

The Margaret Murphy Centers for Children

PARENT HANDBOOK



MMCC



The Margaret Murphy Centers for Children
www.margaretmurphycenter.com

Student's Service Provider Information

While your child's program may not include all of the providers noted below, this page is designed to help you keep track of the professionals who currently are involved with your child. Please note that, due to many factors the a.m. and p.m. teachers may change during the year. Your child's case manager is your primary contact person and will generally remain the same.

My child's MMCC Case Manager is: _____

My child's a.m. Teacher is: _____

My child's p.m. Teacher is: _____

My child's Speech-Language Therapist is: _____

My child's Occupational Therapist is: _____

My child's BCBA (Board Certified Behavior Analyst) is: _____

My child's Social Worker is: _____

My child's Psychologist is: _____

The Director of my child's program is: _____

My child's CDS or Public School Contact is: _____

Other Important Contacts: _____



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Parents and Guardians,

This handbook has been created specifically for the families of the students we support at the Margaret Murphy Centers for Children. We hope that you find this handbook to be a helpful resource, with information that will help you in understanding the many services that we provide within our Centers.

I'd like to thank you for selecting MMCC for your child. We pride ourselves in providing the most comprehensive clinical and educational services within the State of Maine, while aspiring to be a leader within our field, throughout the State and across the Nation. Our students remain at the central focus of everything that we do...and our best efforts are given to ensuring their success.

Since the year 2000, our Centers have grown and expanded in our student numbers and in the services that we offer. Currently, we offer services in the areas of evaluation, education, psychology, behavior analysis, speech, occupational therapy and social work. Our educators and clinicians receive intensive and ongoing professional development to remain current in best practices. In addition, we are committed to increasing the quality of services available outside of MMCC, and present our expertise at professional conferences and contribute to research publications on a regular basis.

With all of that said, at the end of the day, our students remain at the central focus of everything that we do...and our best efforts are given to ensuring their success. We greatly appreciate the unique beings that each of our students are and their growth and progress brings us great joy...they are why we do what we do, day in and day out.

It is our sincere belief that our students will make progress and will achieve success...individually defined for each of our students. Thank you for trusting your child with our staff and within our program.

If you are receiving this handbook, you have already been connected to a team of people working with your child, led by a Case Manager. You are encouraged to communicate with your child's team members on a regular basis. In addition, you are always welcome to contact me. I am happy to field questions, address concerns, celebrate successes and to recognize staff who go above and beyond. I am actively traveling across our sites on a regular basis and the best way to contact me is through email, michelle.hathaway@jfmh.org. I am also available at (207) 376-3022.

Michelle Hathaway, Psy. D., BCBA Director,
The Margaret Murphy Centers for Children

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GLOSSARY OF ACRONYMS

Listed below are commonly used acronyms that you may hear being used by staff or that you may read in written materials, such as this handbook.

- ABA** **Applied Behavior Analysis:** a research-based approach designed to improve socially significant behaviors through analysis of existing behaviors and systematic application of interventions that are based on theories of learning and motivation. Interfering behaviors are targeted for reduction while new replacement behaviors are taught, reinforced, maintained and ultimately generalized to new situations. ABA is a strongly data-driven method, focusing on measurement and evaluation of observable behavior.
- BCBA** **Board Certified Behavior Analyst:** a professional who is highly trained and nationally credentialed to establish, implement, and supervise implementation of ABA based programs. At MMCC, they develop Positive Behavior Support Plans and Individual Treatment Plans based on FBA data and support and supervise the implementation of these plans by the individual staff members working daily with the student.
- BHP** **Behavioral Health Professional:** a person who is trained and credentialed by DHHS to provide personal supervision and therapeutic support to persons with mental illness or serious emotional disturbance, intellectual disabilities or autism in their home, school or community. At MMCC, a BHP also meets DOE authorization to be an educational technician and helps students to develop and maintain the daily living skills necessary to build independence and keep them healthy and safe.
- BIR** **Behavior Incident Report:** written documentation of incidents that result in restraints or seclusions. Copies must be sent to parents and sending schools within 7 calendar days of the incident.
- CA** **Comprehensive Assessment:** an annual assessment, required by the Department of Health and Human Services, for the purpose of documenting the child's needs, assessing current adaptive functioning, clarifying diagnosis, and establishing medical necessity for day treatment services.
- DOE** **Maine Department of Education:** the state agency responsible for oversight and implementation of all laws and regulations pertaining to administration and funding of educational programs.
- DHHS** **Maine Department of Health and Human Services:** the state agency responsible for oversight and implementation of all laws and regulations pertaining to administration and funding of programs and services that are essential to protecting the health of all Maine citizens. In particular, they are responsible for Margaret Murphy Centers for Children's licensure as a day treatment service provider.
- FBA** **Functional Behavioral Assessment:** a process for collecting information that will help to define specific problem behaviors, hypothesize why they are occurring and develop ways to address them. Functional behavioral assessment data are used to develop a Positive Behavioral Support Plan.

