### Routine Exclusion Criteria Applicable to All Signs and Symptoms

- Child is unable to participate in program activities.
- Care would compromise staff’s ability to care for other children.
- Child meets other exclusion criteria (see Chapter 4, Conditions Requiring Temporary Exclusion, “Call Emergency Medical Services [EMS] [911] Immediately” and “Get Medical Attention Within 1 Hour”) boxes).

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Common Causes</th>
<th>Complaints or What Might Be Seen</th>
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<th>Temporarily Exclude?</th>
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</tr>
</thead>
</table>
| **Cold Symptoms** | **Viruses**  | • Coughing  
• Hoarse voice, barking cough  
• Runny or stuffy nose  
• Scratchy throat  
• Sneezing  
• Fever  
• Watery and pink eyes | Not necessary unless epidemics occur (i.e., RSV or vaccine-preventable disease like measles or varicella [chickenpox]) | Yes | No, unless  
• 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 (see Conditions Requiring Temporary Exclusion in Chapter 4).  
Exclusion criteria are resolved. |
| **Cough** | • Common cold  
• Lower respiratory infection (e.g., pneumonia, bronchiolitis)  
• Croup  
• Asthma  
• Sinus infection  
• Bronchitis  
• Pertussis  
• Noninfectious causes like allergies | • Dry or wet cough.  
• Runny nose (clear, white, or yellow-green).  
• Sore throat.  
• Throat irritation.  
• Hoarse voice, barking cough.  
• Coughing fits.  
• Irritation in any part of the respiratory tract, from nose and mouth to lung tissue, can cause coughing. | Not necessary unless the cough is due to a vaccine-preventable disease, such as pertussis | Yes | No, unless  
• Severe cough.  
• Rapid or difficult breathing.  
• Wheezing and not already evaluated and symptoms controlled by treatment.  
• Cyanosis (i.e., bluish color of skin or mucous membranes).  
• Pertussis is diagnosed and not yet treated.  
• Fever with behavior change.  
• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).  
Exclusion criteria are resolved. |
| **Diaper Rash** | • Irritation by rubbing of diaper material against skin wet with urine or stool  
• Infection with yeast or bacteria | • Redness  
• Scaling  
• Red bumps  
• Sores  
• Cracking of skin in diaper region | Not necessary | Yes | No, unless  
• Oozing sores that leak body fluids outside the diaper.  
• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).  
Exclusion criteria are resolved. |


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</table>
| Diarrhea       | Usually viral, less commonly bacterial or parasitic, Noninfectious causes such as dietary (drinking too much juice), medications, inflammatory bowel disease, or cystic fibrosis | Frequent loose or watery stools compared with child’s normal pattern (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools or may have several days with no stools.) | Yes, if 1 or more cases of bloody diarrhea or 2 or more children in same group with diarrhea within a week | Yes | Yes, if | 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 for that child 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 (i.e., yellow skin or eyes).  
   Fever with behavior change.  
   Looks or acts very ill.  
   Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4). |
| Difficult or Noisy Breathing | Common cold  
   Croup  
   Epiglottitis  
   Bronchiolitis  
   Asthma  
   Pneumonia  
   Object stuck in airway  
   Exposed to a known trigger of asthma symptoms (e.g., animal dander, pollen) | 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.  
   Epiglottitis: gagging mostly 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. | Not necessary except for epiglottitis | Yes | Yes, if | Fever with behavior change.  
   Child looks or acts very ill.  
   Child has difficulty breathing.  
   Rapid breathing.  
   Wheezing if not already evaluated and symptoms controlled by treatment.  
