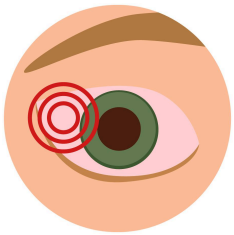
When Should My Child Stay Home?

Sign/Symptom	Symptom definition and additional criteria for when the child should stay home
Abdominal pain/stomachache 	**Definition:** Pain experienced anywhere between the chest and groin; pain may be continuous or may come and go. **May attend school or child care unless the child has one of the following:** • Pain is severe enough that child has difficulty participating in routine activities • Pain starts after an injury • Bloody or black stools • Diarrhea (see Diarrhea) • Vomiting (see Vomiting) • No urine for 8 hours (dry diaper, or ask older children if they have urinated since they woke up) • Fever (see “Fever” for return guidance)
Cough and cold symptoms  	**Definition:** May include runny/stuffy nose, sore throat, sneezing, congestion, body aches, and/or cough, typically lasting up to 7–10 days. **May attend school or child care unless the child has one of the following:** • Fever (see “Fever” for return guidance) • Difficulty with or rapid rate of breathing (see “Difficult or noisy breathing”) • Cough is severe or child cannot catch breath after coughing • For a cough suspected to be associated with asthma: coughing that cannot be controlled by the medications that the child care or school has been instructed to use

Diarrhea  	**Definition:** Stools that are more frequent (typically at least two more than normal) or less formed than usual *for that child* AND not associated with a change in diet. **May attend* school or child care unless the child has one of the following:** • Stool not contained in the diaper or toilet (when toilet-trained) • Stool looks like it contains blood or mucus, or appears like sticky black tar • Yellow skin/eyes (jaundice) • Diarrhea that occurs during an outbreak, and exclusion is recommended by the local health department ***Note:*** • *If the child has been diagnosed with a specific infection (such as Shigella, Salmonella/typhoid, Shiga toxin-producing E. Coli, norovirus (PDF), etc.), follow the advice of the local health department if they are involved, or the guidance of the child's health care professional.* • *If there is concern for an outbreak (more persons with diarrhea than would be expected in the setting for that time of year), contact the local health department for guidance.*
Difficult or noisy breathing  	**Definition:** Wheezing (high-pitched sounds) that can be heard when a child breathes in or out, chest retractions (see below) OR extra effort is required to breathe. **May attend school or child care unless the child has one of the following:** • Wheezing that is new for the child or cannot be controlled by medications the child care/school has been instructed to use for known conditions (e.g., asthma plan) • Skin or lips seem purple, blue, or grey, depending on skin tone. • Fever (see "Fever" for return guidance) • Behavior changes • Very rapid breathing or increased effort to breathe, such as chest retractions (space between ribs sinks with each breath), belly breathing (belly goes up and down with breathing)

	• Breathing problem that causes child to have pursed lips, difficulty speaking, or difficulty feeding Note: Seek medical attention for new symptoms such as wheezing or breathing difficulties, even if mild.
Earache 	**Definition:** Pain (dull, sharp, or burning sensation) experienced inside the ear. **May attend school or child care unless the child has one of the following:** • Fever (see "Fever" for return guidance) • Behavior changes • Pain prevents participation in routine activities
Eye irritation, pink eye, or drainage  	**Definition:** Red or pink appearance to the white part of the eyeball. Child's eye may also be itchy, have crusted/matted eyelashes, more watering than normal, or yellow/white drainage. **May attend school or child care unless the child has one of the following:** • Problems seeing (vision changes) • An injury to the eye involving forceful impact to or penetration of the eye • Pain or discomfort the child cannot tolerate ***Note:*** *Pink eye (i.e., conjunctivitis) is inflammation of a layer that covers much of the eyeball. It is most often caused by a virus, and children with viral pink eye typically get better after 5-6 days without antibiotics. Staying home from school or child care is not necessary. Frequent hand washing should be encouraged. Eye irritation can also result from allergies or chemical exposures (e.g., air pollution, smoke, or swimming in chlorinated pool water).*