- IEP** **Individualized Education Program:** the legal document, developed by your child’s educational team (of which you are a member), that details the student’s special education program including strengths, needs, his/her disability and how it affects access to general curriculum, type & frequency of services provided, goals & objectives, measurement criteria and schedule, involvement in local and state assessments, placement based on least restrictive environment and transition goals for students who are entering high school.
- IRP** **Interval Recording Procedure:** also sometimes referred to as **IRS – Interval Rating System**, this is that data collection method used to record a child’s activities and behaviors throughout the day.
- ITP** **Individual Treatment Plan:** the document that details the plan of care for medically necessary treatment to be received by the student. It is developed by the treatment team (of which you are a member) and is based on a comprehensive assessment and a diagnostic evaluation of the member. The Individual Treatment Plan includes specific treatment goals and objectives, a Crisis/Safety Plan and a Discharge Plan.
- PBSP** **Positive Behavior Support Plan:** based on the outcomes of a Functional Behavioral Assessment, this plan describes the specific strategies and supports required by the student to reduce problem behaviors and increase positive replacement behaviors.

INTRODUCTION

The Margaret Murphy Center for Children (MMCC) was opened in the fall of 2000 to provide services to children with Autism Spectrum Disorders and other developmental disabilities, aged 18 months to 14 years. In the fall of 2004, the MMCC expansion began with the opening of a second location. Currently, there are 7 separate special purpose school locations and one additional program located within a public school, enabling MMCC to provide services to students up to age 20. MMCC was created with the goal of providing the best evidence-based services a child and family could receive, and our staff members remain committed to that objective.

VISION

We aim to be the leader in our state and to serve as the model for the highest quality educational and behavior analytic services to students with autism and developmental disabilities.

MISSION

The Margaret Murphy Center for Children is dedicated to providing high quality educational services within a positive environment. We are passionate in our commitment to provide a creative, collaborative, fun and respectful partnership with our students, with their families, and with our community partners. We support our students in becoming lifelong learners and active community members. We utilize each student's unique strengths and abilities to help guide them toward meeting their individual goals and reaching their fullest potential. We help students reach this potential while teaching them that maintaining their individuality and being productive members of our community go hand-in-hand. It is against these values that we test every decision we make with our students, their families, and with one another.

PROGRAM PHILOSOPHY & DESIGN

At The Margaret Murphy Centers for Children, we believe that every child has the right to **effective** education and treatment. To that end, we are committed to use of best practices as we create a positive and productive culture for learning and develop programming and intervention strategies for each student. We build caring, individualized social and physical learning environments that promote academic achievement and pro-social behavior. We also employ evidence-based programming and teaching strategies that yield objective data, upon which we can routinely assess student progress. We invest in our staff members' growth and development in order to ensure the highest quality programming possible for each student.

Group experiences and individualized direct instruction, based on principles of Applied Behavior Analysis (ABA), enable students to learn meaningful academic and social skills while building positive relationships with their families, friends, peers, support providers, and other members of their communities. Individualized Positive Behavioral Support plans, based on the results of comprehensive Functional Behavior Assessments, are developed to increase appropriate social behavior and to simultaneously decrease maladaptive behaviors that have interfered with learning and daily functioning.

These plans are designed to be consistent with fundamental principles of behavior and learning theory and include ongoing objective evaluation to determine the effectiveness of interventions.

Positive Behavior Interventions and Supports (PBIS) systems are employed in order to maximize effectiveness of programming including team-based decision making based on objective data, continuous monitoring of student behavior, and effective ongoing professional development. Student behavioral data is recorded daily and routinely analyzed for progress by intervention teams. Formal analysis occurs at least monthly, by a team of professionals, for progress reporting purposes. Strategic adjustments may be made to plan goals or intervention strategies, depending on the determined rate of student growth.

MMCC staff members have many opportunities to engage in high quality, formal professional development experiences such as national, state and local conferences and training experiences, on-site cohort coursework and trainings and other college and university courses. Authentic adult growth and change occur, however, when staff members have ongoing opportunities to try new skills and receive frequent, specific performance feedback. MMCC models this type of sustainable professional growth and improvement by providing staff with regular experiences for collaboration and consultation with other professional team members.

