CASA DEI BAMBINI MONTESSORI SCHOOL

PARENT HANDBOOK

Aurora / Naperville, Illinois

CASA DEI BAMBINI
MONTESSORI®
where learning begins
Naperville/Aurora

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Updated: August 2026

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Casa Dei Bambini Montessori School

Parent Handbook

WELCOME TO CASA DEI BAMBINI

When communication, cooperation, and continuity exist between home and school, we provide the optimum conditions for development and learning.

We hope you will read about our school and the Montessori philosophy, goals, and techniques to better understand your child's school experiences. We are eager to answer questions, demonstrate materials, and provide books that you are welcome to borrow.

We hope that you will become as excited as we are about this unique approach to education.

1. 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 become 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.

2. MONTESSORI PHILOSOPHY

The Montessori classroom focuses on the emotional, intellectual, and physical development of each child. A child-centered classroom where each student can progress at their own pace is the basis of the Montessori approach.

During the work period, children learn through the use of specially designed didactic materials. They are allowed to move freely through learning centers, where teachers guide students in choosing an activity, completing it, and returning it to the shelf ready for others to use.

Through careful observation, the Montessori teacher introduces developmentally appropriate materials. 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. Younger children learn patience and empathy, while older children serve as role models and provide younger children with assistance with work and help in adjusting to the classroom.

3. CURRICULUM & CLASSROOM ENVIRONMENTS

In a Montessori classroom, all disciplines are integrated. Math and language skills, scientific principles, history, geography, art, music, and cultural studies complement one another and are applied together to make each lesson meaningful and interrelated.

Lessons employ visual, auditory, and kinesthetic modes of learning to open up the world for all students. Children follow through with their studies individually and in small groups, proceeding at their own pace of learning.

TODDLER PROGRAM: 15 Months – 36 Months (T1, T3, P1, P3, P5)

In the Toddler classroom, children are prepared for basic social skills and introductory language, math, science, and practical-life concepts through purposeful activities and play.

Practical Life: Practical Life is the foundation for all areas of the Montessori classroom. Exercises focus primarily on care of the environment, such as polishing and caring for plants. Children develop small- and large-muscle coordination through Practical Life activities.

Children learn to care for themselves and their environment. Dressing skills are also taught, including independently putting on and taking off indoor and outdoor shoes, coats, and other clothing.

Sensorial: The Sensorial area develops and expands children'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 they see, touch, smell, taste, and hear.

Language: Language development begins when the child enters the classroom for the first time. Vocabulary is continually expanded through classroom activities. The phonetic reading and writing program uses sandpaper letters to teach basic phonetic sounds and recognition of lowercase letters. Once children have acquired a strong phonetic foundation, they are prepared for spelling and reading.

Math: Math principles are acquired through indirect preparation in the Sensorial area and through hands-on manipulation exercises. The materials are concrete rather than abstract. Children touch, manipulate, and count the materials, forming a solid foundation for understanding the basic concepts of our number system.

Science: Science stimulates curiosity, encourages active observation, and builds scientific vocabulary. At Casa Dei Bambini, children participate in simple science experiments, such as color mixing, learning about magnets, and exploring living and non-living things. Science can initially seem intimidating, but experimentation makes scientific concepts easier for children to understand.

Music: Our approach to music combines singing, playing, listening, movement, rhythm, and creating a steady progression toward musicality. During the early years, children experience a sensitive period for music and develop listening and communication skills that are essential to the mastery of both music and language.

TODDLER CLOTHING: Children's clothing should not be an obstacle to independence. Children should be able to manage 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, and Velcro closures are easiest for children to manage.

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

TOILET TRAINING AWARENESS

The staff at Casa Dei Bambini uses an approach to toilet training that we believe is most advantageous to children. We encourage children in the Toddler classrooms who are ready for toilet training to wear cotton (5 ply) training underwear. Parents should provide extra clothing and underwear to support the process. **We do not use pull-ups during toilet training.**

The theory behind our approach is that it is the normal human condition to keep all body parts clean and dry. Therefore, we must help children change into clean underpants after any elimination.

The length of time involved varies with every child. Children often undergo a long period of absorption before we see visible progress. It would be unreasonable to expect children to become instantly able to use the toilet once they begin wearing underwear. We must remain positive and encourage children to use the bathroom without creating anxiety or pressure. Staff are always available to assist in any appropriate manner. We appreciate your cooperation and partnership in this process.

PRIMARY PROGRAM: 3 – 6 Years (P2, P4, P6, P7, P8)

The principal learning centers in the Three-to-Six-year-old classrooms include Practical Life, Sensorial, Language, Math, Geography, Art, Science, and Music.

Practical Life: Practical Life activities are the foundation for all other areas in a Montessori classroom and form a bridge between the home and school environments. Exercises focus primarily on care of self, such as dressing frames and hand washing. Children develop large- and small-muscle coordination while practicing self-help skills.

Achieving motor control permits children to develop inner control, increase attention span, and build self-confidence, independence, and self-discipline. These activities also indirectly prepare children for other areas of the classroom, including finger and muscle control for writing and artistic activities. They promote logical and sequential thinking necessary for future language and mathematics studies.

Sensorial: The Sensorial area provides perceptual training to expand children's sensory perceptions and knowledge of the world. Children learn to sort, differentiate, and name colors, dimensions, weights, forms, textures, sounds, odors, and tastes. Maria Montessori called sensorial materials the "Keys to the Universe" because they enable children to perceive, identify, and classify what they see, hear, touch, taste, and smell. Once children have mastered making finer discriminations and sequencing, they are prepared to move into language, mathematics, geography, and science.

Language: Vocabulary development begins when children enter the classroom. While working in Practical Life and Sensorial, children acquire vocabulary related to their work, and all classroom areas contribute to language development.

The phonetic reading and writing program uses sandpaper letters to teach basic phonetic sound recognition of lowercase letters. We use phonetic sounds rather than letter names so children can begin reading and writing words. Later, children work with digraphs, blends, and phonograms—combinations of letters that make different sounds, such as th, sh, and ph.

The primary goal of the Language area is to help each child enrich and refine their ability to express themselves and understand the expression of others. Once children have acquired a strong phonetic foundation, they are prepared for spelling and reading. Both print and cursive letters are introduced.

Math: Mathematical principles are acquired through indirect preparation in the Sensorial area and through manipulation and observation of mathematics materials. By practicing and handling these multisensory exercises, children form a solid foundation for understanding basic concepts of our number system, including quantity, sequence, and the four operations: addition, multiplication, subtraction, and division.

The materials are initially concrete and eventually become abstract. Children touch, manipulate, and count materials. Concrete materials are the vital first step in developing a full understanding of abstract concepts.

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

Through picture cards, photographs, objects, and books centered on various cultures, children satisfy their curiosity about similarities and differences among people throughout the world.