   Cyanosis (i.e., 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 (see Conditions Requiring Temporary Exclusion in Chapter 4). |


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| **Difficult or Fast Breathing** (continued) |                                                                                                    | • Pneumonia: deep cough, fever, rapid breathing, or spacebetween 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 and the child is experiencing breathing that sounds or looks different from normal for that child.                                                                 |                                                      |                           | Note: Emergency care may be needed for some of the conditions herein (see Situations That Require Medical Attention Right Away in Chapter 4). |                                                      |
| **Earache**                    | • Bacteria  
• Often occurs in context of common cold virus                                                                 | • Fever  
• Pain or irritability  
• Difficulty hearing  
• "Blocked ears"  
• Drainage  
• Ear tugging or pulling in young children                                                                 | Not necessary                                      | Yes                        | No, unless child meets routine exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.) | Exclusion criteria are resolved. |
| **Eye Irritation, Pinkeye**    | • 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) [e.g., swimming in heavily chlorinated water, air pollution, smoke exposure]                                                                 | • Bacterial infection: pink color of the "whites" of eyes and thick yellow/green discharge. Eyelid may be irritated, swollen, or crusty  
• Viral infection: pink or red color of the "whites" of the eye; irritated, swollen eyelid; watery discharge with or without some crust or discharge around the eyelid; may have associated cold symptoms.  
• Allergic and chemical irritation: red, painful, tearing, itchy, purty eyelids; running nose, sneezing, watery/m弘ny discharge with or without some crust or discharge around the eyelid.                                                                 | Yes, if 2 or more children have red eyes with watery discharge | Yes                        | For bacterial conjunctivitis  
No. Exclusion is not required for this condition. Health professionals 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 pinkeye get better after 5 or 6 days without antibiotics.  
For red eyes with intense pain refer to health professional.  
For other eye problems:  
No, unless child meets other exclusion criteria (See Conditions Requiring Temporary Exclusion in Chapter 4.)  
Note: 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. | For bacterial conjunctivitis: once parent has discussed with health professional. Antibiotics may or may not be prescribed.  
Exclusion criteria are resolved. |
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</table>
| Fever                | • Any viral, bacterial, or parasitic infection  
• Vigorous exercise  
• Reaction to medication or vaccine  
• Other noninfectious illnesses (e.g., rheumatic arthritis, malignancy) | Flushing, tired, irritable, decreased activity  
Note: 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 professional every time the child has a seizure, even if the child is known to have febrile seizures.  
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). | Not necessary | Yes                                  | No, unless  
• Behavior change or other signs of illness in addition to fever  
• Child meets other routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4)  
• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4)  
Note: 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 that is above 101°F (38.3°C) from any site (axillary, oral, or rectal).  
Get medical attention 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. | Exclusion criteria are resolved. |
| Headache, Stiff or Painful Neck | • Any bacterial/viral infection  
• Other noninfectious causes | Tired and irritable  
Can occur with or without other symptoms | Not necessary | Yes                                  | No, unless child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4.)  
Note: Notify health professional in the case of sudden, severe headache with fever, vomiting, or stiff neck that might signal meningitis. A stiff neck 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. | Exclusion criteria are resolved. |
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<th>If Excluded, Reemat When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itching</td>
<td>• Ringworm</td>
<td>• Ringworm: itchy ring-shaped patches on skin or bald patches on scalp.</td>
<td>Yes, for infections such as lice and scabies; if more than 1 child in group has impetigo or ringworm, for chickenpox</td>
<td>Yes</td>
<td>For chickenpox yes, until lesions are fully crusted for ringworm, impetigo, scabies, and head lice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Chickenpox</td>
<td>• Chickenpox: blister-like spots surrounded by red halos on scalp, face, and body, fever, irritable.</td>
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<td></td>
<td>At the end of the day, the child should see a health professional and, if any of these conditions are confirmed, the child should start treatment before returning. If treatment is started before the next day, no exclusion is necessary. However, the child may be excluded until treatment has started.</td>