Special Education Teachers, also referred to as Case Managers, serve as instructional leaders who provide modeling to highly trained Education Technician IIIs through direct intervention with the students. Case Managers provide continuous supervision, support and feedback to the Ed Techs throughout the day as they implement individualized direct instruction or small group experiences. Licensed Psychologists, Board Certified Behavior Analysts, Occupational Therapists, Social Workers, and Site Directors provide ongoing support and consultation to the Case Managers and Educational Technicians. MMCC maintains high expectations for student growth by vigorously supporting the adults who intervene daily on their behalf.

REFERRAL AND ADMISSION PROCESS

Children ages birth to five years may be referred to MMCC by their parents and/or Child Development Services (CDS). Lewiston-Auburn area referrals may be initiated by contacting Director Michelle Hathaway or Assistant Director Robyn Gray at (207) 376-3022. Greater Portland and Southern Maine area referrals may be initiated by contacting Saco Site Director Rebekah Bickford at (207) 494-7304.

School age children in grades K-12 are referred to MMCC through the IEP (Individualized Education Program) Team process within their local/sending school district. The IEP determines that the public school or current setting is unable to provide an appropriate educational program for the student and a referral is made to a more restrictive educational setting. MMCC is a Special Purpose Private School and Licensed Day Treatment Program. The MMCC Administrative Team reviews referrals and accepts new students based on appropriate peer matches, and openings within the program. School districts complete a Request for Consideration of Placement packet. Upon acceptance, families complete the Intake Packet. Transition plans to enter the school are highly individualized, often including observation within the current school environment and visits to MMCC prior to the scheduled start date.

MMCC STATEMENT OF PROACTIVE SERVICES & SUPPORTS

MMCC assures that each enrolled student will have access to the following opportunities and services while attending MMCC. Specific services will be identified in the student's IEP/ITP and may include:

INSTRUCTION

- Services up to 6.5 hours per day (8:30-3:00), Monday through Friday.
- Year-round programming with one week off in July and a break in December that generally ranges from 10 to 14 days, depending on the days on which Christmas and New Year's fall. Most major holidays are also observed. Extended School Year Services (those days beyond the sending SAU's school calendar) are provided according to individual determinations made by each student's IEP team.
- High staff to student ratio, as specified in the IEP, including 1:1 staffing with an Educational Technician, across all activities of the school day.
- Individualized programming for academic, social, behavioral, communication, adaptive behavior, recreational, functional daily living skills, and community-based activities.
- Small group academic, social, adaptive, functional, communication and community based skills instruction, as appropriate.
- Instruction that is delivered by highly trained and supervised staff. Staff members receive training in Autism Spectrum Disorders; Developmental Disabilities; Emotional/Behavioral Disorders; Applied Behavior Analysis; Confidentiality; First Aid; CPR; State Approved Program for Non-Physical and Safe Physical Intervention for Escalated Behaviors (currently Safety Care); Special Education Law; and many other areas. They demonstrate competency in
 - systematic observation;
 - data collection and analysis;
 - evidence-based interventions, instructional strategies and curricula (e.g. Discreet Trials, Natural Environment Teaching, Incidental Teaching, Functional Communication Instruction, etc.);
 - prompting and prompt fading strategies;
 - visual support strategies;
 - schedules of reinforcement
- Post-Secondary transition services that generally start at entry to high school. These are highly individualized services and may include: individualized instruction in social skills, communication skills, community participation skills, interest and aptitude assessments, portfolio development, school-based functional jobs, community-based volunteering opportunities, coordination with community case manager for referral to vocational rehabilitation or appropriate agency, systematic transition to identified agency/day program/job site, staff training at agency/site in the child's plan, as well as coordination of documentation necessary to facilitate a successful transition.

RELATED/SUPPORTIVE SERVICES

- Speech and Language services including direct instruction, program consultation and student evaluation as indicated by the IEP/ITP.
- Occupational therapy services including direct instruction, program consultation and student evaluation, as indicated by the IEP/ITP.
- Psychological counseling and consultation services as indicated by the IEP/ITP.
- Social Work services, including direct counseling and/or consultation as indicated by the IEP/ITP.
- Behavior support services from a BCBA, direct and/or consultation as needed or as indicated by the IEP/ITP.
- Nursing services and consultation as needed or as indicated by the IEP/ITP.

ASSESSMENT

- Psychological Assessment that may include cognitive, social, emotional, behavioral and adaptive skills evaluation.
- Academic assessment, including formal standardized evaluations and curriculum based assessment.
- Functional Behavior Assessment.
- Speech-language evaluations in areas of speech, language, social skills and functional communication, including evaluation for augmentative communication devices.
- Occupational therapy evaluations in motor skills development, adaptive skills development, and needed sensory accommodations.

