Casa Dei Bambini Montessori School Aurora/Naperville IL

Parent Handbook

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Casa Dei Bambini Montessori School

Parent Handbook (updated 2-12-26)

When communication, cooperation, and continuity exist between home and school, we provide the optimum conditions for development and learning. We hope that you will read about our school and about the Montessori philosophy, goals, and techniques in order to better understand your child's school experiences. We are eager to answer questions and demonstrate materials, and we have books that you are welcome to borrow. We hope that you will become as excited as we are about this unique approach to education.

MISSION STATEMENT

Casa Dei Bambini Montessori School encourages each child to reach their highest potential, at their own individual pace, using the Montessori Philosophy in order to be a successful member of society. We believe that strong communication and trust are the keys to sustaining a committed and supportive connection with our families.

MONTESSORI PHILOSOPHY

The Montessori class focuses on the emotional, intellectual, and physical development of each child. A child-centered classroom where each student can progress at his/her own pace is the basis of the Montessori approach. During the work period, the children teach themselves through the use of specially designed didactic materials. They are allowed to move freely through learning centers, where the teachers guide the students in choosing an activity, completing it, and returning it to the shelf ready for others to use. By careful observation, the Montessori teacher introduces developmentally appropriate materials, and one success builds sequentially to another, increasing self-confidence.

The classrooms are communities with ground rules designed to promote independence, consideration for others, and self-discipline. The younger children teach patience and empathy, and the other children are role models, providing the younger ones with assistance with work and help in adjusting to the classroom.

CURRICULUM and CLASSROOM ENVIRONMENTS

In a Montessori class, all disciplines are integrated. Math and Language skills, knowledge of scientific principles, and history complement each other and are applied together to make each lesson meaningful and interrelated.

Each lesson employs all three modes of learning: Visual, Auditory, and Kinesthetic, to open up the world for all the students. The children follow through with their studies individually and in small groups, proceeding at their own pace of learning.

Fifteen Months and Up – Toddler Rooms- T1 T3 P1 P3 P5

In this classroom child is prepared for basic social skills, language, math, and science concepts through playing and practical life activities.

Practical Life: Practical Life is the foundation for all areas in the Montessori classroom. The exercises in this area are concerned primarily with care of the environment (i.e. polishing, taking care of plants). The child develops his small and large muscles through the practical life area. Children learn to care for themselves and the environment in this area. Dressing skills are also taught here, including independence of taking on and off outdoor/indoor shoes and coats, etc.

Sensorial: Sensorial area exercises and expands the child's sensory perceptions and knowledge of the world. Maria Montessori called sensorial materials the "Keys to the Universe" because they enable children to perceive, identify and classify what he: sees, touches, smells, tastes, and hears.

Language: Language emphasis on vocabulary building: It begins when the child enters the classroom for the first time. The phonetic reading and writing program uses sandpaper letters to teach the basic phonetic sounds and recognition of lowercase letters. Having acquired a sound phonetic foundation, the Montessori student is prepared for spelling and reading.

Math: Math principles are acquired through indirect preparation in the sensorial area and through manipulation exercises. These materials are concrete rather than abstract. They will be touched, manipulated, and counted. With this, the child forms a solid foundation for understanding the basic concept of our number system.

Science: Science stimulates curiosity, encourages active observation, and builds scientific vocabulary. At Casa Dei Bambini, children will do simple science experiments -i.e. color mixing, two colors mixed together to make a different color, learning about magnets, living and non-living, etc. Science can be intimidating, but when children try different experiments, it becomes easier to understand.

Music: The approach to music in the Montessori school combines singing, playing, listening, moving to rhythm, and creating a steady progression towards musicality. It is during the early years that the sensitive period for music occurs, and the child develops the skills of listening and communication that are essential in the mastery of both music and language.

Toddler Clothing: The children's clothes should not be obstacles. Children should be able to handle their clothing independently, particularly in the bathroom. Please do NOT send toddlers in bibs, onesies with snaps, overalls, belts, or pants with very tight waists. Pants with elastic waists, dresses with leggings, or velcro closures are the easiest to handle.

It is important to **label all the clothing,** including socks, hats, coats, and underwear. Children will bring home clothes if they wet/soil themselves. Please provide the wet/dry bag as described on the supply list. Parents are asked to return clean clothes back to school the next day.

Toilet Training Awareness

The staff at Casa Dei Bambini uses an approach to toilet training that we believe is most advantageous to the children. We will encourage putting children into cotton training underwear (5ply) in the Toddler Classrooms. Parents should provide extra clothing and underwear to promote toilet training. We do NOT use PULL UPS when in training.

The theory behind our approach is that it is the normal human condition to keep all body parts clean and dry. Therefore, it is imperative that we help the child change into clean underpants after any elimination. The length of time involved varies in every circumstance, and children often undergo a long period of absorption before we ever see any visible action. It would be unreasonable to expect children to become instantly able to use the toilet once he or she starts wearing underwear. We must remember to be positive and encourage children to go to the bathroom without being irrational. The staff is always available to assist in any manner possible. We appreciate your cooperation in this matter. Thank you!

Three to Six Years – Primary Rooms P2 P4 P6 P7 P8

The principal learning centers in the Three to Six-year-old classes include:

Practical Life: Practical life activities are the foundation for all other areas in a Montessori classroom, and they form the bridge between the home and school environments. The exercises in this area are concerned primarily with the care of self (i.e. dressing frames and hand washing). The child develops his large and small muscle coordination through the Practical Life exercises while concentrating on self-help skills.

Achieving motor control of his/her body permits the child to develop inner control, develop a longer attention span and increase self-confidence, independence and self-discipline. These activities also prepare the child indirectly for the other areas of the classroom i.e., finger and muscle control for writing and artistic endeavors. They promote logical and sequential thinking which is necessary for future language and mathematics studies.

***Sensorial*:** The Sensorial area provides perceptual training to expand the child's sensory perceptions and knowledge of the world. The child learns to sort, differentiate and name colors, dimensions, weights, forms, textures, sound, odors and tastes. Maria Montessori called the sensorial material the "Keys to the Universe", because they enable the child to perceive, identify and classify what he sees, hears, touches, tastes and smells. Once the child has mastered the skills of making finer discriminations and sequencing he/she is ready to move on to the language, math, geography and science areas.

Language: Emphasis on vocabulary building begins when the child enters the classroom for the first time. While working in the Practical Life and Sensorial Areas, children acquire the vocabulary of their work, and all areas involve vocabulary development.

The phonetic reading and writing program uses sandpaper letters to teach the basic phonetic sound recognition of the lowercase letters. We use these phonetic **sounds** rather than the letter names so that the children will be able to read and write words. Later, we work on digraphs, blends, and phonograms: a combination of letters that make different sounds, such as th, sh, ph.

The primary goal of this area is to teach each child to help each individual to enrich and refine the ability to express him/herself and understand the expression of others. Having acquired a sound phonetic foundation, the Montessori students are prepared for spelling and reading. We introduce both print and cursive letters.

Math: Math principles are acquired through indirect preparation in the Sensorial Area and through manipulation and observation of the math materials. By practicing and handling these multisensory exercises, the child forms a solid foundation for understanding basic concepts of our number system: quantity, sequence, and the function of all 4 operations: addition, multiplication, subtraction, and division. These materials are initially concrete and eventually become abstract.

Materials will be touched, manipulated, and counted. Concrete materials are the vital first step in developing a full understanding of abstract materials.

Geography: As in all areas of the Montessori classroom, the young child's introduction to geography begins with the multisensory approach. A simple globe, which distinguishes between the continents and oceans, eventually leads the child to wooden continent puzzle maps. From these maps, the older children proceed to drawing their own maps. We also introduce flag work, land formations, and rock formations, and biomes.

Through a variety of picture cards, photographs, objects, and books that center on the various cultures, the child satisfies his curiosity about similarities and differences in people of the world.

Art: Once the child has mastered the motor skills necessary to handle scissors, pencils, crayons, paint brushes, etc., she/he is free to construct her/his creation. Care is taken to allow the child many avenues of expression using various media. Art is a process-oriented activity rather than a product or end result activity. Art in a Montessori classroom is an extension of the Practical Life Area. The child is encouraged to plan, set up, actively create, and clean up each project.

As the child experiences each of the developmental levels of growth, the style and content of the artwork produced change and evolve. We also study famous artists and particular masterpieces throughout the year.

Science: Science in the primary level stimulates curiosity, encourages active observation, and builds scientific vocabulary at a time when the child is absorbing new language effortlessly. Materials evolve sequentially from the inorganic (including states of solids, liquid,s and gases, earth science,s and weather) to the organic (including classification of living things such as plants and animals). The younger child experiments, and the older child is able to verbalize what happened and why.

Music: The approach to music in the Montessori school combines singing, playing, listening, moving to rhythm, and creating a steady progression towards musicality. It is during the early years that the sensitive period for music occurs, and the child develops the skills of listening and communication that are essential in the mastery of both music and language. We enjoy putting on productions for our school families.