Art: Once children have mastered the motor skills necessary to handle scissors, pencils, crayons, paintbrushes, and other materials, they are free to construct their own creations. Care is taken to provide children with many avenues of expression using various media. Art in a Montessori classroom is a process-oriented activity rather than a product- or end-result-oriented activity. Children are encouraged to plan, set up, actively create, and clean up each project.

As children experience different developmental levels of growth, the style and content of their artwork change and evolve. We also study famous artists and particular masterpieces throughout the year.

Science: Science at the Primary level stimulates curiosity, encourages active observation, and builds scientific vocabulary at a time when children are absorbing new language effortlessly. Materials evolve sequentially from inorganic concepts, including states of matter, earth science, and weather, to organic concepts, including classification of living things such as plants and animals. Younger children experiment, while older children are increasingly able to verbalize what happened and why.

Music: Our approach to music combines singing, playing, listening, movement, rhythm, and a steady progression toward musicality. During the early years, children experience a sensitive period for music and develop listening and communication skills essential to the mastery of music and language. We enjoy putting on productions for our school families.

PRIMARY UNIFORMS (Age 3 and Up):

- School uniforms are worn Monday through Thursday, unless otherwise noted.
- Fridays are free-dress days. Jeans are acceptable on Fridays.
- Open-toe shoes, Crocs, and flip-flops are not permitted for the safety and security of our children.
- Every student will keep indoor shoes at school and wear outdoor shoes when coming and going.
- Jewelry, including watches, necklaces, bracelets, and rings, should remain at home for safety and security.

Boys' Uniform:

- CDBM red logo shirt
- Khaki/beige shorts or pants
- When cold, a solid long-sleeve shirt may be worn underneath the CDBM shirt, or a sweater/cardigan may be worn over the shirt.
- Closed-toe shoes (No open-toe shoes, Crocs, or flip-flops)

Girls' Uniform:

- CDBM red logo shirt
- CDB plaid skort or khaki/beige skort

- Khaki/beige shorts or pants
- Closed-toe shoes (No open-toe shoes, Crocs, or flip flops)
- When cold, a solid long-sleeve shirt may be worn underneath the CDBM shirt. Tights are acceptable under the skort.
- A cardigan or sweater may be worn over the polo.

Uniform Compliance:

If your child arrives at school out of uniform, an email will be sent requesting that you come and change your child into the proper uniform. If you do not respond to the first notification and your child arrives out of uniform a second time, the school may provide a uniform from the school store and bill your account for the uniform.

ELEMENTARY PROGRAM: 6 – 9 Years — LOWER ELEMENTARY (When Available)

The Elementary curriculum provides hands-on activities in mathematics, language, history, geography, science, and cultural studies. Every day, students learn through materials, apply their knowledge to solve problems, and work on research projects. We have an uninterrupted two-hour work cycle every morning.

The ages of six to nine represent a sensitive period in the growth of a child. Children begin asking questions about observations that capture their imagination and work toward finding answers. Our classroom materials are selected to support this process. Our program is designed to develop independent thinkers, problem-solvers, caring individuals, and responsible members of the community.

Math: Children work with concrete materials for mathematical facts and operations and gradually move toward abstraction. Skills include fractions, decimals, ratios, percentages, pre-algebra, and geometry.

Language: Children work on language every day, including poetry, story writing, research writing, creating "how-to" articles, spelling, and other language activities.

Cultural Studies: Cultural Studies includes society, science, geography, and history. Our Cultural Studies program emphasizes practical learning. When studying a country, for example, students may explore everything from food and festivals to the way the government functions.

We also have Spanish, Arts 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: Our approach to music combines singing, playing, listening, movement, rhythm, and a steady progression toward musicality. During the early years, children experience a sensitive period for music and develop listening and communication skills essential to the mastery of music and language. We enjoy putting on productions for our school family.

The Elementary Program is dependent upon enrollment and staffing.

4. THE ADMISSION PROCESS

a) Applications

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

Admission Documents Required

We will collect:

- A copy of your child's birth certificate
- Current health forms signed by your child's pediatrician and dated within six months prior to the start date

When you register your child, you will be given:

- IDEC/State Receipt of Booklet – Verification CFS 581
- Emergency Card (Blue)
- Registration Form CDBM
- Health and Emergency Form/Consent
- Car Line Safety Procedures
- Parent Handbook and Late Policy
- Uniform Policy, when applicable
- Toileting Policy, when applicable
- Discipline Policy
- Security Deposit Agreement

b) Formal Tour

We offer formal tours of the school by appointment on specified mornings. This allows parents the opportunity to observe the class levels offered at Casa Dei Bambini. A general overview of the Montessori philosophy will also be discussed during the tour. A formal tour must be completed before an application is considered for enrollment.

c) Meet the Teacher Meeting

Once your child is enrolled, we will schedule an in-person visit at CDBM. This is an opportunity for your child to meet their new teacher, classmates, and the classroom materials. The meeting is approximately 30 minutes and is scheduled as close to the start date as possible to support

effective bonding. During the visit, parents may watch from the camera or window, ask questions, obtain uniforms if necessary, and drop off supplies.

d) Administrative Considerations for Class Placement

The school reserves the right to place each student in the class that best meets the child's developmental and educational needs and the needs of the classroom community. 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 school also considers the boy/girl ratio, necessary age grouping, classroom composition, developmental needs, staffing, and other educational considerations when selecting and placing students.

e) Sibling Placement Policy

To support a positive learning environment and encourage individual growth and independence, siblings will be placed in different classrooms. **Siblings will not remain in the same classroom during the school year.**

Class placement is determined by the school's educational, developmental, staffing, classroom-balance, and operational considerations. The school reserves the right to make final placement decisions.

f) 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. The registration fee is paid at the time of enrollment, is non-refundable, and is due at the time of registration. The only exception is if the student is not offered placement in the school.

A one-time security deposit is required at registration. The security deposit is refundable in the form of a tuition credit upon providing the school with 30 days' written notice of withdrawal, or upon completion of the Kindergarten or Elementary Program.

g) Tuition

Each month's tuition is due on the 1st of every month. A late charge of $10 per day will be added to accounts with balances remaining after the 5th of the month. There is no tuition credit for holidays, absences, vacations, emergency closings, or other days when a child does not attend, in accordance with school policy. Accepted tuition payment methods include personal checks, business checks, cashier's checks, and money orders. Cash and credit cards are not accepted.

We also use EFT (Electronic Funds Transfer) services, which automatically deduct program fees each month from the account designated by the parent or guardian. The EFT form is available in the main office.

h) Returned Check Fee

There is a **$25.00 returned-check fee** for all returned checks. The $25.00 fee, plus the amount owed on the returned check, must be paid within 48 hours of notification by money order or cashier's check. No exceptions.

i) Drop-In Fees

A drop-in occurs when your student is scheduled for regular school hours, 8:30 a.m.–3:00 p.m., but an emergency requires additional time at school before or after regular hours.