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<tr>
<td></td>
<td>• Pinworm</td>
<td>• Pinworm: snail itching.</td>
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<tr>
<td></td>
<td>• Head lice</td>
<td>• Head lice: small insects or white egg sheaths that look like grains of sand (nits) in hair.</td>
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<tr>
<td></td>
<td>• Scabies</td>
<td>• Scabies: severely itchy red bumps on warm areas of body, especially between fingers or toes.</td>
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<td></td>
<td>• Allergic or irritant reaction (e.g., poison ivy)</td>
<td>• Allergic or irritant reaction: raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction).</td>
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<tr>
<td></td>
<td>• Dry skin or eczema</td>
<td>• 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.</td>
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<tr>
<td></td>
<td>• Impetigo</td>
<td>• Impetigo: areas of crusty yellow, oozing sores. Often around mouth or nasal openings or areas of broken skin (insect bites, scrapes).</td>
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<tr>
<td>Mouth Sores</td>
<td>• Oral thrush (yeast infection)</td>
<td>• Oral thrush: white patches on tongue, gums, and along inner cheeks.</td>
<td>Not necessary</td>
<td>Yes</td>
<td>No, unless</td>
<td>• Drooling steadily related to mouth sores.</td>
</tr>
<tr>
<td></td>
<td>• Herpes or coronavirus infection</td>
<td>• Herpes or coronavirus infection: pain on swelling; fever; painful, white/red spots in mouth; swollen lymph nodes (neck glands); fever blisters, cold sore; reddened, swollen, painful lips</td>
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<tr>
<td></td>
<td>• Canker sores</td>
<td>• Canker sores: painful ulcers inside cheeks or on gums</td>
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<tr>
<td>Rash</td>
<td>Many causes:</td>
<td>• Skin may show similar findings with</td>
<td>For outbreaks, such as multiple children with</td>
<td>Yes</td>
<td>No, unless</td>
<td>• On antibiotic medication for</td>
</tr>
<tr>
<td></td>
<td>• Viral: roseola infantum,</td>
<td>many different causes.</td>
<td>impetigo within a group</td>
<td></td>
<td>rash with behavior</td>
<td>required period (if indicated).</td>
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<tr>
<td></td>
<td>fifth disease, chickenpox,</td>
<td>Determine cause of rash requires a</td>
<td></td>
<td></td>
<td>change or fever.</td>
<td>• Infestations (lice and scabies) and</td>
</tr>
<tr>
<td></td>
<td>herpesvirus, molluscum</td>
<td>competent health professional evaluation</td>
<td></td>
<td></td>
<td>has oozing/open wound</td>
<td>ringworm can be treated at the end</td>
</tr>
<tr>
<td></td>
<td>contagiosum, warts, cold</td>
<td>that takes into account information other</td>
<td></td>
<td></td>
<td>that can’t be covered.</td>
<td>of the day with immediate return</td>
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<td></td>
<td>sores, shingles (herpes zoster),</td>
<td>than just how rash looks. However,</td>
<td></td>
<td></td>
<td>• Has bruising not</td>
<td>the following day.</td>
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<td></td>
<td>and others</td>
<td>If the child appears well other</td>
<td></td>
<td></td>
<td>associated with injury.</td>
<td>• Exclusion criteria are resolved.</td>
</tr>
<tr>
<td></td>
<td>Skin infections and infestations:</td>
<td>than the rash. A health</td>
<td></td>
<td></td>
<td>• Has joint pain and rash.</td>
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<td></td>
<td>ringworm (fungus), scabies (parasite),</td>
<td>professional visit is not necessary.</td>
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<td></td>
<td>• Rapidly spreading blood-red rash.</td>
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<td></td>
<td>impetigo, abscesses, and cellulitis</td>
<td>• Viral: usually signs of general</td>
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<td></td>
<td>• Tender, red area of skin,</td>
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<td></td>
<td>(bacteria)</td>
<td>illness such as runny nose, cough, and</td>
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<td>especially if it is increasing</td>
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<td></td>
<td>Scarlet fever (strept infection)</td>
<td>fever (except not for warts or</td>
<td></td>
<td></td>
<td>in size or tenderness.</td>
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<td>Severe bacterial infections:</td>
<td>molluscum). Some viral rashes have</td>
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<td></td>
<td>• Child meets routine</td>
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<td>meningococcus, pneumococcus,</td>
<td>a distinctive appearance.</td>
<td></td>
<td></td>
<td>exclusion criteria (see</td>
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<td></td>
<td>Staphylococcus (methicillin-susceptible</td>
<td>• Minor skin infections and</td>
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<td></td>
<td>Conditions Requiring Temporary</td>
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<tr>
<td></td>
<td>S. aureus; methicillin-resistant</td>
<td>infestations: see itching.</td>
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<td>Exclusion in Chapter 4).</td>