Uniforms **(Primary age 3 and up):**
- School uniforms are worn Monday to Thursday only, unless otherwise noted.
- Fridays are a free day (no open-toe shoes, crocs, or flip-flops are allowed outside for the safety and security of our children.) Jeans are acceptable.
- Jewelry (watches, necklaces, bracelets, rings, etc) should be left at home for safety reasons and safekeeping.
-Every student will keep indoor shoes at school and wear outdoor shoes when coming and going.

Boy's uniform:
- CDBM red logo shirt
- Khaki-colored (beige) shorts or pants
- If it is cold, solid-long-sleeves may be worn underneath the CDBM shirt or a sweater/cardigan over the shirt.
- closed-toe shoes (no open-toe shoes, crocs or flip flops for outdoors.)

Girl's uniform:
- CDBM red logo shirt
- CDB plaid skort or khaki (beige) skort (tights are acceptable under the skort)
- Khaki-colored (beige) shorts or pants
- closed-toe shoes (no open-toe shoes, crocs, or boots)
- If it is cold, a solid long-sleeve may be worn underneath the CDB shirt, solid-colored tights under the skirt are acceptable, and a cardigan/sweater over the polo is allowed.

If your child does not come to school in their uniform, an email will be sent to you to please come and change your child into their uniform. If you do not respond The first time, the second time they show up out of uniform, we will give them a uniform to change into from our school store, and bill your invoice for the uniform.

Six Years to Nine Years – Lower Elementary (when available)

The elementary curriculum is built with providing hands-on activities in the areas of math, language, history, geography, science and cultural studies. Everyday, the students learn using materials, applying their knowledge to solve problems and work on research projects. We have an uninterrupted two-hour work cycle every morning.

The age group of 6-9 is a very sensitive period in the growth of a child as they start asking questions about observations that strike their imagination and work towards finding an answer. Our materials in the classroom are chosen in such a way that it helps them in this process. Our program is aimed towards making them independent thinkers, problem solvers, caring and responsible persons.

***Math*:** Children work with concrete materials for math facts and operations and move towards abstraction. This helps them understand the concepts easily. Math skills incorporated are fractions, decimals, ratios, percentages, pre-algebra, and Geometry.

***Language*:** The children work on language every day, which includes but is not limited to poetry, story writing, research writing, creating "how to" articles and working with spelling.

Cultural studies: In the area of cultural studies, they learn about society, science, geography and history. Our cultural studies are focused on providing practical learning aspects, if we focus on a country we work with everything from their food to festivals to the way the Government functions.
We also have Spanish, Art and Crafts, PE, and Music programs for the Elementary children. We go on field trips during the school year and we have guest speakers who visit the classroom.

Music:

The approach to music in the Montessori school combines singing, playing, listening, moving to rhythm and creating a steady progression towards musicality. It is during the early years that the sensitive period for music occurs, and the child develops the skills of listening and communication that are essential in the mastery of both music and language. We enjoy putting on productions for our school family.

The Elementary Program is dependent upon enrollment and staffing. TBD.

The Admission Process

1. **Applications**

Application forms may be obtained from the school office, and submitted at any time along with the registration fee. The child is eligible for consideration as vacancies arise.

Admission Documents Required

We will collect a copy of your child's birth certificate and your child's current health forms signed by your pediatrician (dated within 6mos prior to the start date). When you register your child you will be given:

- DCFS Receipt of Booklet - Verification CFS 581
- Emergency Card (blue)
- Registration Form CDBM / Covid Policy Signed
- Health and Emergency Form/Consent
- Carline Safety Procedures
- Handbook and Late Policy
- Uniform Policy (if applicable)
- Toileting policy (when applicable)
- Discipline Policy
- Security Deposit Agreement
- EFT Form - Tuition Express

2. **Formal Tour** We offer a formal tour of the school by appointment on specified mornings. This is so we may better provide the parent with the opportunity to observe each of the class levels offered at Casa. A general overview of the Montessori Philosophy will be discussed during the tour. You must take a formal tour before your application is considered for enrollment.

3. **Meet the Teacher Meeting** Once your child is enrolled, we will schedule an in-person visit at CDBM. This is a time for your child to meet his/her new teacher and to be introduced to the classmates, and the materials in the classroom. The meeting is approximately 30 minutes and we like to schedule that as close to the start date as possible, to be most effective in bonding. During the visit, parents may watch from the camera or window, ask questions, obtain uniforms (if necessary) and drop off supplies.

4. Administrative Considerations for Class Placement

The school reserves the right to place your student into a class. When all other qualifications are equal, preference will be given to siblings and children of former Casa Dei Bambini students who have completed the curriculum. The Factor of boy/girl ratio and necessary age grouping are also considered in the selection of new students.

5. Annual Registration Fee & Security Deposit

There is an annual registration fee per child and a discounted annual registration fee when enrolling more than one child. This fee is paid at the time of enrollment. This fee is non-refundable and is due at the time of registration. The only time this fee is refundable is if the student is not offered placement in the school. **A one-time Security deposit is required to be paid at the time of registration.** This Security Deposit is fully refundable with a 30-day written notice of withdrawal from the school, or upon completion of the Kindergarten or Elementary Program.

6. Tuition

Each month's tuition is due on the 1st of every month. There will be a late charge of $10 per day added to your account past the 5th of every month. There is no credit for holidays or absences per our school policy. Personal, business, cashier checks, and money orders are the only forms of payment that are accepted for tuition. No cash or credit cards are accepted. We also use EFT (Electronic Funds Transfer) services which will automatically deduct your program fees each month from the account YOU designate. The form is available in the main office.

7. Return check fee: There is a **$25.00 fee** for all returned checks. This Fee plus the amount that was owed on the returned check must be paid within 48 hours of notification by money order or cashier's check. No Exceptions.

8. Drop-In Fees

What is a drop-in fee? A drop-in is when your student is scheduled for regular school hours (8:30a -3pm) but you have an emergency that requires extra time at school either before or after. There is a $20.00 fee for morning care drop-in from 7:30-8:30am. There is a $30.00 fee if you need aftercare from 3:15-5:30. (when space permits - so please call ahead).

9. Lunch

If your child is scheduled from 7:30a.m – 12:00p.m, this does not include lunch. If your child attends full day from 8:30-3PM then lunch is INCLUDED in your program. **We offer a healthy catered lunch that is made fresh daily.** There is an entree, fresh fruit, and fresh vegetables, with milk daily. We have a special menu for children with diet restrictions or allergies. We cannot accept food from outside unless your child has a doctor's note due to allergies.

10. Hours of Operation: We open at 7:30AM and close at 5:30PM, unless otherwise noted.

Re-Enrollment

Each spring a re-enrollment survey is sent to those students invited to return to Casa Dei Bambini, along with the request that parents sign and return the agreement with the annual **registration fee** by a designated date. When the re-enrollment deadline has expired, new applicants will be considered for the remaining spaces. Security Deposits are NOT required for returning students.

Arrival and Dismissal / Car-Line

Regular school hours for **half day classes are 8:30am -12:00pm** and for **full day 8:30am to 3:00pm**. Experience has shown that children separate at the car more easily than at the classroom door. WE will assist you at the main entrance. In the morning, between the hours of **8:30a.m – 9:00a.m**, the administrators and teachers will greet children and announce their arrival to the respective classrooms. If you do not arrive within this time frame, you will need to park your car and sign your child in, and the office staff will see that the child gets to the classroom safely.

Parents who arrive before class time need to enroll in Before Care (7:30-8:30). Dismissal time is between **2:50 to 3:15pm**. Parents must display their Carpool Tag when using Car Line. During dismissal time, parents are asked to remain in their vehicle while waiting for the child to be escorted to the car. The teacher will bring the child to the parent. Parent place your child in the car but move up to park and then buckle your child. This will help to keep the line moving quickly and safely. Parents can also park their vehicle to pick up their child/ren .

Children are only released to authorized people. The parents on Registration Forms and on the Health & Emergency Forms provide these names. Parents are required to inform any changes to CDBM administration for authorized pickup individuals. A form of identification is required during change of pickup. You may email the change or addition to administration.

The classroom day begins immediately upon arrival so please have your child in school by 9am. Greetings, Montessori lessons, and introduction to special activities all help to set the positive atmosphere for the day. It is extremely important that each child is punctual, and has the opportunity to be part of these welcoming activities.

****Please refrain from using your cell phones during Arrival & Dismissal while in carpool lane.**

Extended Care Program

Students with extended care contracts that include before-school care, may arrive as early as 7:30a.m (breakfast included). Please do not drop off children before that time as the school doors are not opened until 7:30a.m. At 8:30am students go to their regular classrooms. For students enrolled in After-Care, service ends promptly at 5:30p.m. Children may be picked up any time from 3:15- 5:30p.m (snack included). For your child's sense of

security, and out of respect for the personal lives of Casa Dei Bambini staff, it is essential that children be picked up on time. If this is not possible for your family, you will be asked to make other arrangements. There is a late fee of $1 per minute thereafter, as per your registration agreement.