- Morning Care drop-in, 7:30–8:30 a.m.: $20.00
- Aftercare drop-in, 3:15–5:30 p.m.: $30.00

Drop-in care is provided when space permits, so please call ahead.

j) Lunch

If your child is scheduled from 7:30 a.m.–12:00 p.m., lunch is not included. If your child attends the full-day program from 8:30 a.m.–3:00 p.m., lunch is included in the program.

We offer a healthy catered lunch prepared fresh daily. Lunch includes an entrée, fresh fruit, fresh vegetables, and milk. A special menu is available for children with dietary restrictions or allergies. We cannot accept food from outside the school unless your child has a doctor's note documenting an allergy or medical need.

k) Hours of Operation

Casa Dei Bambini is open from **7:30 a.m. to 5:30 p.m.**, unless otherwise noted.

l) Re-Enrollment

Each spring, a re-enrollment survey is sent to students invited to return to Casa Dei Bambini. Parents are asked to sign and return the agreement, along with the annual registration fee, by the designated deadline. Once the re-enrollment deadline has expired, new applicants will be considered for remaining spaces. Security deposits are NOT required for returning students.

5. ARRIVAL & DISMISSAL / CAR LINE

Regular school hours are:

- Half Day: 8:30 a.m.–12:00 p.m.
- Full Day: 8:30 a.m.–3:00 p.m.

Experience has shown that children separate at the car more easily than at the classroom door. Staff will assist families at the main entrance. During morning arrival, between 8:30 and 9:00 a.m., administrators and teachers greet children and announce their arrival to their respective classrooms. If you do not arrive within this time frame, you will need to park your vehicle and

sign your child in. Office staff will then ensure that your child gets safely to the classroom. Parents who arrive before class time must enroll in Before Care, which begins at 7:30 a.m.

Dismissal

Dismissal takes place between approximately 2:50 and 3:15 p.m. Parents must display their Carpool Tag when using Car Line. During dismissal, parents should remain in their vehicles while waiting for their child to be escorted to the car. A teacher will bring the child to the parent. Parents should place the child in the vehicle and then move forward to park and buckle the child. This helps keep the line moving quickly and safely. Parents may also park their vehicle and pick up their child or children.

Authorized Pick-Up

Children are released only to authorized individuals. Parents list authorized pick-up individuals on the Registration Forms and Health & Emergency Forms. Parents must notify CDBM administration of any changes or additions to authorized pick-up individuals. Identification is required when there is a change in pick-up arrangements. Changes or additions may be emailed to administration.

Punctuality

The classroom day begins immediately upon arrival. Please have your child at school by 9:00 a.m. Greetings, Montessori lessons, and introductions to special activities help establish a positive atmosphere for the day. It is extremely important that each child is punctual and has the opportunity to participate in these welcoming activities.

Please refrain from using cell phones during Arrival & Dismissal while in the Carpool Lane.

6. EXTENDED CARE PROGRAM

Students with extended-care contracts that include Before Care may arrive as early as 7:30 a.m. Breakfast is included. Please do not drop children off before 7:30 a.m., as the school doors are not opened until that time. At 8:30 a.m., students transition to their regular classrooms.

For students enrolled in Aftercare, service ends promptly at 5:30 p.m. Children may be picked up anytime between 3:15 and 5:30 p.m. Snack is included. For your child's sense of security and out of respect for the personal lives of Casa Dei Bambini staff, children must be picked up on time. If on-time pick-up is not possible for your family, you will be asked to make other arrangements.

A late fee of $1 per minute applies thereafter, as stated in the registration agreement.

7. APPRECIATING CULTURAL DIFFERENCES

At Casa Dei Bambini Montessori, a typical classroom is a microcosm of the global community. Therefore, we intend to expand children's awareness of multicultural traditions. Nearly all

children have parents, grandparents, or other ancestors who came to the United States from different parts of the world. Students may research their ancestral background, perhaps by interviewing the oldest living member of their family. They may then present their family story in class with family pictures and objects of particular interest.

Parents who were born in other countries may be willing to share with the class their customs, traditions, crafts, holidays, games, and other cultural experiences. Sharing in this way helps everyone develop respect for all nationalities and cultures.

We invite all students to send in a family photo to be proudly displayed in the classroom. Maria Montessori considered herself a citizen of the world. We love teaching students about cultural differences.

8. INVOLVING PARENTS & VOLUNTEERS

In a Montessori community, parents are often invited to share their professions, skills, hobbies, talents, customs, native languages, and other interests, and to take an active part in their children's education. Parents may also participate as field-trip chaperones 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 Friday Folders

Red Folders go home on Fridays to allow families to review a child's completed work and receive notifications from the office. One side contains work to keep at home, and the other side contains documents that must be returned to school. Please return the folder on the next school day. Lost or damaged folders have a **$5 replacement fee**. Please return your child's folder when your child exits CDBM.

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.

9. OBSERVATIONS & PARENT-TEACHER CONFERENCES

Observing a child in the classroom is an excellent opportunity to see children in action and gain insight into the Montessori method. Please contact administration to schedule an observation after your child has been enrolled for at least six weeks, allowing adequate time for acclimation. It is important that the calm atmosphere of the classroom be maintained and that teachers not be distracted by impromptu conferences or unexpected drop-ins. Please do not approach your child's teacher outside the classroom door or on the playground while the teacher is on duty.

Parent-teacher conferences are scheduled twice during the school year. The school provides written progress reports three times each year. Please contact your child's teacher by email with specific questions or concerns and allow 24 hours, or the next business day, for a response.

10. BIRTHDAY CELEBRATIONS

Every child's birthday is important! It can be difficult for young children to understand the passage of time. However, children understand growth and birthdays, and 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 rotate around the sun each year, providing a visual representation of time.

At the beginning of your child's birthday month, we will schedule the celebration and provide a school form to complete. 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 to date. Please contact your child's teacher in advance to confirm all arrangements. Often, several children have the same birthday.

Out of respect for the feelings of all children, we cannot distribute invitations to parties outside of school, even when everyone in the class is invited. Birthdays are very special to young children, and children who are not invited can be deeply hurt. Families may send a digital invitation via email to administration, and administration will forward the information to the appropriate classmates.

Goody bags are not permitted at CDBM. A book donation to the classroom is always welcome, and a healthy, store-bought NUT-FREE birthday treat may be shared during the celebration.

11. PROFESSIONAL DEVELOPMENT

Faculty are expected to complete a minimum of 15 hours of professional development each year. Professional development may include 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.