EDUCATION & TREATMENT PLAN DEVELOPMENT & REPORTING

- Collaborative development of the IEP (Individual Education Program) by MMCC professional team members, parents and public school representatives to outline individual areas of need, appropriate services and supports, and goals and objectives to address relevant skill areas and educational domains.
- Coordinated development of the ITP (Individual Treatment Plan) by a licensed psychologist to address social, emotional, behavioral and adaptive living skills, as appropriate. Plan implementation and ongoing data collection is monitored by a school psychologist or BCBA (Board Certified Behavior Analyst) and continuously analyzed for progress monitoring purposes.
- Coordinated development of an individualized Positive Behavior Support Plan, including crisis and safety plan (also included in ITP), to effectively change behavior through proactive strategies

designed to reduce interfering/problem behaviors while also teaching effective pro-social replacement behaviors.

DATA COLLECTION & REPORTING

- Daily data collection on the skill or objective from the IEP or ITP that is currently being targeted within a program.
- Daily Data collection on a child's activities and behaviors during time specific intervals throughout the day
- Monthly analysis of behavior data and quarterly reporting to parents and sending school districts
- Completion of quarterly progress reports that are sent to families and school districts reflecting growth on all goals and objectives in the student's IEP and ITP.
- Use of daily communication and individualized communication logs, as needed, to inform parents of progress, successes and ongoing needs.

OTHER

- Supported Inclusion to public school/less restrictive setting as indicated by the IEP/ITP team.
- Psychiatric/medication management services are available at MMCC with a contracted provider, depending on provider availability.
- Community experiences and recreational activities within the local community are an integral part of programming to help students build social, physical and other functional skills. Transportation to and from community activities is provided in agency vehicles and/or approved staff vehicles.
- Coordinated Case Management of all MMCC services by certified Special Education Teachers who serve as the primary point persons for communication

TRAINING AND DEVELOPMENT

- Annual professional development and in-service training made available for MMCC enrolled families to attend free of charge.
- Additional opportunities for student support by interns from the University of Southern Maine, University of Maine at Farmington, Bates, and Central Maine Community College who are studying psychology, behavior analysis, occupational therapy, therapeutic recreation, early childhood education, speech-language pathology and special education. (Internship site is approved by College/University advisor and MMCC administration.)

OTHER

- Supported Inclusion to public school/less restrictive setting as indicated by the IEP/ITP team.
- Psychiatric/medication management services are available at MMCC with a contracted provider, depending on provider availability.

INTAKE AND ANNUAL RELEASE PACKETS

Prior to your child starting at MMCC, an intake packet is completed in order to gather information about your child. Included within this packet are also a variety of consent forms and acknowledgements, many of which are required for program approval and licensure. Examples of these forms include consent to exchange information with other agencies or professionals, consent to release your child to another adult, acknowledgement that MMCC is a mandatory reporter suspected of child abuse and neglect, acknowledgement that we may utilize emergency physical restraint if a student's behavior presents imminent risk or harm to self or others, and more. Some parents prefer to complete this on their own, while others prefer to complete it with MMCC staff. This packet must be completed, in its entirety, and returned to MMCC before a child can begin.

Each year, we are required to update many of these same forms. This annual packet contains fewer forms than the original intake packet, and we ask that it be reviewed, signed, and returned to us at MMCC. Since these updated materials are essential for MMCC to maintain our licensure, they must be returned promptly. If this packet is not returned within two weeks of parent receipt, student attendance will be suspended. We thank you in advance for helping us to comply with licensing requirements.

CONSENT FOR ANNUAL COMPREHENSIVE ASSESSMENT

MMCC is a Special Purpose Private School (Maine Department of Education) as well as a licensed day treatment facility (Maine Department of Health and Human Services). DHHS requires day treatment facilities to complete a Comprehensive Assessment for each student on an annual basis. The purpose of this assessment is to document the child's needs, assess current adaptive functioning, clarify diagnosis, and establish medical necessity for day treatment services. This must be completed within 30 days of student admission and requires parent signatures. We thank you for your cooperation with this process to ensure timely delivery of services to your child.

PROGRESS MONITORING AND EVALUATIONS

Your child's progress is monitored on a daily basis; ongoing collaboration and consultation with educational and clinical staff is an integral component of programming at MMCC. Parents receive quarterly progress reports on goals written in the IEP (Individual Education Program) and ITP (Individual Treatment Plan).

Any evaluations outside of the DHHS required Comprehensive Assessment are conducted when requested and approved by the IEP team. Written parental consent must be received before these evaluations or assessments may begin. We do not have the capacity to conduct evaluations or assessments that may be requested outside of the IEP/ITP Teams.