Appreciating Cultural Differences

Here at Casa Dei Bambini Montessori, a typical class of children is a microcosm of the global community. Therefore, it is our intention to expand children's awareness of multicultural traditions. Nearly all the children have parents, grandparents, or other ancestors who came to the United States from different parts of the world. Students can research their ancestral background perhaps by interviewing the oldest living member of the family. Then they can present this family story in class with family pictures and objects of particular interest. Some children's parents who were born in other countries may be willing to tell the class about their customs, traditions, crafts, holidays, games, etc. Sharing like this helps everyone develop respect for all nationalities and cultures. We invite all of our students to send in a family photo to be proudly displayed in class. Maria Montessori considered herself to be a citizen of the world. We love teaching students about cultural differences.

Involving Parents

In a Montessori community, parents are often asked to share more of themselves, their professions, skills, hobbies, talents, customs, native languages, etc., and to take a more active part in their children's education. Parents can also participate in field trips to chaperone when possible. "We strive to create an amiable school where, teachers, children and families feel a sense of well-being; therefore, the organization of the school –contents, functions, procedures, motivation and interests is designed to bring together the three central protagonists --- parent, teacher, and children and to intensify the interrelationships among them."

Red Folders go home on Fridays to review a child's completed work and any notifications from the office. Please return it on the next school day.

VOLUNTEERS - Per DCFS 407.180

a) Volunteers whose duties require contact with children on a regularly scheduled basis of one or more times per month shall meet the same personnel qualifications required of other staff..

b) Volunteers whose duties require contact with children or food one or more times per month shall present a health report as required for other staff.

c) Volunteers used to replace or supplement staff, as defined in Section 407.45, shall comply with the background check requirements of 89 Ill. Adm. Code 385, Background Checks.

d) Volunteers may serve in any capacity for which they are qualified.

e) When a required staff position is filled by a volunteer, the volunteer shall meet all standards that apply to an employed person in that position.

Observations and Parent-Teacher Conferences
Our school has found that observing a child in the classroom is an excellent opportunity to see children in action. Please contact admin to **schedule an observation** after your child has been in school for at least 6 weeks to acclimate. It is a genuine insight into the Montessori method. It is important that the calm atmosphere of the classroom be maintained and the teacher not be distracted by impromptu conferences by unexpected drop-ins. Please do not approach your child's teacher outside the classroom door or on the playground when on duty. Conferences are scheduled each fall and we issue report cards/progress reports 3 times a year. Contact your child's teacher via email with specific questions or concerns and allow 24 hours, or the next business day, for a response.

Birthday Celebrations
Every child's birthday is important! It is very hard for children to understand the passage of time. However they do understand growth and birthdays, and perhaps this can help them understand time. We call this the ***Celebration Walk Around the Sun***. It is a scientific way to explain that each birthday is a one-year walk around the sun while holding a globe. Your child and the Earth rotates around the sun each year and this is a visual representation of time.

At the beginning of your child's birthday month, we will schedule the celebration and offer a school form to fill out in order to be prepared. We will ask for a brief summary of your child's history for each year and a picture to support it. This becomes your child's timeline, thus far. We do request you to contact your child's teacher ahead of time to confirm all arrangements. Often we have several children with the same date. Out of respect for the feelings of all our children, we cannot hand out invitations to parties outside of school even if you are inviting everyone in the class to the party. Birthdays are very special to young children and those who are not invited can be deeply hurt. You may send a digital invite via email to administration and we will forward the information to your child's classmates. We do not allow goody bags at CDBM, however, a book donation to the classroom is always welcome and a healthy birthday treat (store-bought) may be shared at the event.

Professional Development
Faculty are expected to complete a minimum of 15 hours of Professional Development each year, which may include attendance at national or local conferences, university courses, self-reporting, or in-service work sponsored by Casa Dei Bambini. The school supports the ongoing professional development of its faculty.

Frequently Asked Questions and Other Information

Casa Dei Bambini is licensed as a DCFS Day Care facility. However, we pride ourselves on being a private school with a planned curriculum and certified Montessori Teachers and authentic materials. For that, we cannot operate on a drop-in-basis or on weekly tuition. Our Staff and finances are arranged on a school year budget. Our Staff-Student ratio is fixed for each time period, and we do not over crowd our classrooms or overtax our teachers. Our program and our costs go on even when your child is absent. We cannot give credit for absent children or children on vacation or holidays., per our school policy. Our teachers are well-educated individuals who are here because they are dedicated to working with children, and because they enjoy the job; we must respect them. Providing a SAFE, stimulating educational program for the children is our first priority.

Q. What is the school's expectation of parents?

A. Make continuing efforts both to understand and to embrace the Montessori approach, and to work in partnership with the school. These efforts should begin before admission. The school desires parents who understand and embrace the mission of the school. We help parents learn about the Montessori approach by providing information and opportunities for parent education as part of the admission process—so that parents can make an informed decision in choosing to enroll their children—and continue to provide more opportunities throughout a family's years at the school. Once children are enrolled, the school expects parents to attend regularly scheduled parent/teacher conferences and parent education events, and to familiarize themselves with the philosophy, policies and procedures contained in the parent handbook and other school publications.
Children thrive when home and school work in harmony, with both environments sharing the same educational values and expectations. We hope you invest in your child's foundation by allowing him or her to complete his cycle at CDBM thereby finishing the kindergarten year, graduating, and moving up to a first-grade or lower elementary community.

Q. What contribution can I make to a positive school community?
A. Demonstrate respect for all adults and children, the school, and the school's programs. Model respect not only for your children but also for classmates, teachers, and school staff. Respect begins with civility and deepens our trust. Our most fundamental behavioral guidelines for the children are, "Respect yourself, respect others, and respect the environment ." We expect the same from adults, parents, and school staff, at times and in all relationships within the school community. This includes speech and outward behavior. Support your child by speaking of her/his teachers, classmates, and school in positive terms. Respect and abide by the school's policies and procedures. Honor your commitments. Look for ways to make a positive contribution to the life of the school. Through your behavior, you contribute to your children's moral development and to the culture and climate of their school, which they experience on a daily basis.

Q. How can I create consistency between home and school?
A. Strive to parent according to Montessori principles so life is consistent for yoru child at home and at school. Learn as much as you can about Montessori principles as they apply to the preparation of your child's home environment as well as the way we parents interact with our children. This begins with the general principle, "Never do something for your child that he can do for himself". Allow your child to engage in all of the simple tasks of practical life that a child can do for himself at each stage of development. Montessori education may also entail learning a communication style different from the way in which we were parented. Children develop a love of learning and become responsible, independent, and capable when parents' values and expectations are consistent with those of the school.

Q. What are my responsibilities regarding communication between home and school?
A. We send home **RED** Friday folders which is a primary tool for communication. One side has the child's finished work to keep at home, and the other side are documents to be returned back to school. Please return the red folder on the following school day. We also mass-email parents about relevant information. You can also follow us on our FB page for current activities and pictures/videos.
We maintain active, direct, and respectful two-way communication with the school. Read communications that are sent home, including letters, newsletters, and calendars. Inform the school in a timely fashion of pertinent changes in your child's life. Active communication involves parents sharing observations and concerns about their child with the child's current teacher In matters large and small, remember the principle of respect: even when there is disagreement, disagree respectfully. Children prosper most when the primary voices work together in harmony. Lost or damaged folders have a $5 replacement fee. Please turn in your child's folder when you exit CDBM.

Q. What can I expect of the school academically?
A. Casa Dei Bambini aspires to fulfill its mission as a Montessori school. As a Montessori school, we are different from traditional schools. Our first commitment is to the multi-dimensional development of the child. Montessori children do intake a great deal of factual knowledge at school. However, our aim is for each child to be far more than a repository of this information; we guide each child to think for himself or herself. Cognitive development with a solid academic foundation is important, yet they represent only one dimension of our aspirations for your child Equally significant is your child's social, emotional, spiritual, and physical development - what we call, "Whole Child Development."
Children are given choices and a great deal of freedom—within limits—during the school day. The choices a child makes, and the accompanying responsibilities, influence the emerging character of your child. Choosing his or her own work and then following that work through to completion, while working independently or in cooperation with others, the Montessori child identifies his or her interests and develops his individual gifts.

Significant emphasis is placed upon community service Younger children learn by serving their small community, e.g. classmates, classroom, and family.

As they grow, children reach out to the larger community and experience the many rewards of helping others The children gain awareness and appreciation of others, of the challenges faced by others, and equally importantly, of their own strengths and abilities to help others and affect the world around them Community service is an integral and important part of their lives, and stays with them well beyond their years at Casa-Dei-Bambini. We treat each child with dignity and respect, and expect that she will treat all others with the same respect We treat each child as an individual and strive to develop each child's unique gifts—within the context of the classroom and the school community With freedom comes responsibility, and each child learns to balance his personal freedom with a clear sense of responsibility to himself, to others, and to the community as a whole

Q. What can I expect in terms of communication from the school?
A. We aim to maintain open, honest, timely, and respectful communication with you about your child and about information affecting the school community.
There are two regularly scheduled parent-teacher conferences each year, accompanied by written summaries, and a year-end written progress report.

