

We have an **OUTBREAK**

We are currently experiencing:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Fever | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Headache | <input type="checkbox"/> _____ |

**Wash your hands frequently.
Report symptoms of illness to staff.
Keep sick children at home.**