Ongoing behavioral assessment/consultation is a critical program component at MMCC and occurs on a daily basis with our special education and clinical staff. Analysis of the data that is collected contributes to the ongoing monitoring of the effectiveness of the child's treatment plan and/or supports the need to make revisions to the behavior or instructional plan. This ongoing assessment/consultation is built into our program and is not considered an evaluation that requires prior written parental consent.

STUDENT HEALTH, WELLNESS & SAFETY

HEALTH

Medication Administration at School

MMCC recognizes that in some instances a student's chronic or short-term illness, injury, or disabling condition may require the administration of medication during the school day. In order to ensure the safe administration of medication at school, both prescription and non-prescription medications must be:

- 1) Accompanied by a doctor's written order. MMCC has a standing order form for non-prescription medication which must be completed by the child's doctor. Any written doctor's order must clearly state the
 - a. Child's name
 - b. Date
 - c. Name of the medication
 - d. Dosage
 - e. Frequency of administration
 - f. Route of medication administration , e.g. gastro-intestinal (most frequently oral), lung, ear, eyes, nose
 - g. Length of time medication must be administered
- 2) Brought to school by an adult in the original container. Parents must not send any form of medication to school on their child's person or in their backpack and may not request that the school's transportation provider deliver the medication.
- 3) Administered by a qualified individual (e.g. RN, LPN, CRMA or person trained according to Maine Statute 20-MRSA § 254 (5) (A-C).

When a need arises for minor medical treatments that are covered by the standing order form, parents must be contacted **prior to** administration of medication by a qualified individual.

All medications will be locked at all times, prior to and following administration.

Immunizations

In order to best protect all students, all parents or guardians must present written certification from a physician, nurse or health official who has immunized your child. This documentation must include the specific immunization, the dosage administered and the date on which it was administered.

Children who have not had all recommended immunizations and children who have immune system problems will be excluded from their school program at MMCC if they are exposed to cases or outbreaks of Measles, Mumps, Rubella, Varicella (Chicken Pox).

Exclusion from School

The Commissioner of Education and the Bureau of Health, Department of Human Services has issued a joint rule to implement the provisions of the School Immunization Law (20-A MRSA §§6352-6358). Maine Department of Health and Human Services, Rule Chapter 261 and Maine Department of Education Rule Chapter 126 **"Immunization Requirements for School Children"** provide for students to be excluded from school as follows:

"A. Exclusion by Order of Public Health Official

A child not immunized or immune from a disease shall be excluded from school and school activities when in the opinion of a public health official the child's continued presence in school poses a clear danger to the health of others. The superintendent shall exclude the child from school and school activities during the period of danger or until the child is immunized.

The following periods are defined as the "period of danger:"

Measles: 15 days (one incubation period) from the onset of symptoms of the last identified case.

Rubella: 23 days (one incubation period) from the onset of symptoms of the last identified case.

Mumps: 18 days (one incubation period) from the onset of symptoms of the last identified case.

Varicella: 16 days (one incubation period) from the onset of symptoms of the last identified case. (The 16-day exclusion will not take effect until the start of school year 2007 when all students K-12 are required to be immunized against varicella as indicated under Section 5 of this rule.)

B. Exclusion by Order of Superintendent

A superintendent shall also exclude from schools and school activities any child on account of filth or communicable disease, in accordance with 20-A MRSA §6301. The superintendent shall also exclude from public school any child or employee who has contracted or has been exposed to a communicable disease as directed by a public health official, or as recommended by a school physician.

C. Requirement for Educational Arrangements

For any child so excluded from school for more than 10 days, the superintendent must make arrangements to meet his educational needs.

This section does not require the provision of off-site classes or tutoring. Instead, the child’s educational needs may be met by making arrangements for the delivery of school assignments, correction of papers, and similar activities which can be accomplished at home. Any child who is unable to take examinations during this period shall be afforded the opportunity to make up the examinations, similar to arrangements made for children who have other excused absences.”

First Aid

From time to time, minor injuries (bruises, scrapes, etc.) may occur. Basic first aid is administered when warranted. An Accident/Incident report is completed and kept on file and the parent is notified, typically through the established home/school communication log. A phone call will be made to the parent if sending home daily documentation is not part of the child’s routine. If there is a serious accident, parents will be notified immediately and appropriate emergency procedures will be followed.

Student Illness

While parents are excellent judges of their child’s health, it is common for children to become ill very quickly. If at any time a child develops the following symptoms we will contact the parent/guardian or primary caregiver, to pick up the child immediately from school:

- Temperature of 100 degrees or higher
- Inflammation/redness of or weepy eyes
- Vomiting
- Diarrhea
- Communicable disease (measles, mumps, chicken pox, pink eye, etc.)
- Rash of unknown origin
- Excessive or green nasal discharge

In order to reduce the exposure of other children and staff, it is imperative that the parent or designated emergency contact person picks up the child quickly.

