other exclusion criteria.

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Cold Symptoms	<p><i>Viruses</i> (early stage of many viruses)</p> <ul style="list-style-type: none"> • Adenovirus • Coronavirus • Enterovirus • Influenza virus • Parainfluenza virus • Respiratory syncytial virus (RSV) • Rhinovirus • <i>Bacteria</i> • Mycoplasma • Pertussis 	<ul style="list-style-type: none"> • Coughing • Runny or stuffy nose • Scratchy throat • Sneezing • Fever • Watery eyes 	Not necessary unless epidemics occur (ie, RSV or vaccine-preventable disease like measles or varicella [chickenpox])	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Fever accompanied by behavior change. • Child looks or acts very ill. • Child has difficulty breathing. • Child has blood-red or purple rash not associated with injury. • Child meets routine exclusion criteria. 	Exclusion criteria are resolved.
Cough (Cough is a body response to something that is irritating tissues in the airway anywhere from the nose to the lungs.)	<ul style="list-style-type: none"> • Common cold • Lower respiratory infection (eg, pneumonia, bronchiolitis) • Croup • Asthma • Sinus infection • Bronchitis • Pertussis • Noninfectious causes like allergies 	<ul style="list-style-type: none"> • Dry or wet cough • Runny nose (clear, white, or yellow-green) • Sore throat • Throat irritation • Hoarse voice, barking cough • Coughing fits 	Not necessary unless the cough is due to a vaccine-preventable disease, such as pertussis	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Severe cough. • Rapid or difficult breathing. • Wheezing if not already evaluated and treated. • Cyanosis (ie, blue color of skin or mucous membranes). • Pertussis is diagnosed and not yet treated. • Fever with behavior change. • Child meets routine exclusion criteria. 	Exclusion criteria are resolved.
Diaper Rash	<ul style="list-style-type: none"> • Irritation by rubbing of diaper material against skin wet with urine or stool • Infection with yeast or bacteria 	<ul style="list-style-type: none"> • Redness • Scaling • Red bumps • Sores • Cracking of skin in diaper region 	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Oozing sores that leak body fluids outside the diaper. • Child meets routine exclusion criteria. 	Exclusion criteria are resolved.

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Signs and Symptoms Chart (continued)

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Diarrhea	<ul style="list-style-type: none"> Usually viral, less commonly bacterial or parasitic Noninfectious causes such as dietary (drinking too much juice), medications, inflammatory bowel disease, or cystic fibrosis 	<ul style="list-style-type: none"> Frequent loose or watery stools compared with child's normal pattern (Note that exclusively breastfed infants normally have frequent unformed stools with no stools.) Abdominal cramps Fever Generally not feeling well Vomiting occasionally present 	<p>Yes, if 1 or more cases of bloody diarrhea or 2 or more children in same group with diarrhea within a week</p>	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> Directed by the local health department as part of outbreak management. Stool is not contained in the diaper for diapered children. Diarrhea is causing "accidents" for toilet-trained children. Stool frequency exceeds 2 stools above normal during the time the child is in the program because this may cause too much work for teachers/caregivers and make it difficult to maintain good sanitation. Blood/mucus in stool. Black stools. No urine output in 8 hours. Jaundice (ie, yellow skin or eyes). Fever with behavior change. Looks or acts very ill. Child meets routine exclusion criteria. 	<ul style="list-style-type: none"> Cleared to return by health care provider for all cases of bloody diarrhea and diarrhea caused by Shiga toxin-producing <i>Escherichia coli</i>, <i>Shigella</i>, or <i>Salmonella</i> serotype Typhi until negative stool culture requirement has been met. Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents. Stool frequency is no more than 2 stools above normal during the time the child is in the program, or what has become normal for that child when the child seems otherwise well. Exclusion criteria are resolved.
Difficult or Noisy Breathing	<ul style="list-style-type: none"> Common cold Croup Epi-glottitis Bronchiolitis Asthma Pneumonia Object stuck in airway Exposed to a known trigger of asthma symptoms (eg, animal dander, pollen) 	<ul style="list-style-type: none"> Common cold: stuffy/runny nose, sore throat, cough, or mild fever. Croup: barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), or very noisy breathing, especially when breathing in. Epi-glottitis: gasping noisily for breath with mouth wide open, chin pulled down, high fever, or bluish (cyanotic) nails and skin; drooling, unwilling to lie down. Bronchiolitis and asthma: child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in. Pneumonia: deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). Object stuck in airway: symptoms similar to croup (listed previously). Exposed to a known trigger of asthma symptoms: a known trigger and breathing that sounds or looks different from what is normal for that child. 	<p>Not necessary except for epiglottitis</p>	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> Fever with behavior change. Child looks or acts very ill. Child has difficulty breathing. Rapid or difficult breathing. Wheezing if not already evaluated and treated. Cyanosis (ie, blue color of skin or mucous membranes). Cough interferes with activities. Breath sounds can be heard when the child is at rest Child has blood-red or purple rash not associated with injury. Child meets routine exclusion criteria. 	<p>Exclusion criteria are resolved.</p>
Earache	<ul style="list-style-type: none"> Bacteria Often occurs in context of common cold virus 	<ul style="list-style-type: none"> Fever Pain or irritability Difficulty hearing "Blocked ears" Drainage Swelling around ear 	<p>Not necessary</p>	Yes	<p>No, unless child meets routine exclusion criteria.</p>	<p>Exclusion criteria are resolved.</p>