12. FREQUENTLY ASKED QUESTIONS & OTHER INFORMATION

Casa Dei Bambini is licensed by the Illinois Department of Early Childhood (IDEC) and was previously licensed by DCFS. It operates as a private school with a planned curriculum, certified Montessori teachers, and authentic Montessori materials. Because of this structure, we cannot operate on a drop-in basis or weekly tuition. Our staffing and finances are arranged around a school-year budget. Our staff-to-student ratio is established for each time period, and we do not overcrowd classrooms or overtax teachers.

Our program and costs continue even when your child is absent. Therefore, we cannot provide credit for absences, vacations, or holidays in accordance with school policy. Our teachers are well-educated professionals who are here because they are dedicated to working with children and enjoy their work. We must respect their time and professional responsibilities. Providing a SAFE, stimulating educational program for children is our priority.

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

A. Parents are expected to make continuing efforts to understand and embrace the Montessori approach and work in partnership with the school. These efforts should begin before admission. The school desires parents who understand and support the mission of the school. We help parents learn about Montessori through information and opportunities for parent education during the admission process so families can make an informed decision about enrollment. We continue to provide educational 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 this handbook and other school publications.

Children thrive when home and school work in harmony, with both environments sharing educational values and expectations. We hope you invest in your child's foundation by allowing them to complete their Montessori cycle at CDBM, including the Kindergarten year, graduation, and transition into first grade or the Lower Elementary community when available.

Q. What contribution can I make to a positive school community?

A. Demonstrate respect for all adults and children, the school, and its programs. Model respect not only for your children but also for classmates, teachers, and school staff. Respect begins with civility and deepens trust. Our most fundamental behavioral guidelines for children are:

Respect yourself.
Respect others.
Respect the environment.

We expect the same from adults, parents, and school staff at all times and in all relationships within the school community. This includes speech and outward behavior. Support your child by

speaking about teachers, classmates, and the school in positive and respectful terms. Respect and abide by school 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 child's moral development and to the culture and climate of the school community they experience every day.

Q. How can I create consistency between home and school?

A. Strive to parent according to Montessori principles so that life is consistent for your child at home and at school. Learn as much as you can about Montessori principles as they apply to preparing your child's home environment and the way parents interact with their children. This begins with the general principle: **"**Never do something for your child that they can do for themselves."

Allow your child to engage in the simple Practical Life tasks they are capable of doing at each stage of development. Montessori education may also involve 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. Red Friday Folders are a primary tool for communication. One side contains the child's finished work to keep at home, while the other side contains documents that need to be returned to school. Please return the red folder on the following school day.

We also mass-email parents regarding relevant information. Families may also follow our Facebook page for current activities and pictures/videos. We maintain active, direct, and respectful two-way communication with families. Please read communications sent home, including letters, newsletters, calendars, emails, and other notices.

Inform the school in a timely manner about 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 in their lives work together in harmony. Lost or damaged folders have a $5 replacement fee. Please return 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 acquire a great deal of factual knowledge at school. However, our aim is for each child to be far more than a repository of information. We guide each child to think independently. Cognitive development and a solid

academic foundation are important, yet they represent only one dimension of our aspirations for your child. Equally significant are 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 the child. By choosing their own work and following it through to completion, whether working independently or cooperatively with others, the Montessori child identifies interests and develops individual gifts. Significant emphasis is placed upon community service.

Younger children learn by serving their small communities, including classmates, the classroom, and their families. As children grow, they reach out to the larger community and experience the rewards of helping others. Children gain awareness and appreciation of others, the challenges faced by others, and, equally importantly, 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 remains with them well beyond their years at Casa Dei Bambini.

We treat each child with dignity and respect and expect each child to treat 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 school community. With freedom comes responsibility, and each child learns to balance personal freedom with a clear sense of responsibility to themselves, others, and 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 families about their children and 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 by phone, email, or in person. In addition to conference reporting, classroom teachers communicate through classroom letters and newsletters, email messages, and short reports as needed for individual children.

Each Casa Dei Bambini teacher is a well-trained professional. Teacher evaluations are confidential and based on direct observation of your child. Teachers will offer their current best understanding of your child's progress, strengths, and needs. For all children, evaluations are based on teacher observation and may be supplemented 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 learning materials should correspond to the developmental

characteristics of children at each level and should be attractive, correctly sized, aesthetically pleasing, well-maintained, and complete. More broadly, the entire school environment should appeal to children and inspire their work.

We remain vigilant in ensuring that the school building and grounds are physically safe, secure, and well-maintained. Our community of children and adults creates a social environment and culture that impacts each child's experience. We strive to make this environment emotionally supportive and safe for every child.

We work with children in developmentally appropriate ways, addressing concerns or problems as they arise, empowering children with social skills, and helping them develop emotional intelligence. This prepares children for a lifetime of working with others in different communities and organizations.

Q. What can I expect of the school administration?

A. Parents can expect integrity, a focus on the needs of the individual child in harmony with the life of the Casa Dei Bambini community, mission-driven decisions, good stewardship, responsible management, and an open door for questions and concerns.

We believe that the child and their needs are the central focus of the learning process. It is the role of the school to observe, know, and advocate for the child as they proceed through the stages of development. We respond to each child's individual needs and work to ensure that each child is properly placed in the environment that best suits their abilities and developmental needs.

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 community values are respected, and the worth of the individual is protected. The special relationship between the child and the adult in a Montessori classroom is conveyed by the words of a young child: ***"Help me to do it myself."***

Q. How can I contact the Illinois Department responsible for child-care licensing?

A. Illinois child-care licensing responsibilities transitioned from the Illinois Department of Children and Family Services (DCFS) to the **Illinois Department of Early Childhood (IDEC)** effective July 1, 2026.

Families may obtain current licensing information through the State of Illinois Department of Early Childhood/child-care licensing resources. For child-abuse or neglect reporting, families may also use the current Illinois reporting resources and hotline information provided by the State. A copy of applicable state minimum standards is required to be reviewed and acknowledged during registration.

13. HEALTH & SAFETY / RECORDS

Students will not be able to attend school until all necessary school forms are on file, including:

1. Emergency Card
2. Copy of Birth Certificate
3. Current Illinois Health Certificate signed by the physician and dated within the required period (6 months) before the child's start date

These records ensure that we have the information necessary to handle emergencies involving your child as quickly as possible. Please keep all records updated, especially phone numbers and email addresses 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 a child to school when one or more of the following conditions exist:

- The illness prevents the child from participating comfortably in normal school activities, including outdoor play.
- The illness or injury requires more care than teachers can provide without compromising the health, safety, and supervision of other children.
- The child exhibits symptoms or 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 indicating that they are 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-reducing medication before returning to school. The safety and security of children and staff is our number-one priority. Thank you for your understanding, respect, and cooperation.

14. CONTAGIOUS DISEASES

Parents should report diagnosed contagious diseases such as chickenpox, strep throat, head lice, pink eye, and other communicable illnesses to the school. Please call the school office. An email will then be sent to families in the affected classroom to alert them to monitor for symptoms. No child's name will be disclosed. If your family does not have an email address, a written note will be provided. Parents will be contacted if their child exhibits symptoms at school. Please also refer to the Communicable Diseases section of this handbook.