The child may rest away from other students while waiting to be picked up. If a student is sent home or kept home due to illness, he/she cannot return to MMCC until they have been free of symptoms for 24 hours. Note: If a child is suspected of having a communicable disease, they may return to MMCC only when deemed, through written authorization of their physician, to no longer be contagious. In the event that a particular health concern should persist, the school administrator may request that a child be seen by their family doctor prior to returning to school.

In addition to illness, children may occasionally suffer from insomnia. It is impossible for our students to access a quiet location to catch up on a night-of lost sleep. If the child was up for extended periods throughout the night and will be unable to participate in the day’s activities, we ask that he/she be kept home in order to rest. If sleeplessness becomes a chronic concern, your child’s school team will meet to determine how best to address this issue.

Pediculosis

The CDC confirms that while Lice are a nuisance, they do not spread disease. For that reason, if we find live lice on your child, you will be contacted immediately. Your child will be sent home at the end of the day, and following treatment, they may return to school. If you believe your child has lice, please contact the school. In the event that you are concerned about applying lice treatment yourself, we may be able to provide the treatment at school. Our goal is to keep children at school, actively engaged in their learning.

WELLNESS

Diets

In response to a medical need or as part of a behavioral treatment plan, some students have special diets or food restrictions. These plans must be over seen by the family or by the child's physician. MMCC does not purchase special foods for diets but will adhere to doctor's orders and family eating plans. In some cases it is important to keep a record of food or liquid intake; this will typically be done directly on the daily Interval Recording Procedure (IRP) sheet, if required.

Lunch/Snacks

Students should bring a lunch to school each day. We have several microwaves to heat lunch items, and juice, milk and water are available to all students. Parents should communicate in writing any requests or restrictions with regard to eating and food choices, especially since your child's Positive Behavioral Support Plan may specify use of edible reinforcers. Other than being specifically indicated in a child's Positive Behavioral Support Plan, candy and soda may only be available for purchase at the school store. Students who participate in the "jobs" program earn school store money that can be used to purchase these items. Students also may exchange points or tokens earned throughout the day for special food items.

Physical Activity

Physical activity and motor development are an important part of programming at MMCC. Students have access to both indoor and outdoor equipment for climbing, swinging, balancing, etc. Seasonal activities are offered to help students continue to develop physical skills while taking advantage of Maine's four-season climate. Such opportunities may make use of seasonal equipment such as sleds in the winter and waterslides in the summer.

Protective Sprays & Lotions

In order to protect students from the effects of sun and insects in the summer, parents will be asked each season to provide child-safe sunscreens and insect repellents. These lotions and sprays will be applied when participating in outdoor activities.

SAFETY

Mandatory Reporting

Employees of MMCC are legally obligated to report any allegations or observations of abuse, neglect and/or exploitation. The Department of Health and Human Service's Child Protection Division will be notified on behalf of any child for whom we suspect abuse is occurring.

Physical Intervention

When a student's behavior presents a risk of injury or harm to him/herself or others, trained MMCC staff may need to physically restrain that student. When possible, less restrictive interventions, such as prompting or escorting the student, will be tried prior to restraint. Any restraint that occurs is done so in full compliance with Maine law and will be reported to parent/guardian on the day of occurrence. Staff members who engage in physical interventions with students have been trained using a comprehensive curriculum called Safety Care. For more information on Maine Department of Education Chapter 33, "Rule Governing Physical Restraint and Seclusion", visit www.maine.gov/doe/school-safety/restraints.

Pesticide Administration

The Margaret Murphy Centers for Children adheres to the Standards for Integrated Pest Management as set forth by the Department of Agriculture, Conservation and Forestry Board of Pesticides Control. In the event of pesticide administration a written notice will be provided at least 5 days prior to administration which states the following: trade name and EPA Registration number, approximate date and time, location, reason, and name and phone number of person to whom further inquiry can be made regarding the application.

ATTENDANCE EXPECTATIONS

One of the most important ways that parents and guardians can support the progress of their child enrolled at MMCC is to ensure that he/she attends school regularly. The work we do with your child is highly dependent on intense, consistent instruction, and frequent absences may have a substantially negative impact on student progress.