In the event of special concerns, your child's teacher will contact you to discuss these concerns by phone, by email, or in person In addition to conference reporting, classroom teachers will communicate with you via classroom letters and newsletters, email messages, and short reports as needed for individual children.

Each Casa Dei Bambini teacher is a well-trained professional and her evaluation is confidential and based on direct observation of your child. She will always offer her current best understanding of your child's progress and her strengths and needs. For all children, this evaluation is based on the teacher's observation, which may be augmented by input from the division director and/or auxiliary staff.

Q. What can I expect of the school environment?
A. We strive to ensure an environment that is physically and emotionally safe and supportive, as well as aesthetically beautiful. Dr. Montessori said that the teacher's first responsibility is to prepare the environment. This means that the learning materials should correspond to the developmental characteristics of the child at each level, and that those materials must be attractive to the child: correct in size, aesthetically pleasing, well-maintain, and complete. More broadly, the whole school environment must appeal to the child and inspire his work. We are ever vigilant to ensure that the school building and grounds are physically safe, secure, and well-maintained. Our community of children and adults comprises a social environment and culture that impacts the child's experience. We strive to make this environment emotionally supportive and safe for every child. We will work with your child in developmentally appropriate ways. We deal with any concerns or problems as they arise, empowering him/her with social skills and aiding him/her in the development of emotional intelligence. This is meant to prepare him/her for a lifetime of working with others in different communities and organizations.

Q. What can I expect of the school administration?
A. Integrity; a focus on the needs of the individual child in harmony with the life of

the community; mission-driven decisions embodying good stewardship and responsible management; and an open door to your questions or concerns.
We believe that the child and her/his needs are the central and commanding focus of the learning process. It is the role of the school to observe, to know, and to defend the child as he/she proceeds through the stages of development. We respond to each child's individual needs to ensure they are properly placed in the correct environment that best suits your child's abilities.

We see in each child the future of society, our nation, and our planet. The child has unlimited possibilities and the future rests on our ability to cultivate this potential. Casa Dei Bambini seeks students from diverse social, economic, ethnic, racial, and religious backgrounds. We recognize that education requires an ethical environment in which the values of the community are respected and the worth of the individual protected. The special relationship between the child and adult in a Montessori classroom is conveyed by these words of a young child: "Help me to do it myself. "

Q. How can I contact the Department of Child and Family Services?
Parents and families may visit the website at https://www2.illinois.gov/dcfs/Pages/default.aspx or the State office can be contacted or by calling the hotline to submit a report at 1-800-252-2873. A copy of the State DFPS Minimum Standards is required to be reviewed and signed off during registration.

Health and Safety Records:
Students will not be able to attend school until we have all necessary school forms on file plus: 1) EMERGENCY CARD 2) COPY OF BIRTH CERTIFICATE 3) CURRENT IL HEALTH CERTIFICATE SIGNED BY THE DR (MUST BE DATED 6 MOS PRIOR TO START DATE).
These records will ensure that we have all of the information necessary to handle any

emergencies involving your child expeditiously. Please be sure that these forms are updated at all times—especially with phone numbers and emails where parents can be reached. We must have an EMERGENCY CONTACT listed "OTHER THAN PARENT" on file.

Is My Child Too Ill to Come to School?

We cannot admit your child to school if one or more of the following conditions exists:

- The illness prevents the child from participating comfortably in normal school activities, including outdoor play;
- The illness/injury requires more care than teachers can provide without compromising the health, safety, and supervision of the other children in the class;
- Symptoms and signs of possible severe illness, such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill;
- A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious.

Per DCFS 407.310:

- b) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690) shall be **excluded from the center**.
- c) Children shall be screened upon arrival daily for any obvious signs of illness. If symptoms of illness are present, the childcare staff shall determine whether they are able to care for the child safely, based on the apparent degree of illness, other children present, and facilities available to care for the ill child.
- 1) Children with diarrhea and those with a rash combined with fever (oral temperature of 101º F or higher or under the arm temperature of 100º F or higher) shall not be admitted to the daycare center while those symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.
- 2) Children need not be excluded for a minor illness unless any of the following exists, in which case exclusion from the daycare center is required:
- A) Illness that prevents the child from participating comfortably in program activities;
- B) Illness that calls for greater care than the staff can provide without compromising the health and safety of other children;
- C) Fever with behavior change or symptoms of illness;
- D) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness;
- E) Diarrhea;
- F) Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration;
- G) Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious;
- H) Rash with fever or behavior change, unless a physician has determined the illness to be noncommunicable;
- I) Purulent conjunctivitis, until 24 hours after treatment has been initiated;
- J) Impetigo, until 24 hours after treatment has been initiated;

- K) Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours;
- L) Head lice, until the morning after the first treatment;
- M) Scabies, until the morning after the first treatment;
- N) Chicken pox (varicella), until at least 6 days after onset of rash;
- O) Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed;
- P) Mumps, until 9 days after onset of parotid gland swelling;
- Q) Measles, until 4 days after disappearance of the rash; or
- R) Symptoms that may be indicative of one of the serious, communicable diseases identified in the Illinois Department of Public Health Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

Children must be fever-free for at least 24 hours without fever-reducer medication in order to return back to school**. The safety and security of the children and staff is our number one priority. Thank you for your understanding, respect, and cooperation!**

Contagious Diseases:
Parents should report to the school contagious diseases such as diagnosed chicken pox, strep throat, head lice, pink eye, etc. Please call the school office an email will then be sent home to alert other families in the class; no mention of the child's name will be made. If your family does not have an email address, we will send a note. You will be contacted in the event your child exhibits any such symptoms at school. Please also refer to Communicable Diseases, later in this section.

Guidelines for Head Lice:
Parents/guardians should consult their physician, pharmacist or Texas Lice Squad for advice on the proper use of an approved medicated shampoo for head lice.

- Exclude from attendance: yes
- Re-admission Criteria
- Student's scalp is free of live lice and nits

Illness, Accidents, and Emergencies at School
The school employs a proactive safety program that focuses on prevention to minimize accidents and injuries to children and faculty. We review our policies and procedures regularly and conduct safety inspections to correct any potential hazards. In addition, we review the staff coverage to ensure proper adult supervision is maintained.

The administration has updated CPR FIRST AID training. CDBM also has a nurse who visits monthly and is our resource contact for consultations. If an accident or injury occurs, faculty respond immediately and follow emergency procedures. Each classroom is equipped with a first-aid kit which is inspected regularly. **An Accident/ Incident Report is completed whenever an accident or injury occurs, and the report is reviewed by admin.** We maintain records of all such occurrences and parents receive a copy. You may also be notified via Brightwheel in advance. Parents and guardians are asked, upon enrollment, to sign an Emergency Release Form empowering the school to seek and approve emergency medical treatment in the event the parent cannot be reached.

Minor Injuries:
An adult attends to the child and administers first aid. The lead teacher or administrator

informs the parent about the situation, either by phone, in person at dismissal time, or by note.

If the child has sustained an injury to the face, we will advise the parent as soon as possible. The lead teacher completes the Accident/Incident Report and routes it to the Director, who reviews it and forwards it to the Administrator who maintains the accident file in her office.

Serious Injuries:
In the event of serious injury, a faculty member will immediately call 9-1-1 and notify the parents. The staff will administer first aid until the arrival of professional rescuers. Parents will be notified at the earliest opportunity so they may come to the school. If a parent cannot be reached, a faculty or staff member will remain with the child, accompanying him or her to the hospital, if necessary. After the emergency is handled, the lead teacher fills out an Accident/Incident Report. The administration will contact the family to check on the condition of the injured child later in the day.

Life-Threatening Allergic Reactions:
We follow the steps outlined above under "Serious Injury ". Please complete an Allergy Action Plan and provide any emergency medications. All staff and faculty who work with your child have been trained to recognize allergy symptoms and how to administer the Epi-Pen. We will follow the steps outlined in the doctor's "ACTION PLAN". Contact the front office if your child needs this form.

Administering Medications:
If your child requires medication, please confer with your doctor and when necessary obtain medication that can be administered daily.
If it is absolutely necessary that your child have medication administered during school hours, please fill out a CONSENT FORM to give Permission to Dispense Medication (over the counter OR prescription) from the school office. School staff will not administer medication, including aspirin or other over-the-counter pain relievers, without the written authorization of a parent. Do not send medication to school in your child's backpack.

Administration will maintain the records of dispensation and will be responsible for dispensing the medication to the children. The medications will be kept in a lock box either refrigerated or stored.

Per DCFS 407.360

a) CDBM shall maintain a written policy regarding medications.

b) Both prescription and non-prescription medication shall be accepted only in its original container.

1) Prescription medications shall be labeled with the full pharmacy label.

2) Over-the-counter (non-prescription) medication shall be clearly labeled with the child's first and last name. The container shall be in such condition that the name of the medication and the directions for use are clearly readable.

c) Medication shall be administered in a manner that protects the safety of the child.

1) A specific staff person shall be designated to administer and properly document the dispensation of the medication each day.