Fever 	**Definition:** An oral (under the tongue), temporal (forehead), rectal, or axillary (underarm) temperature above 100.4°F (38°C). Axillary (underarm) measurements should be used only if other options are not available. Follow instructions for the specific thermometer, including directions for use, cleaning and covers (if applicable). If a temperature is close to 100.4°F, repeat to confirm the result. **It is <u>ONLY</u> recommended to take a child's temperature if the child seems ill, feels hot, or has other symptoms or signs of illness.** Checking the temperature of a child or group of children to allow entry (also known as screening) is NOT recommended in school or child care settings. **Unless otherwise directed by a healthcare provider, a child with another symptom or sign of illness who also has a fever should NOT attend school or child care.** **Return when:** ● Fever went away in the night – **without using fever reducing medications**, e.g., Tylenol®, Advil®, Motrin® (acetaminophen or ibuprofen) - and is still gone in the morning; AND ● Other symptoms are improving and the child can participate comfortably in routine activities.
Headache, stiff or painful neck 	**Definition:** Pain experienced in any part of the head ranging from sharp to dull; may occur along with other symptoms. **May attend school or child care unless the child has one of the following:** ● **Concussion symptoms:** Pain occurs after a fall or other injury to the head and is severe or associated with vomiting, vision changes, behavior change, or confusion. ● **Possible infection:** Stiff neck, headache and fever can be symptoms of meningitis a potentially serious infection. Meningitis can also cause sensitivity to light, vomiting, and/or confusion. A stiff neck is most concerning if the child can't look at their belly button (putting chin to chest) due to pain or the BACK of the neck is painful (not soreness in the sides) along with the other symptoms above.

	Get immediate medical attention for either of the above conditions.
Rash or itching 	**Definition:** An area of the skin that has changes in color or texture and may look inflamed or irritated. The skin may be darker than or lighter than normal or red or purple. It may be, warm, scaly, bumpy, dry, itchy, swollen, or painful. It may also crack or blister. **May attend school or child care unless the child has one of the following:** ● Oozing, open wound or infection that cannot be covered and is in an area that might come in contact with others. ● Skin that looks bruised without a known injury or in an unusual location. ● Rapidly spreading dark red or purple rash (may indicate a rare but severe bacterial infection; usually accompanied by fever). ● Tender, red area of skin, rapidly increasing in size or tenderness. ● Associated symptoms of a serious allergic reaction (rash with throat closing, abdominal pain, vomiting, or wheezing). ● Fever (see Fever for return guidance) ● There is concern for a disease like chickenpox or measles. If this is the case, the child should see a healthcare provider and the local health department should be contacted. ***Note:*** *For diagnosed conditions, follow the advice of the healthcare provider. In general, for conditions such as lice, impetigo, ringworm, scabies, and pinworms, no waiting period is typically necessary after starting treatment and the child may return after the appropriate treatment is started.*

Sore throat (pharyngitis) and/or mouth sores  	**Definition:** Sore throat includes pain or irritation of the throat often resulting from a viral or bacterial infection (e.g., cold, flu, strep throat). May feel worse when swallowing. Mouth sores include white patches on the tongue, gums and/or inner cheeks (oral thrush/yeast infection); white/red spots in the mouth, blisters on lips or inside mouth; or painful ulcers inside cheeks or on gums (canker sores). **May attend school or child care unless the child has one of the following:** • Inability to swallow • Fever (see "Fever" for return guidance) • Breathing difficulties • Excessive drooling or muffled voice ***Note:*** Most children with sore throat have viral infections. If a child is diagnosed with strep throat, they should receive antibiotics for at least 12 hours before returning.
Vomiting  	**Definition:** Forceful expelling of stomach contents out of the mouth 2 times or more in 24 hours. ***Note:*** Not all vomiting is due to an infection and other causes (e.g., reflux, motion sickness, overeating) should be considered. **May attend school or child care unless the child has one of the following:** • Vomiting has occurred 2 or more times in 24 hours. • Fever (see "Fever" for return guidance). • Concern for a serious allergic reaction, such as hives appearing with vomiting. • Vomit appears green or bloody • Child has not urinated in the past 8 hours (i.e., has dry diapers, or ask older children). • Recent head injury. • Looks or acts very ill. **Return when**: • Vomiting ended during the night and child is able to hold down food or liquids in the morning.

Source: California Department of Public Health : Division of Communicable Diseases

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