GUIDELINES FOR HEAD LICE

Parents/guardians should consult their physician, pharmacist, or an appropriate licensed professional regarding the proper use of an approved medicated treatment for head lice.

Exclusion from attendance: Yes, when live lice are present.

Readmission criteria: The student's scalp must be free of live lice and nits, consistent with applicable school and health requirements.

A second treatment may be recommended according to the product instructions.

15. ILLNESS, ACCIDENTS & EMERGENCIES AT SCHOOL

The school employs a proactive safety program focused on prevention to minimize accidents and injuries to children and faculty. We review policies and procedures regularly and conduct safety inspections to correct potential hazards. We also review staff coverage to ensure proper adult supervision is maintained.

CDBM staff maintain current CPR and First Aid training. CDBM also has a nurse who visits monthly and serves as a resource for consultations. If an accident or injury occurs, faculty respond immediately and follow emergency procedures. Each classroom is equipped with a first-aid kit that is inspected regularly.

An Accident/Incident Report is completed whenever an accident or injury occurs and is reviewed by administration. We maintain records of such occurrences in the child's file. Parents will also be notified through Procare. Upon enrollment, parents/guardians are asked to sign an Emergency Release Form authorizing the school to seek and approve emergency medical treatment if the parent cannot be reached.

Minor Injuries

An adult attends to the child and administers appropriate first aid. The lead teacher or administrator informs the parent about the situation by phone, in person at dismissal, by written notice, or through the school's communication system.

If the child sustains an injury to the face, the parent will be advised as soon as possible. The lead teacher completes the Accident/Incident Report and routes it to the Director for review. The report is then maintained in the school's accident file.

Serious Injuries

In the event of a serious injury, a faculty member will immediately call 9-1-1 and notify the parents. Staff will administer appropriate first aid until professional rescuers arrive. 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 and accompany them to the hospital if necessary. After the emergency has been handled, the lead teacher completes an

Accident/Incident Report. Administration will contact the family later in the day to check on the condition of the injured child.

LIFE-THREATENING ALLERGIC REACTIONS

We follow the emergency procedures outlined under Serious Injuries. Please complete an Allergy Action Plan and provide all required emergency medications. Staff and faculty who work with your child are trained to recognize allergy symptoms and administer an EpiPen when authorized and appropriate. We will follow the physician's written ***Action Plan***. Please contact the front office if your child requires an Allergy Action Plan form.

16. ADMINISTERING MEDICATIONS

If your child requires medication, please confer with your physician and, when possible, obtain a medication schedule that minimizes administration during school hours. If medication must be administered during school hours, parents must complete the school's Consent Form to Give Permission to Dispense Medication, whether the medication is prescription or over-the-counter. School staff will not administer medication, including aspirin or other over-the-counter pain relievers, without the required written authorization. Do not send medication to school in your child's backpack.

Administration will maintain medication-dispensation records and designate the appropriate staff member to administer medication. Medications will be stored securely, either refrigerated or unrefrigerated as required.

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 the 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 the 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.

17. VACCINATIONS & HEALTH REQUIREMENTS

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 waiver request 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

Illinois law allows medical exemptions when a physician determines that required immunizations would be medically harmful or injurious to the child's health and well-being. Illinois law also provides for exemptions based on reasons of conscience, including religious beliefs, subject to applicable requirements.

Parents/guardians requesting an exemption must provide the required written documentation. The school maintains an up-to-date list of students with immunization exemptions as required by applicable law and may be required to exclude unimmunized students from attendance during an outbreak.

PROVISIONAL ENROLLMENT

Immunizations should be completed and current by the first date of school attendance. A student may be provisionally enrolled when permitted by Illinois requirements if the immunization record shows that the child has received at least one dose of each specified age-appropriate vaccine required by the applicable rule. To remain enrolled, the student must receive subsequent required doses according to schedule and as rapidly as 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 days, 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, documentation is acceptable when appropriately validated by a physician or public-health professional. The month, day, and year of vaccination should be recorded on school immunization records.

ANNUAL VISION & HEARING SCREENING

Annual vision and hearing screening may be scheduled during the school year. When screening is performed at school, required authorization forms will be sent home in advance. Illinois requirements provide for vision and hearing screening services for eligible children in accordance with applicable Illinois Department of Public Health requirements. If your child

wears glasses or contact lenses, please ensure that they bring them to school every day. If parents have already completed the screening through their pediatrician or another qualified provider, the report should be submitted to Casa Dei Bambini so it can be provided to the appropriate State agency when required.

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

Teachers and assistants are required to maintain current TB documentation as required by applicable licensing regulations. 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.

18. 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 cameras through a live feed for parents to watch from home or work**. Monitors are located near the front desk. The main entrance is open only during designated arrival and dismissal times. All visitors must 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 may not leave their classroom or the building without permission from their teacher. However, freedom of movement within the classroom is an important part of the Montessori approach. Some classrooms have adjacent outdoor environments that serve as extensions of the indoor environment. These areas are available to children according to classroom ground rules and supervision requirements. Some classrooms also allow children to work in hallways under supervision. Children may be given permission to walk in pairs to other parts of the building during the day. Each classroom maintains a monitoring system that allows teachers to know the comings and goings of each child.

19. CHILD ABUSE, NEGLECT, MOLESTATION & GROOMING POLICY

Background Checks

All persons subject to required background checks must provide the information, fingerprints, authorizations, and other documentation required by applicable Illinois licensing requirements.

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)

Zero-Tolerance Policy

Casa Dei Bambini has **zero tolerance for abuse, molestation, neglect, or grooming of students or other employees.** All suspicions or allegations must be reported immediately through the appropriate supervisory and/or legally required reporting channels.

What Is Grooming?

"Grooming" is a process used by an abuser to select a child, gain the trust of the child and/or parent or "gatekeeper," manipulate the child into keeping secrets, and discourage the child from disclosing abuse. Because sexual abusers may seek children for abuse, a staff member or volunteer may witness behavior intended to groom a child for sexual abuse. Staff members must report grooming behavior, policy violations, or suspicious behavior through the appropriate supervisory and legally required reporting channels.

If Abuse, Molestation, Neglect, or Grooming Is Observed

CDBM will take appropriate action, which may include:

1. The Director or designated administrator will gather information regarding the situation.
2. Appropriate reports will be created and maintained.
3. Required reports will be made to the Illinois child-protection authorities and other appropriate agencies.
4. The victim's family will be provided with information regarding appropriate assistance and counseling resources when applicable.
5. Employees may be subject to reassignment, suspension, termination, required training, or other disciplinary action as appropriate.
6. An employee under investigation may be restricted from one-on-one interaction with the alleged victim, including physical contact or verbal interaction, as appropriate.
7. Law enforcement or other authorities will be contacted when required or appropriate.