We expect students to be present in school for at least 90% of their instructional time. Missed time includes full day absences, late arrivals and early dismissals, regardless of whether excused or unexcused. Excused absences, late arrivals and dismissals must be communicated to the school and are defined by state law to include:

- A. Personal illness
- B. An appointment with a health professional that cannot be made outside regular school hours
- C. Observance of a recognized religious holiday when the observance is required during the regular school day
- D. A family emergency
- E. Education disruption resulting from situations such as homelessness, unplanned psychiatric hospitalization, unplanned hospitalization for a medical emergency, foster care placement and youth development center placement. ***During these extraordinary circumstances that may result in extended absence, we will work with you and your child's sending school to determine the most appropriate educational and clinical support for him/her.*

Since MMCC is a year round placement for most students, we recognize that families may wish to take a vacation or have occasional special family days together. These days will be considered excused as long as we are notified in writing ahead of time.

Unexcused absences may be considered truancy in the following circumstances:

- A. A student, age 7 through grade 6, who has the equivalent of 7 full days of unexcused absences or 5 consecutive school days of unexcused absences during a school year
- B. A student in grade 7 and beyond who has the equivalent of 10 full days of unexcused absences or 7 consecutive school days of unexcused absences during a school year

In the event that a child's attendance pattern approaches 10 cumulative days of excused absence or meets the definition of truancy, MMCC Staff will request an IEP meeting to review absences and make a plan to address current attendance issues. If attendance does not improve as a result of this plan, the IEP team may determine that the student is no longer benefitting from MMCC services and needs a different placement. ***In addition, Maine law requires truant students, age 7 through grade 6, to be reported to DHHS Division of Child Protective Services.*** Students who are absent for two consecutive weeks of school due to hospitalization or long term illness will be discharged from MMCC. When extended absences are due to hospitalization, the student can be referred back to MMCC as discharge plans and preparations are made.

HOME/SCHOOL COMMUNICATION & COLLABORATION

Maintaining positive lines of communication between home and school is crucial for informed student programming. Consistent use of strategies across settings, as well as the sharing of timely and accurate information can facilitate positive student behavior and progress.

While there are several formal opportunities for MMCC staff and parents/guardians to communicate, including IEP meetings and quarterly reviews; plans for more regular communication may be developed by the child's school team. In collaboration with parents/guardians, the team will determine a communication plan that outlines contact mode (e.g. phone call, email, home-school notebook) and frequency (e.g. daily, weekly, monthly), according to each family's individual needs.

When there is a need for more immediate communication, you may call or send an email to your child's case manager. If they are not available, another staff member may try to help you. You also are free to leave a message and they will get back to you, generally within the day. Your child's individual education technician will not be available to speak with you during the school day due to the requirement for focused attention on your child's program and needs.

Red Folder Alert

From time to time, MMCC may need to send home important paperwork that needs immediate attention and/or must be returned as quickly as possible. These notices will be sent in a red folder so that you will know they need urgent attention. At these times, we greatly appreciate your prompt attention to the information inside the folder.

PARENT OBSERVATIONS

Parents are welcome to observe their child in program at MMCC in order to 1) better understand the teaching and behavioral strategies used in the child's programming; 2) see the progress their child is making at MMCC; and 3) learn strategies that can be carried over into the child's home. Parent utilization of strategies observed in the school setting can lead to increased consistency of response to problem behaviors across both home and school settings. Observations of the progress your child is making in the school setting also can help you to encourage generalization of new skills at home and in other settings, as well.

Due to the highly unique needs of students in the program, unplanned observations may cause confusion and frustration for some; therefore, we require appointments to be made ahead of time. These appointments can be scheduled with your child's MMCC Case Manager or with the Director of the site your child attends.

In order to make the most of your observation time, the following guidelines are offered:

1. Prior to the observation you should review the child's IEP and Behavior Plan. These plans outline targeted skills for acquisition, interfering behaviors, proactive strategies to help avoid problems and reactive procedures to implement when interfering behaviors occur. The most recent progress report also should be reviewed so that you are aware of the progress that has been made in targeted skill areas.
2. During the observation, we ask that you stay in the background while the teacher interacts with your child and engages in planned activities and instruction.
3. If your child attempts to obtain a reaction or attention from you by engaging in interfering behaviors, we ask you to prompt the student to return to task, and allow the teacher to implement programming. You are encouraged to interact and praise the child during breaks.
4. We ask all parents and teachers to avoid discussing the child's interfering behaviors in front of him/her. If you have questions, they should be asked in a private setting and at a time that does not interrupt the child's programming. It may be that you will need to write down your questions to be answered later by the Case Manager, Clinical or Administrative staff. While we will do our best to provide answers as quickly as possible, an appointment may need to be scheduled for this purpose.

STUDENT CELL PHONE USE

In order to keep our learning environment as free from external distractions as possible, students are strongly discouraged from carrying cell phones to school. The use of personal cell phones in the school setting is prohibited. If a student is observed to be using a cell phone for any purpose (calls, text messages, games, internet access, etc.) they will be asked to turn it in to the program administrator until the end of the school day.

