

Date_____

Dear Parent/Guardian:

There has been a case of _____ at the Head Start site. Attached is a fact sheet to explain the condition, the symptoms, the treatment and how to prevent the condition from spreading.

If you have any questions, please contact _____ at the Head Start site.

For further information, contact the Health Coordinator at the Head Start office in Aberdeen:

NESD Head Start
200 S. Harrison #1
Aberdeen, SD 57401
229-4506

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