

Introduction

Safe, in-person learning is critical to the well-being and development of children. However, when a child arrives with symptoms of illness or develops symptoms on site, a decision must be made about what to do next. The first priority is to evaluate the need for emergency medical attention. If the child does not require immediate medical attention, a decision must then be made to either send the child home (i.e., temporarily exclude) or allow them to remain on site. Many factors should be considered when making this decision, including how to limit the potential for spreading harmful diseases to others and how to limit educational, social, and other losses that might occur due to unnecessary or excessive absence.

This guidance provides considerations when a child has symptoms of illness in various settings including, but not limited to, the following:

- Family child care homes
- Child care centers
- Early childhood education sites, including preschools
- K–12 schools (public, private, and charter)
- Before/after-school programs

For ease of reference, these settings are collectively referred to as “child care and schools” throughout this document.

The guidance has been endorsed by the following California health organizations:

- American Academy of Pediatrics, California
- California Association of Communicable Disease Controllers
- California School Nurses Organization

General Considerations

1. This guidance is intended to support decision-making for situations when an individual child has symptoms of illness in child care or school settings. General recommendations and symptom-based considerations are provided.

2. This guidance:

- a. Does NOT eliminate the possibility of spreading disease in child care or school settings. This guidance should be considered part of a broader strategy to limit the spread of disease. Other preventive measures include, but are not limited to, optimizing indoor air quality, cleaning surfaces, and promoting individual actions that help protect children and staff (e.g., staying up to date on vaccines, washing hands, wearing facemasks) as appropriate.
- b. Does NOT replace the advice of licensed healthcare professionals (such as school nurses) performing individualized assessments.
- c. Does NOT replace or revise guidance provided in an individual child’s care plan for known conditions, as provided to the child care or school by the child’s healthcare provider.
- d. Does NOT replace or revise guidance specified in a child’s individualized education program (IEP), Section 504 plan, or individualized family service plan (IFSP).

e. Does NOT provide recommendations on how to manage specific diagnoses (e.g., COVID-19, pertussis, hepatitis A). To manage specific diagnoses, follow guidance provided by a child's healthcare provider, local health department, the California Department of Public Health (CDPH), and/or the Centers for Disease Control and Prevention (CDC). A selection of disease-specific resources is included in the References section below.

f. Does NOT replace or revise applicable laws or other requirements that apply to school or licensed child care settings, including but not limited to their authority to exclude individuals on the basis of health and safety. See the California Health and Safety Code (e.g., § 120230), Education Code (e.g., § 48213, § 49451), California Code of Regulations (e.g., Titles 17 and 22), and child care center licensing requirements such as daily inspection for illness.

g. Does NOT apply to Child Care Centers for Mildly Ill Children (PDF), as defined in California Code of Regulations, Title 22, Section 101552 (PDF).

h. Does NOT address disease outbreaks, during which schools and licensed child care settings should consult and follow applicable guidance from the local health department and/or Cal/OSHA.

3. CDPH supports the authority of local health departments, local educational agencies, and California Department of Social Services (CDSS) to maintain or establish additional guidance, including required actions, for facilities in their respective jurisdictions. Licensed child care providers may continue to maintain or establish additional guidance for their licensed facility, so long as the guidance does not conflict with licensing laws.


4. This guidance is limited to evaluation of symptoms suspected to be from infection (e.g., caused by a virus or bacteria). Please remember to consider non-infectious causes for symptoms in any individual child, such as allergies, toxin exposure, and child abuse or neglect. A mandated reporter shall report suspected child abuse or neglect in accordance with California Penal Code section 11165.9. (See the Child Abuse and Neglect Reporting Act, Penal Code § 11164 et seq.)


Table 2: Guidance for Common Signs and Symptoms

Use the sign/symptom guidance table (Table 2) **ONLY** if:


1. The child can participate meaningfully in child care or school activities; AND
2. The staff can provide appropriate care without compromising the health and safety of other children.

If these criteria are not met, the child should be **sent home**.

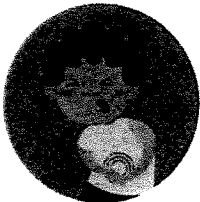
Face masks should be considered for children 2 years of age and older with respiratory symptoms (e.g., runny nose, cough, sore throat) while awake to lower the chances of getting others sick. See  icon where relevant. Please note, face masks should never be used on babies or children under 2 years of age.



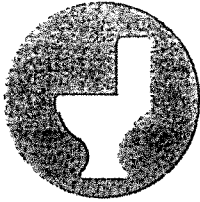

For certain symptoms (e.g., diarrhea, vomiting), special attention to hand washing is recommended. See  icon where relevant.






If a child has been diagnosed with a specific illness or develops compatible symptoms after an exposure to a communicable disease or during an outbreak of a communicable disease, follow instructions for when the child may return to child care or school based on that illness.