CDBM maintains required training and prevention procedures regarding child abuse and neglect, including:

- 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.

20. CLEANLINESS & ORDER

The level of cleanliness that children deserve and administration expects can be maintained only through the cooperation of the entire CDBM team. Lead teachers are responsible for maintaining a prepared environment, including washing tables daily and keeping shelves and materials orderly and clean.

Lead teachers are also responsible for removing incomplete or damaged equipment from active use. If a classroom material accidentally comes home with a student, please return it to school so lessons remain complete and intact. Staff should identify and address issues such as cobwebs, fingerprints, dirty windows, chairs, and other cleanliness concerns promptly.

Professional cleaners are responsible on each scheduled cleaning day for cleaning floors, bathrooms, and sinks and emptying trash. Please notify the office if areas of the campus require attention. No major cleaning will take place while children are in attendance. Teachers and students share daily responsibilities for keeping their environment neat and orderly. The prepared environment is extremely important to the development of a child's sense of order.

21. DISCIPLINE POLICY SUMMARY & KEY PROVISIONS: PHILOSOPHY

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.

22. GUNS & WEAPONS

Guns are not permissible at Casa Dei Bambini.

Casa Dei Bambini maintains a gun-free and gang-free environment within the 1,000-foot zone of the school premises, consistent with applicable law and school policy.

23. PEST MANAGEMENT

CDBM uses a contracted pest management service that utilizes an Integrated Pest Management (IPM) approach. The goals of IPM 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 are documented on the technician's service report and/or pest-management binder. CDBM will be treated for pests when children are not present. Parents will be notified three days in advance of regular or urgent services when advance notice is possible and required.

Our pest-management contract is with Orkin: 630-505-7258. Please contact an administrator by email if you see or suspect unusual pest activity so that we can request support from Orkin.

24. SMOKING & CANNABIS

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

25. 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 based on 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.

26. APPENDIX A — ILLNESSES & DISEASES

Communicable Diseases

When a Communicable Disease Is Diagnosed or Suspected, the school will:

- Separate an ill child from well children at the facility until the child can be taken home.
- Follow applicable exclusion and readmission recommendations.
- Require children or adults with fever to remain home until the fever subsides and the individual meets school return requirements.
- Require children or adults with diarrhea to remain home until the diarrhea subsides and the individual meets school return requirements.
- Require children or adults with conjunctivitis, bacterial meningitis, or tuberculosis to provide appropriate medical clearance when required.
- Inform parents of exposed children about the illness and ask them to monitor their children for signs and symptoms.
- Observe the appearance and behavior of exposed children and remain alert to the onset of disease.
- Inform parents promptly when symptoms appear and recommend appropriate medical evaluation.
- Use appropriate sanitizing procedures.
- Encourage extra precautions with hand washing, food handling, dishwashing, and general cleanliness.
- Immediately wash, rinse, and sanitize objects or surfaces soiled by nasal discharge, feces, blood, or other bodily fluids.
- 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 is the probability of person-to-person spread. A child may have a non-communicable illness and still require care at home or in a hospital. CDBM will notify classmates' families anonymously regarding communicable or transferable illnesses so parents can monitor their children for symptoms.

Readmission

Children excluded for communicable disease may be readmitted when they meet applicable school and health requirements and, when required, provide written documentation from an appropriate health-care professional, a physician, local health authority, advanced nurse, or physician assistant. A school or child-care administrator may require documentation from a parent or health-care professional for readmission, regardless of the reason for absence.

27. APPENDIX B — COMMUNICABLE DISEASE GUIDELINES A–Z

The following information is maintained as a reference guide for families. Current Illinois Department of Public Health and Illinois child-care licensing requirements take precedence if a requirement changes.

AIDS / HIV Infection

Incubation Period: Variable

Signs and Symptoms: Weight loss, generalized swelling of lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver. Individuals may be asymptomatic.

Exclusion from attendance: No, unless a physician determines that a severe or chronic skin eruption or lesion that cannot be covered poses a threat to others. Parents and physicians should be advised in the event of measles, rubella, or chickenpox outbreaks because these may pose a health threat to an immunosuppressed child.

Readmission: N/A

Reportable Disease: Yes; schools may have specific reporting obligations depending on the disease and current requirements.

Prevention/Treatment: Teach the importance of hand washing. When cleaning blood or body-fluid spills, wear gloves and use a suitable disinfectant. Educate adolescents about viral transmission through sexual contact and sharing injection equipment.

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 range from asymptomatic to acute dysentery with bloody diarrhea, fever, and chills. The parasite may disseminate to other internal organs.

Exclusion from attendance: Yes

Readmission: After treatment is initiated

Reportable Disease: Yes; follow current public-health reporting requirements.

Prevention/Treatment: Adequate treatment is necessary to prevent or eliminate extraintestinal disease. Teach the importance of hand washing. The disease is relatively uncommon in the United States but may be acquired in developing countries and spread through personal contact or contaminated food or drink.

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

Campylobacteriosis

Incubation Period: 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: After diarrhea and fever subside

Reportable Disease: Yes; follow current public-health reporting requirements.

Prevention/Treatment: Teach the importance of handwashing. 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.

Chickenpox (Varicella)

Incubation Period: 2–3 weeks, commonly 13–17 days

Signs and Symptoms: Fever and rash, which may appear first on the head and then spread to the body. New blisters may appear in crops and later heal, sometimes leaving scabs.

Exclusion from attendance: Yes

Readmission: According to applicable Illinois health requirements and school policy; children should remain home until they meet the current exclusion/readmission criteria.

Immunocompromised individuals should not return until medically cleared and all applicable criteria have been met.

Reportable Disease: Yes; follow current public-health reporting requirements.

Prevention/Treatment: A vaccine is available. Shingles is a reactivation of the varicella virus. Because exposure to shingles may cause chickenpox in susceptible children, shingles cases may be handled similarly to chickenpox according to health guidance.

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

Common Cold

Incubation Period: 1–5 days, commonly 2 days

Signs and Symptoms: Runny nose, watery eyes, fatigue, coughing, and sneezing.

Exclusion: No, unless fever or other exclusion criteria are present.

Readmission: After fever subsides and the child meets school return requirements.

Reportable Disease: No

Prevention/Treatment: Teach hand 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–12 days

Signs and Symptoms: Red eyes, usually with discharge or crusting around the eyes.

Exclusion from attendance: Yes

Readmission: After effective treatment has been initiated and/or approval from a health-care professional when required.

Reportable Disease: Follow current public-health requirements.

Prevention/Treatment: Teach hand washing. Allergic conjunctivitis is not contagious and may be confused with bacterial or viral conjunctivitis.