2) Prescription medication shall be administered as required by a physician, subject to the receipt of appropriate releases from parents which shall be on file and regularly updated. Prescription medication shall be used only for the child named on the label.

3) Over-the-counter medications may be dispensed in accordance with the manufacturer's instructions when provided by the parent with written permission.

4) CDBM shall maintain a record of the dates, times administered, doses, prescription number, if applicable, and the name of the person administering the medication.

d) Medications shall be safely stored.

1) Medication containers shall have child-protection caps whenever possible.

2) All medication, whether refrigerated or unrefrigerated, shall be kept in locked cabinets or other containers that are inaccessible to children and that are designated and used only for this purpose.

3) Medications shall be kept in a well-lighted area.

4) Medications shall be kept out of the reach of children.

5) Medication shall not be kept in rooms where food is prepared or stored, unless refrigerated in a separate locked container.

e) Medication shall not be used beyond the date of expiration.

f) When a child no longer needs to receive medication, the unused portion or empty bottle shall be returned to the parent.

g) Any topical products, such as diaper ointment, sunscreen or insect repellant, whether supplied by the parent or by the child care center, shall be approved by the parent in writing prior to use on the child.

Medications must be delivered to the school office in the original container, labeled with the child's name, a date, and dosage directions for administration, the physician's name, and pharmacy name. The school will administer the medication only as stated on the label instructions, or as amended in writing by the child's physician.

Follow these guidelines to allow school staff to dispense over-the-counter medications: The child must fall within the correct age range written on the label instructions of over-the-counter medication, or else we must receive a doctor's written instructions stating the amount and dosage schedule. We cannot give medication "as needed" without prior detailed written instructions, or verbal consent from a parent at the

time of administration. Parents must give written notification when a child is to stop taking a medication. Parents must provide dispensers for medication.

Vaccinations per DCFS 407.310

a) A medical report on forms prescribed by the Department shall be on file for each child.

1) The initial medical report shall be dated less than 6 months prior to enrollment of infants, toddlers, and preschool children. For school-age children, a copy of the most recent regularly scheduled school physical may be submitted (even if more than 6 months old) or the daycare center may require a more recent medical report by its own enrollment policy. If a health problem is suspected, the daycare center may require additional documentation of the child's health status.

2) If a child transfers from one daycare center to another, the medical report may be used at the new center if it is less than one year old. In such a case, the center the child is leaving shall maintain a copy of the child's medical form and return the original to the parent.

3) The medical examination shall be valid for 2 years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the daycare center.

4) The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, Haemophilus influenza B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules (http://www.idph.state. il.us).

5) If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high-risk group begin elementary and secondary school.

6) The initial examination shall show that children from the ages of one to 6 years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for

children residing in an area defined as low risk by the Illinois Department of Public Health).

7) In accordance with the Child Care Act of 1969, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for waiver shall be in writing, signed by the parent or parents, and kept in the child's record.

8) Exceptions made for children who should not be subject to immunizations or tuberculin tests for medical reasons shall be indicated by the physician on the child's medical form.

9) Daycare centers shall maintain an accurate list of all children enrolled in the center who are not immunized, as required by Illinois Department of Public Health rules (77 Ill. Adm. Code 695.40, List of Non-Immunized Child Care Facility Attendees or Students). The number of non-immunized children on the list shall be available to parents who request it.

10) Medical records shall be dated and signed by the examining physician, advance practice nurse (APN) who has a written collaborative agreement with a collaborating physician authorizing the APN to perform health examinations, or physician assistants who have been delegated the performance of health examinations by their supervising physician, and include the name, address, and telephone number of the physician responsible for the child's health care.

Exemptions:
The law allows physicians to write a statement stating that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child. The law also allows parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (e.g. if a record is lost or incomplete, and it is too much trouble to go to a physician or clinic to correct the problem).

For children needing medical exemptions, a written statement by the physician should be submitted to the school. Instructions for the affidavit to be signed by parents/guardians choosing the ex- emption for reasons of conscience, including a religious belief . Schools should maintain an up-to-date list of students with exemptions, so they can be excluded from attending school if an outbreak occurs.

Provisional Enrollment:
All immunizations should be completed, and up to date, by the first date of school attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible, and provide acceptable evidence of vaccination to the school.

A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Documentation:
Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel have validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated. Medical records

Annual Vision & Hearing Screening:
The annual Vision and Hearing Screening may be scheduled during the school year. In that case, required forms authorizing the child's vision and hearing screening will be sent home in advance. Illinois State Law requires this screening for children ages 3 and older and is often done at the pediatric office. If the child wears glasses or contacts, please be sure they bring them to school daily. If parents have already done this screening with their own Pediatrician, they are required to submit that report to Casa Dei Bambini, which will be provided to the State. More information can be found at www.dph.illinois.gov/topics-services/prevention-wellness/vision-hearing. "The center shall ensure that hearing and vision screening services are provided annually in accordance with Illinois Department of Public Health's Hearing and Vision Screening Codes (77 Ill. Adm. Code 675 and 685) and the Illinois Child Vision and Hearing Test Act[410 ILCS 205]"

TB (Tuberculin) Testing Requirements:
All teachers and assistants are required by DCFS to have a current TB test, since they work with young children and food preparation. If for any reason a faculty member cannot take the Tine test or Mantoux test, a chest x-ray may be taken every three years.

School Regulations & Expectations

Animals at School:

We do not have live animals on our Aurora/Naperville CDBM campus. We do have koi fish in a gated pond and freshwater fish in lobby tanks.

Building Security:

There are approximately 80 live cameras within our facility. We do NOT broadcast the cameras over a live feed for parents to watch from home or work. Monitors are located near the front desk. The main entrance is open only at arrival and dismissal times. All visitors are required to enter through the front door, sign in and wait to be greeted. Please ring the bell if you do not see a staff member.

During the school day, children are not to leave their classroom or the building without the permission of their teacher. However, freedom of movement within the classroom is a part of the Montessori approach to education. Immediately adjacent to some of the classrooms is an outdoor environment that acts as an extension of the indoor environment and, as such, is open to the children in accordance with the ground rules of their class. Some classrooms allow children to work in the hallways of the school as well, with supervision. Children are often given permission to walk in pairs to other parts of the building during the day. Each classroom develops a monitoring system that lets the teacher know the comings and goings of each child.

Child Abuse Reporting

Background Checks for Personnel / DCFS - Section 407.110

The daycare center shall require all persons subject to background checks, as defined in 89 Ill. Adm. Code 385.20, to furnish written information regarding any criminal convictions, to submit to fingerprinting and to authorize the background checks required by 89 Ill. Adm. Code 385, Background Checks. (Source: Added at 22 Ill. Reg. 1728, effective January 1, 1998)

ABUSE AND MOLESTATION / GROOMING POLICY - updated 11/7/23

1) We have a zero tolerance for abuse, molestation, or "grooming" of students or other employees. All suspicions or allegations should be escalated to a supervisor at CDBM.

2) "GROOMING" is the process used by an abuser to select a child, win the child's trust of the child's parent or "gatekeeper", manipulate the child into secrets, and keep the child from disclosing the abuse. Because sexual abusers often seek *children* for abuse, it is possible a staff member or volunteer may witness behavior intended to "groom" a child for sexual abuse. Staff members must report "grooming" behavior, any policy violations, or any suspicious behavior to a supervisor at CDBM.

3) If there is Abuse, Molestation, or "Grooming" observed at CDBM, the following actions will be taken by CDBM:

a) Director will interview the parties to find out what happened

b) Director will create a report for the parties involved, including the parents of victim

c) Director will inform DCFS, CHILD PROTECTIVE SERVICES, and any other appropriate agency.

d) Director will respond to the victim's family by providing information related to assistance for counseling options.

e) Employee will take disciplinary action by way of a reassignment or be terminated in order to fulfill consequences of prohibited or harmful acts. Any required trainings will be recommended.

f) Employee may not have one one-on-one interaction with the victim by way of physical contact or verbal conversations during the investigation

g) If necessary, authorities will be called.

Prevent and respond to abuse and neglect of children. This includes:

- Required annual training for employees;
- Methods for increasing employee and parent awareness of issues regarding child abuse and neglect, including warning signs that a child may be a victim of abuse or neglect;
- Methods for increasing employee and parent awareness of prevention techniques for child abuse and neglect;
- Strategies for coordination between the center and appropriate community organizations; and actions that the parent of a child who is a victim of abuse or neglect should take to obtain assistance and intervention.

Cleanliness and Order

The level of cleanliness that the children deserve and the administration expects can be ensured only by the CDBM team. Lead teachers are fully responsible for a prepared environment including washing tables each day and for maintaining shelves and materials in good order and cleanliness.

The lead teacher is responsible for removing incomplete or damaged equipment from active use by the children. (If anything accidentally comes home with a student, please return it to school so that all lessons remain complete and intact.) Staff must also be the ones who notice things like cobwebs, fingerprints, dirty windows, chairs, etc. and make sure they get taken care of right away.