Signs and Symptoms Chart (continued)

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Eye Irritation, Pinkyeye	<ul style="list-style-type: none"> Bacterial infection of the membrane covering 1 or both eyes and eyelids (bacterial conjunctivitis) Viral infection of the membrane covering 1 or both eyes and eyelids (viral conjunctivitis) Allergic irritation of the membrane covering 1 or both eyes and eyelids (allergic conjunctivitis) Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution, smoke exposure) 	<ul style="list-style-type: none"> Bacterial infection: pink color of the “whites” of eyes and thick yellow/green discharge. Eyelid may be irritated, swollen, or crusted. Viral infection: pinkish/red color of the whites of the eye; irritated, swollen eyelids; watery discharge with or without some crusting around the eyelids; may have associated cold symptoms. Allergic and chemical irritation: red, tearing, itchy, puffy eyelids; runny nose, sneezing; watery/stringy discharge with or without some crusting around the eyelids. 	<p>Yes, if 2 or more children have red eyes with watery discharge</p>	Yes	<p><i>For bacterial conjunctivitis</i> No. Exclusion is no longer required for this condition. Health care providers may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkyeye get better after 5 or 6 days without antibiotics.</p> <p><i>For other eye problems</i> No, unless child meets other exclusion criteria. <i>Note:</i> One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified to determine if the situation involves the uncommon epidemic conjunctivitis caused by a specific type of adenovirus. Herpes simplex conjunctivitis (red eyes with blistering/vesicles on eyelid) occurs rarely and would also require exclusion if there is eye watering.</p>	<ul style="list-style-type: none"> For bacterial conjunctivitis, once parent has discussed with health care provider. Antibiotics may or may not be prescribed. Exclusion criteria are resolved.
Fever	<ul style="list-style-type: none"> Any viral, bacterial, or parasitic infection Vigorous exercise Reaction to medication or vaccine Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy) 	<p>Flushing, tired, irritable, decreased activity</p> <p><i>Notes</i></p> <ul style="list-style-type: none"> Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body’s normal defense against germs. Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires medical evaluation. These seizures are frightening but are usually brief (less than 15 minutes) and do not cause the child any long-term harm. Parents should inform their child’s health care provider every time the child has a seizure, even if the child is known to have febrile seizures. <p>Warning. Do not give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).</p>	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> Behavior change or other signs of illness in addition to fever or child meets other routine exclusion criteria. Unable to participate. Care would compromise staff’s ability to care for other children. <p><i>Note:</i> A temperature considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for infants and children older than 2 months is above 101 °F (38.3°C) from any site (axillary, oral, or rectal).</p> <p><i>Get medical attention</i> when infants younger than 4 months have unexplained fever. In any infant younger than 2 months, a temperature above 100.4°F (38.0°C) is considered meaningfully elevated and requires that the child get medical attention immediately, within an hour if possible. The fever is not harmful; however, the illness causing it may be serious in this age group.</p>	Exclusion criteria are resolved.
Headache	<ul style="list-style-type: none"> Any bacterial/viral infection Other noninfectious causes 	<ul style="list-style-type: none"> Tired and irritable Can occur with or without other symptoms 	Not necessary	Yes	<p>No, unless child meets routine exclusion criteria.</p> <p><i>Note:</i> Notify health care provider in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. It would be concerning if the back of the neck is painful or the child can’t look at his or her belly button (putting chin to chest)—different from soreness in the side of the neck.</p>	Exclusion criteria are resolved.