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

Coxsackie Virus Disease — Hand, Foot & Mouth Disease

Incubation Period: Commonly 3–5 days

Signs and Symptoms: Rash or sores in the mouth, hands, palms, fingers, feet, and soles.

Exclusion from attendance: No, unless fever or another exclusion criterion is present.

Readmission: N/A when exclusion criteria are not present

Reportable Disease: No

Prevention/Treatment: 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: 1–12 days, commonly 7 days

Signs and Symptoms: Profuse, watery diarrhea, sometimes preceded by loss of appetite and vomiting. Abdominal pain may occur. Malaise, fever, nausea, and vomiting occur less frequently. Infection may be asymptomatic.

Exclusion from attendance: Yes

Readmission: After diarrhea subsides and applicable requirements are met.

Reportable Disease: Yes; follow current public-health reporting requirements.

Prevention/Treatment: 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 developmental or growth concerns.

Exclusion from attendance: No

Readmission: N/A

Reportable Disease: No

Prevention/Treatment: Teach good handwashing. 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–6 days in most cases; E. coli O157:H7, commonly 3–5 days

Signs and Symptoms: Profuse watery diarrhea, sometimes with blood and/or mucus, abdominal pain, fever, and vomiting. Some strains may cause hemolytic uremic syndrome (HUS), resulting in kidney damage.

Exclusion from attendance: Yes

Readmission: After diarrhea and fever subside and applicable requirements are met.

Reportable Disease: Certain strains, including E. coli O157, are reportable.

Prevention/Treatment: Teach handwashing. This is usually a foodborne infection but can also spread through 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 when no antipyretic medication has been given.

Exclusion from attendance: Yes

Readmission: After fever subsides and the child has met the school's 24-hour fever-free requirement without fever-reducing medication.

Reportable Disease: No

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. Rash may reappear. Fever does not usually occur.

Exclusion from attendance: No, unless fever or another exclusion criterion is present.

Readmission: After fever subsides and the child meets school requirements.

Reportable Disease: No

Prevention/Treatment: Cases should be evaluated by a physician when appropriate to rule out measles or rubella. Pregnant women exposed to fifth disease should consult their 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: After diarrhea subsides and applicable return criteria are met.

Reportable Disease: No

Prevention/Treatment: Teach 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: 3–25 days or longer, commonly 7–10 days

Signs and Symptoms: Gradual onset of nausea, bloating, pain, and foul-smelling diarrhea. Symptoms may recur over several weeks.

Exclusion from attendance: Yes

Readmission: After diarrhea subsides and applicable requirements are met.

Reportable Disease: No

Prevention/Treatment: Treatment is recommended. Teach hand washing. This disease can spread quickly in child-care facilities. Household contacts should be evaluated when appropriate.

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 approximately 7–10 days.

Signs and Symptoms: Itching and scratching of the scalp, live lice, and pinpoint-sized white eggs (nits) attached to hair shafts.

Exclusion from attendance: Yes, when live lice are present.

Readmission: After the first appropriate treatment and when the child meets school readmission criteria.

Reportable Disease: No

Prevention/Treatment: A second treatment is generally recommended according to the treatment product instructions. Teach children not to share combs, brushes, hats, or coats. Household contacts should be checked.

Hepatitis A

Incubation Period: 15–50 days, commonly 25–30 days

Signs and Symptoms: Many children have no symptoms. Others may have flu-like symptoms or diarrhea. Adults may experience fatigue, nausea, vomiting, loss of appetite, abdominal pain, jaundice, or dark urine.

*Exclusion from attendance***:** Yes

Readmission: According to applicable health guidance and school requirements.

Reportable Disease: Yes; follow current public-health reporting requirements.

Prevention/Treatment: A vaccine is available. Teach hand washing. Household contacts may require medical guidance regarding immune globulin or vaccination. If more than one case occurs in a facility, public-health guidance should be followed.

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

Hepatitis B

Incubation Period: 1.5–6 months, commonly 2–3 months

Signs and Symptoms: Gradual onset of fever, fatigue, nausea, or vomiting followed by jaundice. Children are frequently asymptomatic.

Exclusion from attendance: No, unless otherwise directed by a health-care professional.

Readmission: N/A

Reportable Disease: Yes; follow current public-health reporting requirements.

Prevention/Treatment: A vaccine is available. Teach hand washing and avoid sharing toothbrushes or razors. Wear gloves and use suitable disinfectant when cleaning blood or body fluids.

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 the lips that open and become covered with a dark crust. Recurrences are common.

Exclusion from attendance: No, unless another exclusion criterion is present.

Readmission: N/A

Reportable Disease: No

Prevention/Treatment: Teach good hygiene and avoid direct contact with sores. Antivirals may be used when prescribed.

Impetigo

Incubation Period: Variable, usually 4–10 days

Signs and Symptoms: Blisters on the skin, commonly on the hands and face, that open and become covered with yellowish crust. Fever does not usually occur.

Exclusion from attendance: Yes

Readmission: After treatment has begun and applicable criteria have been met.

Reportable Disease: No

Prevention/Treatment: Keep lesions covered. Teach hand washing and keeping fingernails clean.

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: After fever subsides and school return criteria are met.

Reportable Disease: No

Prevention/Treatment: A vaccine is available and recommended for eligible children. Antiviral therapy is available for certain patients with influenza.

Measles (Rubeola)

Incubation Period: 7–18 days, commonly 8–12 days

Signs and Symptoms: Runny nose, watery eyes, fever, and cough. A blotchy red rash usually begins on the face.

Exclusion from attendance: Yes

Readmission: According to applicable public-health requirements.

During an outbreak, unimmunized children may be excluded according to the public-health direction.

Reportable Disease: Yes; immediate reporting may be required.

Prevention/Treatment: 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: After effective treatment and approval from a health-care professional when required.

Reportable Disease: Yes

Prevention/Treatment: Preventive antibiotics may be recommended for household members and close contacts. Vaccines are available for certain forms.

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 or another exclusion criterion is present.

Readmission: After fever subsides and school return requirements are met.

Reportable Disease: Follow current public-health requirements.

Prevention/Treatment: Teach hand washing.

Meningococcal Infection

Incubation Period: 2–10 days, commonly 3–4 days

Signs and Symptoms: Sudden fever, intense headache, nausea, vomiting, stiff neck, and frequently a reddish or purplish rash.

Exclusion from attendance: Yes

Readmission: After effective treatment and healthcare clearance when required.

Reportable Disease: Yes

Prevention/Treatment: Preventive antibiotics may be recommended for household members and close contacts. During an outbreak, vaccination may be recommended for people 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 often asymptomatic. Symptoms may include fever, fatigue, swollen lymph nodes, and sore throat.

Exclusion from attendance: Yes, when symptoms prevent comfortable participation or another exclusion criterion applies.

Readmission: When a physician determines the child may return or after fever subsides and the child can participate normally.