Professional Cleaners are responsible each SCHEDULED day for cleaning the floors, bathrooms, and sinks, and emptying the trash. Please notify the office if things are less than clean on campus. No major cleaning will take place when the children are in attendance. Teachers and students attend to the daily responsibilities of keeping their environment neat and tidy on a regular basis. The prepared environment is extremely important to the sense of order being established at school.

Discipline Policy Summary and Key Provisions

This policy outlines Casa Dei Bambini Montessori's approach to student discipline, focusing on fostering self-control and positive behavior through the Montessori Philosophy and consistent expectations.

Core Philosophy and Proactive Measures
The school's primary goal is to help children achieve self-control and discipline by developing positive traits, modeling appropriate behavior, and providing varied activities. Ground rules emphasize common courtesy and respect for individuals and groups. Staff are required to be sensitive to the child's developmental needs, encouraging and praising positive actions to proactively diminish the need for external discipline.

Unacceptable Conduct and Prohibited Actions
Teachers will communicate with parents regarding "unacceptable conduct," which includes actions that intentionally cause physical harm to classmates/staff/school materials, uncontrollable tantrums, bullying, foul language, and disregard for safety rules. The policy strictly prohibits any form of corporal punishment, emotional neglect, abusive language, ridicule, or any behavior that will intimidate, frighten, or endanger a child or their self-image.

Behavior Guidance and Support Plans
When external discipline is necessary, staff follow a structured approach:
- **Positive Reframing**: Stopping misbehavior by explaining the ground rule and framing it in positive terms (e.g., "walk inside" instead of "don't run").
- **Rationale**: Stating the reason for the rule and modeling appropriate behavior.
- **Intervention**: Suggesting alternative activities, temporarily removing a child from the group for observation and composure, and taking time to chat with children in constant need of discipline to explore ways of making life more pleasant.

For persistent issues, the Lead Teacher will arrange a parent conference to agree on a specific course of action and a follow-up meeting. In cases of serious, continued difficulties, the school will insist on a cooperative effort between teachers, parents, and outside professionals to structure a successful program for the child, which serves as an **individualized Behavior Support Plan.**

Discipline and Guidance Steps:
1. The school communicates behavior and observations to the parent.
2. The school and the family will agree to make accommodations and interventions to limit or redirect the behavior.
3. Recommendations are made to the parent while the school continues to work with accommodations and interventions.

Transition and Acclimation Plans

The policy incorporates two types of Transition Plans:

1. New Enrollment Transition: The school recognizes that a child may take up to six weeks to acclimate and adjust to new routines and rules. Teachers actively support the child throughout this period.

2. Departure Transition: As a last resort, the school may provide comprehensive recommendations to parents to support the child's transition away from the program. These recommendations are tailored to the child's specific needs and may include referrals to outside professionals, guidance on follow-up educational options, and strategies for maintaining positive behavioral supports in a new environment.

Safety is our priority, and our program is committed to providing a nurturing environment conducive to learning and growth for all of our students at Casa Dei Bambini Montessori.

GUNS are not permissible:
We are a gun-free and gang-free environment within a 1,000-foot zone of our school premises.

Pest Management:

CDBM uses a contracted pest management service using an Integrated Pest Management approach (IPM). The goals of an IPM program are to use pesticides only when and where necessary and to incorporate as many non-chemical control measures as possible. Inspections are made with each monthly visit, or whenever deemed necessary and will be documented on the technician's service report / pest management binder. CDBM will be treated for pests when children are not present and parents will be notified 3 days in advance prior to regular or urgent services. Our contract is with Orkin at 630-505-7258. Contact an administrator via email if you see or suspect unusual pest activity so we get support from ORKIN.

Smoking - Casa Dei Bambini School is a smoke-free environment; smoking is not permitted on campus or school grounds. Cannabis of any type or form shall not be consumed, possessed, stored at, or on the premises of CDBM.

Sexual Harassment-Discrimination Policy

If an employee of the school experiences or views a situation that can be interpreted as

sexual harassment, under Title VII and also under state law, this behavior is considered sex discrimination. This is not limited to supervisor/employee relationships but can also apply to co-employees and students. *Title VII of the Civil Rights Act of 1964 is a federal law that prohibits employers from discriminating against employees on the basis of sex, race, color, national origin, and religion. It generally applies to employers with 15 or more employees, including federal, state, and local governments. Title VII also applies to private and public colleges and universities, employment agencies, and labor organizations.*

What is Sexual Harassment*?*
Defining sexual harassment is easier than identifying it in the real world. Each situation depends on the facts of the particular case. In its simplest sense, sexual harassment occurs when an employee is harassed because of his or her sex, male or female Conduct can constitute sexual harassment even though it is not overtly sexual, such as fondling or touching. For example, verbal abuse, display of pornography, or perpetuation of sex-based stereotypes also may be considered sexual harassment. Moreover, men can be sexually harassed by women based on the same rationale. For example, when a male employee is heckled by his female boss because she resents working with a man, her conduct is sex-based harassment in violation of Title VII Likewise, harassment of a male employee by another male may be sexual harassment if it is based on sex. The EEOC regulations identify three categories of conduct that are deemed to be prohibited sexual harassment under federal law.

Unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

The school will not retaliate against any employee or student who makes a report of sexual or other harassment. The school will discipline any employee or student found to be engaging in any retaliatory action.

What to do as an Employee: Take timely and appropriate remedial measures to end harassment. Report the behavior or incident immediately. Report to either the head of school, division director, or the director of finance and facilities. A good-faith investigation will be conducted and an appropriate response or action taken, based on the results of that investigation. Such matters will be treated as confidentially as possible, on a need-to-know basis.

What to do as a Teacher:
It is our responsibility as educators to prepare the children for this kind of awareness. At a very young age, they need to be aware of appropriate language and behavior. Children who are treating each other in a manner that is unwelcome and/or sexually discriminatory in

nature must be dealt with immediately. That behavior will be reported to the division director and to the parents of the offending child. If this behavior interferes with classroom work, creates an intimidating, hostile, or offensive environment, and/or affects the psychological well-being of any child in a pervasive manner, it is designated as discrimination.

APPENDIX A – Illnesses & Diseases

Communicable Diseases

When a Communicable Disease is Diagnosed or Suspected

- Segregate the ill child from well children at the facility until he/she can be taken home
- Adhere to the exclusion and readmission recommendations provided on the chart
- Children or adults with fever should not be readmitted until fever subsides
- Children or adults with diarrhea should not be readmitted until diarrhea subsides
- Children or adults with fever should not be readmitted until fever subsides
- Children or adults with conjunctivitis, bacterial meningitis, or tuberculosis should not be readmitted without a note from their pediatrician
- Inform all parents of exposed children about the illness Ask parents to watch their children for signs and symptoms of the disease

Observe the appearance and behavior of exposed children. Be alert to the onset of disease; inform parents immediately to seek medical advice and treatment.

Use a sanitizing procedure and encourage staff and children to take extra precautions with hand washing, food handling, dishwashing, and general cleanliness Immediately wash, rinse, and sanitize any object or surface that has been soiled with discharge (such as nasal discharge or feces). Sanitize diaper-changing tables, toilets, and potty chairs after each use.

Exclusion from Attendance

Exclusion from attendance is fully specified in the DCFS Handbook. The major criterion for exclusion from attendance is the probability of spread from person to person. A child may have a non-communicable illness yet require care at home or in a hospital. We will notify the classmates anonymously of any communicable disease or transferable illness so parents can monitor their child's symptoms.

Readmission

Children excluded for a communicable disease may be readmitted by a written note from a health care worker (HCW): a physician, local health authority, advanced nurse, or physician's assistant. A school or child-care facility administrator may require a note from a parent or HCW for readmission regardless of the reason for the absence.

APPENDIX B - Communicable Disease Guidelines A to Z

AIDS / HIV Infection Incubation period: variable

Signs and symptoms: weight loss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver Individuals may be asymptomatic
Exclusion from attendance: no, unless child's physician determines that a severe or chronic skin eruption or lesion that cannot be covered poses a threat to others The child's parents and physician should be advised in the case of measles, rubella, or chicken pox outbreaks in school: these may pose a health threat to the immunosuppressed child
Readmission criteria: N/A
Reportable disease: yes, but schools are not required to report
Prevention, treatment, and comments: Teach the importance of hand-washing When cleaning up spills of blood or body fluids, wear gloves and use a suitable disinfectant Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection .
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Amebiasis Incubation period: commonly 2-4 weeks

Signs and symptoms: intestinal disease may vary from asymptomatic to acute dysentery with bloody diarrhea, fever, and chills The parasite may disseminate to other internal organs
Exclusion from attendance: yes
Readmission criteria: after treatment is initiated
Reportable disease: yes, call (800) 705-8868
Prevention, treatment, and comments: Adequate treatment is necessary to prevent/eliminate extraintestinal disease Teach the importance of hand-washing This disease is relatively uncommon in the United States, but can be acquired in developing countries It is spread by personal contact or through food and/or drink
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

CAMPYLOBACTERIOSSIS Incubation period: ranges 1–10 days, commonly 2–5 days

Signs and symptoms: sudden onset of diarrhea, abdominal pain, fever, malaise, nausea, and vomiting
Exclusion from attendance: yes
Readmission criteria: after diarrhea and fever subside Reportable disease: yes, call 800-705-8868
Prevention, treatment, and comments: Teach the importance of hand-washing This is frequently a foodborne infection Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

CHICKEN POX (VARICELLA) Incubation period: ranges 2–3 weeks, commonly 13–17 days

Signs and symptoms: fever and rash that may appear first on head, then spread to body Usually two or three crops of new blisters that heal, sometimes leaving scabs
Exclusion from attendance: yes
Readmission criteria: seven days after onset of rash Immunocompromised individuals should not return until all blisters have crusted over.