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Signs and Symptoms Chart (continued)

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Itching	<ul style="list-style-type: none"> Ringworm Chickenpox Pinworm Head lice Scabies Allergic or irritant reaction (eg, poison ivy) Dry skin or eczema Impetigo 	<ul style="list-style-type: none"> Ringworm: itchy ring-shaped patches on skin or bald patches on scalp. Chickenpox: blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. Pinworm: anal itching. Head lice: small insects or white egg sheaths that look like grains of sand (nits) in hair. Scabies: severely itchy red bumps on warm areas of body, especially between fingers or toes. Allergic or irritant reaction: raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). Dry skin or eczema: dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on face and anywhere on body but not usually in diaper area. If swollen, red, or oozing, think about infection. Impetigo: areas of crusted yellow, oozing sores. Often around mouth or nasal openings or areas of broken skin (insect bites, scrapes). 	<p>Yes, for infestations such as lice and scabies; if more than 1 child in group has impetigo or ringworm; for chickenpox</p>	<p>Yes</p>	<p><i>For chickenpox</i> Yes, until lesions are fully crusted <i>For ringworm, impetigo, scabies, and head lice</i> Yes, at the end of the day Children should be referred to a health care provider at the end of the day for treatment. <i>For pinworm, allergic or irritant reactions like hives, and eczema</i> No, unless appears infected as a weeping or crusty sore <i>Note:</i> Although exclusion for these conditions is not necessary, families should seek advice from the child's health professional for how to care for these health problems. <i>For any other itching</i> No, unless the child meets routine exclusion criteria.</p>	<ul style="list-style-type: none"> Exclusion criteria are resolved. On medication or treated as recommended by a health care provider if treatment is indicated for the condition. For conditions that require application of antibiotics to lesions or taking antibiotics by mouth, the period of treatment to reduce risk of spread to others is usually 24 hours. For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.
Mouth Sores	<ul style="list-style-type: none"> Oral thrush (yeast infection) Herpes or coxsackievirus infection Canker sores 	<ul style="list-style-type: none"> Oral thrush: white patches on tongue, gums, and along inner cheeks Herpes or coxsackievirus infection: pain on swallowing; fever; painful, white/red spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips Canker sores: painful ulcers inside cheeks or on gums 	<p>Not necessary</p>	<p>Yes</p>	<p>No, unless</p> <ul style="list-style-type: none"> Drizzling steadily related to mouth sores. Fever with behavior change. Child meets routine exclusion criteria. 	<p>Exclusion criteria are resolved.</p>
Rash	<p>Many causes</p> <ul style="list-style-type: none"> Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) Scarlet fever (strep infection) Severe bacterial infections: meningococcus, pneumococcus, <i>Staphylococcus</i> (methicillin-susceptible <i>S aureus</i>: methicillin-resistant <i>S aureus</i>), <i>Streptococcus</i> Noninfectious causes: allergy (hives), eczema, contact (irritant) dermatitis, medication related, poison ivy 	<ul style="list-style-type: none"> Skin may show similar findings with many different causes. Determining cause of rash requires a competent health care provider evaluation that takes into account information other than just how rash looks. However, if the child appears well other than the rash, a health care provider visit is not necessary. Viral: usually signs of general illness such as runny nose, cough, and fever (except not for warts or molluscum). Some viral rashes have a distinctive appearance. Minor skin infections and infestations: see itching. More serious skin infections: redness, pain, fever, pus. Severe bacterial infections: rare. These children usually have fever with a rapidly spreading blood-red rash and may be very ill. Allergy may be associated with a raised, itchy, pink rash with bumps that can be as small as a pinpoint or large welts known as hives. See also itching for what might be seen for allergy or contact (irritant) dermatitis or eczema. 	<p>For outbreaks, such as multiple children with impetigo within a group</p>	<p>Yes</p>	<p>No, unless</p> <ul style="list-style-type: none"> Rash with behavior change or fever. Has oozing/open wound. Has bruising not associated with injury. Has joint pain and rash. Rapidly spreading blood-red rash. Tender, red area of skin, especially if it is increasing in size or tenderness. Child meets routine exclusion criteria. Diagnosed with a vaccine-preventable condition, such as chickenpox. 	<ul style="list-style-type: none"> On antibiotic medication for required period (if indicated) Infestations (lice and scabies) and ringworm can be treated at the end of the day with immediate return the following day. Exclusion criteria are resolved.