Reportable Disease: No

Prevention/Treatment: Minimize contact with saliva and nasal secretions. Teach hand washing. Sanitize surfaces and shared items.

Mumps

Incubation Period: 12–25 days, commonly 16–18 days

Signs and Symptoms: Swelling over the jaw in front of one or both ears and pain in the cheeks that may worsen with chewing.

Exclusion from attendance: Yes

Readmission: Nine days after onset of swelling, consistent with current health requirements.

Reportable Disease: Yes

Prevention/Treatment: 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 and ear pain, sometimes following a respiratory illness.

Exclusion from attendance: No, unless fever or another exclusion criterion is present.

Readmission: After fever subsides.

Reportable Disease: No

Prevention/Treatment: Antibiotics are indicated only for certain cases of acute otitis media as determined by a physician.

Pertussis (Whooping Cough)

Incubation Period: 6–21 days, commonly 7–10 days

Signs and Symptoms: Low-grade fever, runny nose, and cough followed by paroxysmal coughing spells and possible "whoop" on inspiration.

Exclusion from attendance: Yes

Readmission: After completion of five days of appropriate antibiotic therapy, or as otherwise directed by public-health requirements.

Reportable Disease: Yes

Prevention/Treatment: A vaccine is available. Unimmunized contacts may need immunization and/or antibiotic prophylaxis. Adults with a persistent cough lasting more than two weeks should be medically 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, and often large, tender lymph nodes in the neck.

Exclusion from attendance: No, unless fever or another exclusion criterion is present.

Readmission: After fever subsides.

Reportable Disease: No

Prevention/Treatment: Non-streptococcal pharyngitis is generally viral; antibiotics are not indicated unless a bacterial infection is diagnosed.

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

Pinworms

Incubation Period: Variable, approximately two weeks to two months or longer

Signs and Symptoms: Perianal itching

Exclusion from attendance: No

Readmission: N/A

Reportable Disease: No

Prevention/Treatment: Treatment is recommended. Teach handwashing and check household contacts when appropriate.

Ringworm of the Body

Incubation Period: Commonly 4–10 days

Signs and Symptoms: Slowly spreading, flat, scaly, ring-shaped skin lesions. Margins may be reddish and slightly raised.

Exclusion from attendance: No, unless another exclusion criterion applies.

Readmission: N/A

Reportable Disease: No

Prevention/Treatment: Treatment is recommended. Keep lesions covered. Ringworm is a fungal infection.

Ringworm of the Scalp

Incubation Period: Commonly 10–21 days

Signs and Symptoms: Slowly spreading bald patches with broken hairs.

Exclusion from attendance: Yes

Readmission: After treatment has begun.

Reportable Disease: No

Prevention/Treatment: Do not share combs, brushes, hats, or coats. Ringworm is a fungal infection.

Rubella (German Measles)

Incubation Period: 14–23 days, commonly 16–18 days

Signs and Symptoms: Cold-like symptoms, swollen/tender glands at the back of the neck, fever, and a variable pink rash on the face and chest.

Exclusion from attendance: Yes

Readmission: Seven days after onset of rash, or according to current public-health requirements.

During an outbreak, unimmunized children and pregnant women may need to be excluded according to public-health guidance.

Reportable Disease: Yes

Prevention/Treatment: 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: 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: After diarrhea and fever subside and applicable criteria are met.

Reportable Disease: Yes

Prevention/Treatment: Teach 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 with severe itching, often on thighs, arms, and between fingers.

Exclusion from attendance: Yes

Readmission: After treatment has begun and applicable criteria have been met.

Reportable Disease: No

Prevention/Treatment: Teach children not to share clothing. A rash may continue after treatment but should gradually 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, and greenish to yellowish mucus lasting more than one week.

Exclusion from attendance: No, unless fever or another exclusion criterion is present.

Readmission: N/A

Reportable Disease: No

Prevention/Treatment: Antibiotics are generally indicated only for long-lasting or severe bacterial sinus infections when diagnosed by a physician.

Shigellosis

Incubation Period: 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: After diarrhea and fever subside and applicable criteria are met.

Reportable Disease: Yes

Prevention/Treatment: Teach 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 & Scarlet Fever

Incubation Period: Commonly 1–3 days

Signs and Symptoms: Fever, sore throat, and often large, tender lymph nodes in the neck. Scarlet fever-producing strains may cause a fine red rash one to three days after the onset of sore throat.

Exclusion from attendance: Yes

Readmission: At least 24 hours after antibiotic treatment has begun and fever has subsided, consistent with current health requirements.

Reportable Disease: No

Prevention/Treatment: Teach children to cover their mouths when coughing or sneezing. Streptococcal sore throat is diagnosed through appropriate medical testing.

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 of fatigue, loss of appetite, fever, failure to gain weight, and cough.

Exclusion from attendance: Yes

Readmission: After appropriate treatment has begun and physician/health clearance has been obtained when required.

Reportable Disease: Yes, within one working day.

Prevention/Treatment: Appropriate classroom contacts should receive TB screening as directed by public-health officials. Preventive antibiotic therapy may be recommended for newly positive individuals. Families should contact their local health department TB-control program regarding contact testing.

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

28. NON-DISCRIMINATION STATEMENT

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. Casa Dei Bambini does not discriminate based on race, color, national origin, or ethnic origin in the administration of educational or admission policies or in any other school-administered activities. The school seeks students from diverse social, economic, ethnic, racial, cultural, and religious backgrounds and is committed to maintaining a respectful educational environment.

29. CASA DEI BAMBINI MONTESSORI - RISK MANAGEMENT ACKNOWLEDGEMENT

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 written notice** is required to receive the security deposit as a tuition credit toward your child's final month of attendance.

The security deposit is refundable **in the form of a tuition credit** and will be applied to the last month of enrollment.

Tuition and fees will **not be prorated** during the final month of attendance. If a 30-day notice is not provided, the security deposit will be forfeited.

Please note that tuition will not be reduced or prorated for travel, vacations, or other absences during the school year from **August through May**, unless your child is withdrawing and the required 30-day notice has been provided.

30. CONFIDENTIALITY NOTICE

The information contained in this acknowledgement and related school documents may contain confidential and/or privileged information and is intended for the individual or organization for whom it was provided. If you are not the intended recipient or an authorized representative of the intended recipient, any unauthorized review, dissemination, distribution, or copying may be prohibited. If you have received this information in error, please notify the sender or school administration and appropriately delete or return the information.

THANK YOU FOR BEING PART OF OUR COMMUNITY

Casa Dei Bambini Montessori School is committed to providing a safe, respectful, beautiful, and stimulating environment in which children can grow in independence, confidence, responsibility, curiosity, and love of learning.

We appreciate the trust you place in us and value the partnership between child, family, and school.

Casa Dei Bambini Montessori School
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