Reportable disease: yes, call 800-705-8868

Prevention, treatment, and comments: Shingles is a reactivation of the varicella virus Since contact with the virus may cause chickenpox in a susceptible child, it is recommended that a case of shingles be treated similarly to a case of chickenpox A vaccine is available Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician**.**

Common Cold Incubation period: ranges 1–5 days, commonly 2 days

Signs and symptoms: runny nose, watery eyes, fatigue, coughing, and sneezing
Exclusion from attendance: no, unless fever is present (see Fever)
Readmission criteria: after fever subsides Reportable disease: no

Prevention, treatment, and comments: Teach the importance of washing and covering the mouth when coughing or sneezing Colds are caused by viruses; antibiotics are not indicated Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Conjunctivitis, bacterial or viral (Pink Eye) Incubation period: bacterial, 1–3 days; viral, 12 hours to 12 days

Signs and symptoms: red eyes, usually with some discharge or crusting around eyes
Exclusion from attendance: yes Readmission criteria: until effective treatment and approval by a health-care worker

Reportable disease*:* Prevention, treatment, and comments: Teach the importance of hand-washing. Allergic conjunctivitis is not contagious and may be confused with bacterial and viral conjunctivitis. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Coxsackie virus diseases (hand, foot, and mouth disease)*:* commonly 3–5 days

Signs and symptoms: rash in mouth, hands (palms and fingers), and feet (soles)
Exclusion from attendance: no, unless fever Readmission criteria: N/A

Reportable disease: no Prevention, treatment, and comments: Promote hand-washing and universal precautions. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Cryptosporidiosis Incubation period: ranges 1–12 days, commonly 7 days

Signs and symptoms: diarrhea, which may be profuse and watery, preceded by anorexia and vomit- ing in children The diarrhea is associated with abdominal pain Malaise, fever, nausea, and vomiting occur less often Infection may be asymptomatic

Exclusion from attendance:

Readmission criteria: after diarrhea subsides Reportable disease: yes, call 800–705-8868 Prevention, treatment, and comments: Teach the importance of hand-washing.
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.
Cytomegalovirus (CMV) infection
Incubation period: unknown under normal circumstances
Signs and symptoms: usually asymptomatic Congenital CMV infections may result in hearing
loss, pneumonia, eye inflammation, and growth and/or mental retardation Exclusion from attendance: no Readmission criteria: N/A Reportable disease: no
Prevention, treatment, and comments: Teach the importance of good hand-washing Avoid direct contact with urine, saliva, or other infectious secretions Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Escherichia coli (E. coli) infection Incubation period: 10 hours to 6 days in most cases; for E. coli 0157:H7, commonly 3-5 days

Signs and symptoms: profuse, watery diarrhea, sometimes with blood and/or mucus, and ab- dominal pain Fever and vomiting may occur Some strains (such as E. coli 0157:H7) may cause hemolytic uremic syndrome (HUS), resulting in kidney damage. Exclusion from attendance: yes Readmission criteria: after diarrhea and fever subside Reportable disease: yes, if E. coli 0157:H7 strain Call 800-705-8868. Prevention, treatment, and comments: Teach the importance of hand-washing This is usually a foodborne infection, but is also spread by hand-to-mouth contact Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Fever Incubation period: N/A
Signs and symptoms: oral temperature of (100.4 F) or greater measure when no antipyretics
(agents that reduces fever) are given
Exclusion from attendance: yes
Readmission criteria: after fever subsides
Reportable disease: no
Prevention, treatment, and comments:
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Fifth Disease (erythema infectiosum) Human Parvovirus Incubation period: variable, 4–20 days

Signs and symptoms: redness of the cheeks and body Rash may reappear Fever does not usually occur
Exclusion from attendance: no, unless fever Readmission criteria: after fever subsides Reportable disease: no
Prevention, treatment, and comments: Cases should be seen by a physician to rule out a diagnosis of measles or rubella. Pregnant women who have been exposed should consult their physician
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Gastroenteritis, Viral Incubation period: variable, usually 1–3 days

Signs and symptoms: nausea and diarrhea. Fever does not usually occur Exclusion from attendance: yes Readmission criteria: after diarrhea subsides
Reportable disease: no
Prevention, treatment, and comments: Teach the importance of good hand-washing Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Giardiasis Incubation period: ranges 3–25 days or longer, commonly 7–10 days

Signs and symptoms: gradual onset of nausea, bloating, pain and foul-smelling diarrhea. May recur several times over a period of weeks
Exclusion from attendance: yes
Readmission criteria: after diarrhea subsides
Reportable disease: no
Prevention, treatment, and comments: Treatment is recommended Teach the importance of good hand-washing This disease can spread quickly in child-care facilities Check household contacts for evidence of infection Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Head lice (Pediculosis) Incubation period: eggs hatch in 7–10 days

Signs and symptoms: itching and scratching of scalp
Presence of pinpoint-sized white eggs (nits) that will not flick off the hair shaft and live lice
Exclusion from attendance: yes, with live lice
Readmission criteria: after one medicated shampoo or lotion treatment has been given
Reportable disease: no
Prevention, treatment, and comments: Second shampoo or lotion treatment is recommended in 7–10 days Teach the importance of not sharing combs, brushes, hats, and coats Check house- hold contacts for evidence of infestation .

Hepatitis A Incubation period: ranges 15–50 days, commonly 25–30 days

Signs and symptoms: most children have no symptoms; some have flu-like symptoms or diarrhea. Adults may have fatigue, nausea and vomiting, anorexia, and abdominal pain Jaundice, dark urine, or diarrhea may or may not be present. Exclusion from attendance: yes Readmission criteria: one week after onset of illness.

Reportable disease: yes, call 800-705-8868 - Prevention, treatment, and comments: A vaccine is available Teach the importance of hand-washing Immune Globulin should be given to household contacts If more than one case occurs in a facility, Immune Globulin should be considered for all contacts at the facility Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Hepatitis B Incubation period: ranges 1.5–6 months, commonly 2–3 months

Signs and symptoms: gradual onset of fever, fatigue, nausea, or vomiting, followed by jaundice Frequently asymptomatic in children. Exclusion from attendance: no

Readmission criteria: N/A ; Reportable disease: yes, call 800-705-8868. Prevention, treatment, and comments: A vaccine is available. Teach the importance of hand-washing and not sharing toothbrushes or razors. Wear gloves and use a suitable disinfectant when cleaning up spills of blood or body fluid.s Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Herpes Simplex (cold sores) Incubation period: first infection, 2–17 days

Signs and symptoms: blisters on or near lips that open and become covered with a dark crust. Recurrences are common
Exclusion from attendance: no
Readmission criteria: N/A
Reportable disease: noPrevention, treatment, and comments: Teach the importance of good hygiene. Avoid direct contact with sores. Antivirals are sometimes used. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Impetigo Incubation period: variable, usually 4–10 days

Signs and symptoms: blisters on skin, commonly hands and face, that open and become covered, with yellowish crust. Fever does not usually occur
Exclusion from attendance: yes
Readmission criteria: after treatment has begun
Reportable disease: no

Prevention, treatment, and comments: Keep lesions covered

Teach the importance of hand-washing and keeping fingernails clean. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Influenza (Flu) Incubation period: commonly 1–3 days

Signs and symptoms: rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy, and muscle aches. Exclusion from attendance: yes

Readmission criteria: after fever subsides. Reportable disease: no

Prevention, treatment, and comments: A vaccine is available and recommended for children age 6–24 months and with certain chronic diseases. Antiviral therapy is available for patients with influenza type

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Measles (rubeola) Incubation period: range 7–18 days, commonly 8–12 days

Signs and symptoms: runny nose, watery eyes, fever, and cough. A blotchy red rash, which usually begins on the face, appears between the third and seventh day
Exclusion from attendance: yes. In an outbreak, unimmunized children should be excluded for at least two weeks after the last rash onset. Readmission criteria: four days after the onset of rash; Reportable disease: yes, immediately call 800-705-8868. Prevention, treatment, and comments: A vaccine is available.
Meningitis, bacterial Incubation period: commonly 2–10 days

Signs and symptoms: sudden onset of high fever and headache, usually with vomiting Exclusion from attendance: yes
Readmission criteria: until effective treatment and approval by a health-care worker.
Reportable disease: yes, call 800-705-8868
Prevention, treatment, and comments: Prophylactic antibiotics may be recommended for family members and close contacts at a child-care facility A vaccine is available
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Meningitis, viral Incubation period: commonly 2–10 days