Signs and Symptoms Chart (continued)

Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Sore Throat (pharyngitis)	<ul style="list-style-type: none"> • Viral—common cold viruses that cause upper respiratory infections • Strep throat 	<ul style="list-style-type: none"> • Viral: verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). Often see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion. • Strep throat: signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Unlike viral pharyngitis, strep throat infections are <i>not</i> accompanied with cough or runny nose in children older than 3 years. • Tonsils may be large, even touching each other. • Swollen lymph nodes (sometimes called "swollen glands") occur as body fights off the infection. 	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • Child meets routine exclusion criteria. <p><i>Note:</i> Most children with red back of throat or tonsils, pus on tonsils, or swollen lymph nodes have viral infections. If strep is present, 12 hours of antibiotics is required before return to care. However, tests for strep infection are not often necessary for children younger than 3 years because these children do not develop rheumatic heart disease—the primary reason for treatment of strep throat.</p>	<ul style="list-style-type: none"> • Able to swallow. • On medication at least 12 hours (if strep). • Exclusion criteria are resolved.
Stomachache	<ul style="list-style-type: none"> • Viral gastroenteritis or strep throat • Problems with internal organs of the abdomen such as intestine, colon, liver, bladder • Nonspecific, behavioral, and dietary causes • If combined with hives, may be associated with a severe allergic reaction 	<ul style="list-style-type: none"> • Viral gastroenteritis or strep throat: Vomiting and diarrhea or cramping are signs of a viral infection of the stomach or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. In children older than 3 years, if cough or runny nose is present, strep is very unlikely. • Problems with internal organs of the abdomen: persistent severe pain in abdomen. • Nonspecific stomachache: vague complaints without vomiting/diarrhea or much change in activity. 	If multiple cases in same group within 1 week	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Severe pain causing child to double over or scream. • Abdominal pain after injury. • Bloody/black stools. • No urine output for 8 hours. • Diarrhea (see Diarrhea). • Vomiting (see Vomiting). • Yellow skin/eyes. • Fever with behavior change. • Looks or acts very ill. • Child meets routine exclusion criteria. 	<ul style="list-style-type: none"> • Pain resolves. • Able to participate. • Exclusion criteria are resolved.
Swollen Glands (properly called swollen lymph nodes)	<ul style="list-style-type: none"> • Normal body defense response to viral or bacterial infection in the area where lymph nodes are located (ie, in the neck for any upper respiratory infection) • Bacterial infection of lymph nodes that is more than the normal response to infection near where the lymph nodes are located 	<ul style="list-style-type: none"> • Normal lymph node response: swelling at front, sides, and back of the neck and ear; in the armpit or groin; or anywhere else near an area of an infection. Usually, these nodes are less than 1" across. • Bacterial infection of lymph nodes: swollen, warm lymph nodes with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected. Usually these nodes are larger than 1" across. 	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Difficulty breathing or swallowing. • Red, tender, warm glands. • Fever with behavior change. • Child meets routine exclusion criteria. 	<ul style="list-style-type: none"> • Child is on antibiotics (if indicated). • Exclusion criteria are resolved.
Vomiting	<ul style="list-style-type: none"> • Viral infection of the stomach or intestine (gastroenteritis) • Coughing strongly • Other viral illness with fever • Noninfectious causes: food allergy (—vomiting, sometimes with hives.) trauma, dietary and medication related, headache 	Diarrhea, vomiting, or cramping for viral gastroenteritis	For outbreak	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> • Vomited more than 2 times in 24 hours • Vomiting and fever • Vomiting with hives • Vomit that appears green/bloody • No urine output in 8 hours • Recent history of head injury • Looks or acts very ill • Child meets routine exclusion criteria. 	<ul style="list-style-type: none"> • Vomiting ends. • Able to participate. • Exclusion criteria are resolved.