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<tr>
<td></td>
<td>S. aureus, Streptococcus</td>
<td>• More serious skin infections: redness,</td>
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<td>• Diagnosed with a</td>
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<td>pain, fever, pus</td>
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<td>vaccine-preventable condition, such as</td>
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<td></td>
<td>Noninfectious causes: allergy</td>
<td>• Severe bacterial infections: rare.</td>
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<td>chickenpox.</td>
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<td>(hives), eczema, contact (irritant)</td>
<td>These children usually have fever</td>
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<td>dermatitis, medication related,</td>
<td>with a rapidly spreading blood-red rash and may be very ill.</td>
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<td>poison ivy, vasculitis</td>
<td>• Allergy may be associated with a</td>
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<td>raised, itchy, pink rash with</td>
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<td>bumps that can be as small as a</td>
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<td>pinpoint or large welts known as</td>
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<td>hives. See also itching for what</td>
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<td>might be seen for allergy or</td>
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<td>contact (irritant) dermatitis or</td>
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<td>eczema.</td>
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<td>Vasculitis rash can be itchy, with</td>
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<td>small or large red or purplish spots</td>
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<td>that resemble bruises, sometimes</td>
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<td>with red puffy hands or feet.</td>
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| Sore Throat    | Viral—common cold viruses that cause upper respiratory infections  
Strep throat | Viral—oral 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: 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 not typically accompanied by cough or runny nose and usually occur 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 | No, unless  
• Inability to swallow  
• Excessive drooling with breathing difficulty  
• Fever with behavior change  
• Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).  
Note: 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. Tests for strep infection are not usually necessary for children younger than 3 years because children younger than 3 years do not develop rheumatic heart disease—the primary reason for treatment of strep throat. | • Able to swallow  
• If strep, on medication at least 12 hours  
• Exclusion criteria are resolved |
| Stomachache    | Viral gastroenteritis or strep throat  
Problems with internal organs of the abdomen such as stomach, intestine, colon, liver, spleen, bladder  
Nonspecific, behavioral, and dietary causes  
If combined with hives, may be associated with a severe allergic reaction | 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 (see Sore Throat).  
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 3 week | Yes | No, unless  
• 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 (see Conditions Requiring Temporary Exclusion in Chapter 4). | • Pain resolves  
• Exclusion criteria are resolved |
### Signs and Symptoms Chart (continued)

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Common Causes</th>
<th>Complaints or What Might Be Seen</th>
<th>Notify Program’s Health Consultant, If Program Has One</th>
<th>Temporarily Exclude?</th>
<th>If Excluded, Readmit When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swollen Glands (properly called swollen lymph nodes)</td>
<td>• Viruses: normal body defense response to viral infection in the area where lymph nodes are located (i.e., in the neck for any upper respiratory infection) • Bacteria: lymph nodes may be enlarging, one-sided, and painful.</td>
<td>• 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 lumps under the skin 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.</td>
<td>Not necessary</td>
<td>Yes</td>
<td>No, unless: • Difficulty breathing or swallowing • Red, tender, warm glands. • Fever with behavior change. • Child meets routine exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).</td>
</tr>
<tr>
<td>Urinating Frequently, Unusually Having Urine Accidents</td>
<td>• Urinary infection • Irritation of urogenital tissues by chemicals such as bubble bath</td>
<td>Wet underclothing, uncomfortable while sitting, pulling at underclothing</td>
<td>Not necessary</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Vomiting</td>
<td>• Viral infection of the stomach or intestine (gastroenteritis) • Coughing strongly • Other viral illness with fever • Noninfectious causes: food allergy (vomiting, sometimes with hives), trauma, ingestion of toxic substance, dietary and medication related, headache</td>
<td>Diarrhea, vomiting, or cramping for viral gastroenteritis</td>
<td>For outbreak</td>
<td>Yes</td>
<td>Yes, if: • 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 (See Conditions Requiring Temporary Exclusion in Chapter 4.)</td>
</tr>
</tbody>
</table>


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