Signs and symptoms: sudden onset of fever and headache, usually with vomiting
Exclusion from attendance: no, unless fever is present
Readmission criteria: when the fever subsides
Reportable disease: yes, call 800-705-8868. Prevention, treatment, and comments: Teach the importance of hand-washing

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Meningococcal infections (meningitis, meningococcemia). Incubation period: range 2–10 days, commonly 3–4 days
Signs and symptoms: sudden onset of fever, intense headache, nausea and often vomiting, stiff neck, and frequently a reddish or purplish rash on the skin or mucous membranes. Exclusion from attendance: yes
Readmission criteria: until effective treatment and approval by a healthcare worker
Reportable disease: yes, **immediately call 800-705-8868**
Prevention, treatment, and comments: Prophylactic antibiotics may be recommended for family members and close contacts at a child-care facility. In an outbreak,a vaccine may be recommended for persons likely to have been exposed
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Mononucleosis, infectious (Epstein-Barr virus) Incubation period: commonly 30–50 days

Signs and symptoms: variable. Infants and young children are generally asymptomatic. Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat. Exclusion from attendance: yes ; Readmission criteria: when a physician decides or after fever subsides, some children with fatigue may not be physically able to return to school (childcare) until symptoms subside
Reportable disease: no
Prevention, treatment, and comments: Minimize contact with saliva or nasal discharges, and teach the importance of hand-washing. Sanitize surfaces and shared items

Mumps Incubation period: ranges 12–25 days, commonly 16–18 days

Signs and symptoms: swelling over the jaw in front of one or both ears Pain in the cheeks made worse by chewing. Exclusion from attendance: yes
Readmission criteria: after nine days from the onset of swelling
Reportable disease: yes, call 800-705-8868. Prevention, treatment, and comments: A vaccine is available. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Otitis Media (earache) Incubation period: variable

Signs and symptoms: fever, ear pain. May follow respiratory illness
Exclusion from attendance: no, unless fever
Readmission criteria: after fever subsides. Reportable disease: n.o Prevention, treatment, and comments: Antibiotics are only indicated for acute otitis media
Children should not be given aspirin for symptoms of any viral disease, confirmed or

suspected, without consulting a physician.

Pertussis (whooping cough) Incubation period: ranges 6–21 days, commonly 7–10 days

Signs and symptoms: low-grade fever, runny nose, and cough lasting about two weeks, followed by paroxysmal coughing spells and "whoop" on inspiration
Exclusion from attendance: yes
Readmission criteria: after completion of five days of antibiotic therapy -
Reportable disease: yes, immediately call 800-705-8868

Prevention, treatment, and comments: A vaccine is available. In-immunized contacts should be immunized and receive antibiotic prophylaxis. Adults with a persistent cough for more than 2 weeks should be evaluated
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Pharyngitis, non-streptococcal (sore throat). Incubation period: variable

Signs and symptoms: fever, sore throat, often with large, tender lymph nodes in the neck
Exclusion from attendance: no, unless fever
Readmission criteria: after fever subsides
Reportable disease: no
Prevention, treatment, and comments: a virus causes Non-Streptococcal pharyngitis; antibiotics are not indicated. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Pinworms: Incubation period: variable, 2 weeks to 2 months or longer

Signs and symptoms: perianal itching. Exclusion from attendance: no
Readmission criteria: N/A
Reportable disease: no
Prevention, treatment, and comments: Treatment recommended. Teach the importance of hand- washing Check household contacts for infestations
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Ringworm of the body Incubation period: commonly 4–10 days

Signs and symptoms: slowly spreading, flat, scaly, ring-shaped lesions on the skin. The margins may be reddish and slightly raised. Exclusion from attendance: no
Readmission criteria: N/A Reportable disease: no
Prevention, treatment, and comments: Treatment is recommended. Keep lesions covered. This disease is a fungal infection
Children should not be given aspirin for symptoms of any viral disease, confirmed or

suspected, without consulting a physician.

Ringworm of the scalp: Incubation period: commonly 10–21 days

Signs and symptoms: slowly spreading, balding patches on the scalp with broken-off hairs. Exclusion from attendance: yes. Readmission criteria: after treatment has begun. Reportable disease: no
Prevention, treatment, and comments: Teach the importance of not sharing combs, brushes, hats, and coats. This disease is a fungal infection
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Rubella (German measles) Incubation period: ranges 14 to 23 days, commonly 16–18 days

Signs and symptoms: cold-like symptoms Swollen, tender glands at the back of the neck Fever. Changeable pink rash on face and chest
Exclusion from attendance: yes
Readmission criteria: seven days after onset of rash In an outbreak, un-immunized children and pregnant women should be excluded for at least three weeks after last rash onset. Reportable disease: yes, call 800-705-8868 within one working day.
Prevention, treatment, and comments: A vaccine is available
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Salmonellosis Incubation period: range 6–72 hours, commonly 12–36 hours
Signs and symptoms: sudden onset of fever, abdominal pain, diarrhea, and sometimes vomiting. Exclusion from attendance: yes.
Readmission criteria: after diarrhea and fever subside. Reportable disease: yes, call **800-705-8868**
Prevention, treatment, and comments: Teach the importance of hand washing. This is frequently a foodborne infection
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Scabies Incubation period: first infection, 2–6 weeks; repeat infection, 1–4 days
Signs and symptoms: small, raised, red bumps or blisters on the skin with severe itching, often on the thighs, arms, and webs of fingers
Exclusion from attendance: yes
Readmission criteria: after treatment has begun
Reportable disease: no
Prevention, treatment, and comments: Teach the importance of not sharing clothing. Patients may have a rash after treatment, but it will subside. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.
Sinus infection
Incubation period: variable
Signs and symptoms: fever, headache, greenish to yellowish mucus for more than

one week
Exclusion from attendance: no
Readmission criteria: N/A Reportable disease: no
Prevention, treatment, and comments: Antibiotics are only indicated for long-lasting or severe sinus infections
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Shigellosis Incubation period: ranges 1–7 days, commonly 2–3 days

Signs and symptoms: sudden onset of fever, vomiting, and diarrhea which may be bloody; Exclusion from attendance: yes
Readmission criteria: after diarrhea and fever subside. Reportable disease: yes, call 800-705-8868
Prevention, treatment, and comments: Teach the importance of hand-washing. This disease can spread quickly in child-care facilities. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Streptococcal sore throat and scarlet fever; Incubation period: commonly 1–3 days; Signs and symptoms: fever, sore throat, often with large, tender lymph nodes in the neck. Scarlet fever-producing strains of bacteria cause a fine, red rash that appears 1–3 days after the onset of a sore throat
Exclusion from attendance: yes. Readmission criteria: twenty-four hours after antibiotic treatment has begun and fever subsides. Reportable disease: no.
Prevention, treatment, and comments: Teach the importance of covering the mouth when coughing or sneezing. Streptococcal sore throat can only be diagnosed with a laboratory test. Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Tuberculosis, Pulmonary Incubation period: commonly 2–12 weeks

Signs and symptoms: gradual onset, fatigue, anorexia, fever, failure to gain weight, and cough Exclusion from attendance: yes
Readmission criteria: after antibiotic treatment has begun, and a physician's certificate or health permit has been obtained
Reportable disease: yes, call 800-705-8868 within one working day
Prevention, treatment, and comments: All classroom contacts should have TB skin tests An antibiotic prophylaxis is recommended for newly positive reactors.
Call the TB control program at your local health department for contact testing
Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Casa Dei Bambini admits qualified students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of educational or admission policies, nor in any other school-administered activities.

CASA DEI BAMBINI MONTESSORI - AURORA: HEALTH AND SAFETY PROTOCOL

RISK MANAGEMENT ACKNOWLEDGEMENT (given at registration)

I hereby acknowledge CDBM's handbook guidelines and protocols related to COVID-19 and communicable diseases as declared by the CDC and DCFS.

I understand that this addendum is intended to expand upon CDBM's current parent handbook and implement new social health practices.

Waiver of Liability Relating to Illness and Coronavirus /COVID-19

We follow and maintain current best practices as recommended through both of our national
accrediting bodies, DCFS, and the CDC. In preparation, our staff receives training on COVID-19 and
we are taking measures to ensure our school has been thoroughly cleaned and disinfected.
We are implementing all the necessary safety protocols. However, Casa will not be responsible due to other people's negligence. I understand that the risk of becoming exposed to or infected by
COVID-19 at the school may result from the actions, omissions, or negligence of myself or others,
including, but not limited to, Casa employees, volunteers, and program participants and their
families. I agree to assume all the foregoing risks and accept sole responsibility.

I understand that tuition fees are non-refundable and will not be prorated due to: COVID-19 closings, emergency closings, snow days, illnesses, vacations, or absences.

A 30-day notice is required to obtain a security deposit credit in your child's last attending month and he/she will be withdrawn. Fees will not be prorated in the exit month. Without a 30 day notice, the security deposit will be forfeited. There will be no tuition fees reduced for travel/absences during school from August to May, unless your child is withdrawing and a 30-day notice is given.

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