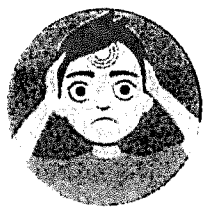

Additionally, certain symptoms warrant medical attention, sometimes immediately. See Table 1 and  icon in Table 2 for a list. Note that this list is NOT exhaustive, and there may be other situations where the child care or school should seek medical attention for the child.

A child's **parent/guardian should be notified** if their child has any of the signs or symptoms in the table below. However, a licensed child care center is required to immediately notify a child's authorized representative if a child becomes ill.

Sign/Symptom	Symptom definition and additional criteria for when the child should stay home
<p>Abdominal pain/stomachache</p> 	<p>Definition: Pain experienced anywhere between the chest and groin; pain may be continuous or may come and go.</p> <p>May attend school or child care unless the child has one of the following:</p> <ul style="list-style-type: none"> • 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)

<p>Cough and cold symptoms</p>  	<p>Definition: May include runny/stuffy nose, sore throat, sneezing, congestion, body aches, and/or cough, typically lasting up to 7–10 days.</p> <p>May attend school or child care unless the child has one of the following:</p> <ul style="list-style-type: none"> • 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
<p>Diarrhea</p>  	<p>Definition: Stools that are more frequent (typically at least two more than normal) or less formed than usual <i>for that child</i> AND not associated with a change in diet. Note that young infants may normally have frequent, somewhat watery stools, particularly if breastfed.</p> <p>May attend* school or child care unless the child has one of the following:</p> <ul style="list-style-type: none"> • 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 <p>*Note:</p> <ul style="list-style-type: none"> • <i>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.</i> • <i>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.</i>

<p>Difficult or noisy breathing</p>  	<p>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.</p> <p>May attend school or child care unless the child has one of the following:</p> <ul style="list-style-type: none"> • 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 <p>Note: Seek medical attention for new symptoms such as wheezing or breathing difficulties, even if mild.</p>
<p>Earache</p> 	<p>Definition: Pain (dull, sharp, or burning sensation) experienced inside the ear.</p> <p>May attend school or child care unless the child has one of the following:</p> <ul style="list-style-type: none"> • Fever (see “Fever” for return guidance) • Behavior changes • Pain prevents participation in routine activities
<p>Eye irritation, pink eye, or drainage</p>  	<p>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.</p> <p>May attend school or child care unless the child has one of the following:</p> <ul style="list-style-type: none"> • 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 <p>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).</p>

<p>Fever</p> 	<p>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.</p> <p>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.</p> <p>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.</p> <p>Return when:</p> <ul style="list-style-type: none"> • 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.
<p>Headache, stiff or painful neck</p> 	<p>Definition: Pain experienced in any part of the head ranging from sharp to dull; may occur along with other symptoms.</p> <p>May attend school or child care unless the child has one of the following:</p> <ul style="list-style-type: none"> • 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. <p>Get immediate medical attention for either of the above conditions.</p> 

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




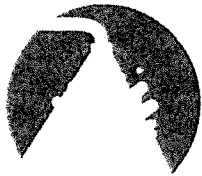


Definition: Sore throat includes pain or irritation of the throat often resulting from a viral or bacterial infection (e.g., cold, flu, strep throat). May feel worse when swallowing.

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. Children younger than 3 years of age usually do not have strep throat. If a child is diagnosed with strep throat, they should receive antibiotics for at least 12 hours before returning.

<p>Vomiting</p>  	<p>Definition: Forceful expelling of stomach contents out of the mouth 2 times or more in 24 hours.</p> <p>Note: Not all vomiting is due to an infection and other causes (e.g., spit-up in a healthy infant with reflux, motion sickness, overeating) should be considered.</p> <p>May attend school or child care unless the child has one of the following:</p> <ul style="list-style-type: none"> • 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.  <ul style="list-style-type: none"> • 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. <p>Return when:</p> <ul style="list-style-type: none"> • Vomiting ended during the night and child is able to hold down food or liquids in the morning. <p>Note: <i>If there is concern for an outbreak (more persons with vomiting than would be expected in the setting for that time of year), contact the local health department as norovirus (PDF) should be suspected and children should not return until 48 hours after symptoms have resolved.</i></p>
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References

Contact information for local health departments throughout California:

- Local health department contacts

The following contains a selection of disease-specific resources. Please note this is not comprehensive and included for ease of reference only.

- CDPH. Disease Information and Reports.
- CDPH. Typhoid Fever (Salmonella Typhi).
- CDPH. Norovirus Toolkit for School and Childcare Center Outbreaks, January 2019. (PDF)
- US Centers for Disease Control and Prevention. Head Lice Information for Schools.

The following contains a selection of relevant California regulations. Please note this is not comprehensive and included for ease of reference only:

- California Code of Regulations.
 - Title 17 § 2526. Exclusion and Readmission by School Authorities. (<https://govt.westlaw.com/calregs/Document/IA5494AE35A2011EC8227000D3A7C4BC3>)
 - Title 22 – Child Care Facility Licensing Regulations