Zero Tolerance Threat Response

The Margaret Murphy Centers for Children are committed first and foremost to the safety of our children and staff. All of our buildings have locked entrances and protocols for entering and exiting. We ask that parents and visitors always report to the main entrance of the building and NEVER attempt to enter another door. We also ask that, once inside the building, parents NEVER open doors to let anyone else in the building.

In today's culture where incidents of school violence seem to be on the rise, MMCC Administration has zero tolerance for threats or perceived threats of violence from parents or guardians. This includes immediate physical threats, direct verbal and written threats and indirect threats made verbally or through social media. We greatly empathize with the amount of stress some of our families are under and do all we can to support them. When our communication and support is not enough, and threats of violence occur, we will respond immediately and decisively.

In the event of any direct or indirect and imminent threat to our staff, students or facilities, we will put building lockdown procedures in place and immediately contact local law enforcement to remove the source of the threat. Threats of violence will result in discharge from our program. These heart-breaking decisions are not made in retaliation but only to protect the safety of all other students and staff in our programs.

SCHOOL CLOSURES, DELAYS AND EARLY DISMISSALS

Inclement weather, power outages or other extreme circumstances may disrupt operations of MMCC and its public sending schools, requiring cancellation of school, delayed start or early dismissal. While student and staff safety remain our first priority, we do not want school to be cancelled more frequently than necessary. In making the decision to cancel school for weather-related reasons, we will be paying close attention to current driving conditions, the forecast for the day and the decisions being made by surrounding school districts. On occasion, nearby districts will call for a delayed start rather than cancelling a full day of school, and MMCC may follow suit. As school opens at 8:30, a 1 hour delay means students should not arrive before 9:30, and not before 10:30 in the event of a 2 hour delay. These timelines are important as staff will not be available to care for children before these times.

Cancellations and delays will be broadcast on television stations WGME 13, WMTW 8 and WCSH 6 and also will be posted to their websites. We will do our best to make decisions as early as possible. Early dismissals due to inclement weather will occur on a very rare basis, only when the majority of sending districts are picking up students early and when the driving conditions are deemed dangerous.

As MMCC expands to other parts of the state, decisions for weather-related delays and dismissals will be based on area conditions and forecast. Currently, MMCC cancellations and delays will be broadcast and posted as “MMCC,” which will include all sites in the Lewiston-Auburn area, and “MMCC-Saco,” referencing the Saco site only. Since the weather can vary widely between these two areas, it is entirely possible for school to be cancelled or delayed in one area and not in another.

SCHOOL CALENDAR AT MMCC

During May of each year, a new calendar will be sent home with students. Parents of newly enrolled students should receive a copy of the calendar for their specific MMCC location at the time of enrollment. We are closed to students for one week each July and for a week in December. Additionally, MMCC is closed for all major holidays.

APPENDICES

PARENT RESOURCES

Maine Department of Education

23 State House Station
Augusta, ME 04333-0023
Voice: (207) 624-6600
Fax: (207) 624-6700
TTY: 1-888-577-6690

<http://maine.gov/doe/>

Maine Department of Health and Human Services

221 State Street
11 State House Station
Augusta, Maine 04333-0011
Phone: (207) 287-3707
FAX: (207)287-3005
TTY: Maine relay 711

<http://maine.gov/dhhs/>

Autism Society of Maine

72B Main Street
Winthrop, ME 04364
Phone: (800) 273-5200
FAX: (207) 377-9434

<http://www.asmonline.org/>

<http://www.asmonline.org/resources/quick-links.aspx>

Maine Parent Federation

PO Box 2067
Augusta, ME 04338
Phone: (800) 870-7746
FAX: (207) 588-1938

<http://www.startingpointsforme.org/>

Disability Rights Maine

24 Stone St., Suite 204
Augusta, ME 04330
Phone: (800) 452-1948
FAX: (207) 621-1419

<http://drme.org/>

Maine Autism Alliance/ Autism Speaks

65 Patterson St
Augusta, ME 04330
Phone: (207) 626-3042

<https://www.autismspeaks.org/resource/maine-autism-alliance>



The Margaret Murphy Centers for Children
www.margaretmurphycenter.com

IEP Parent/Guardian Input

IEP planning is designed to be a team process, and parents are a vital part of that team. With all of the information that is presented at an IEP team meeting, we want to ensure that parents have a fair opportunity for input. This form has been designed as a tool for parents to use to organize their thoughts prior to a meeting so that their questions can be answered and their suggestions can be considered.

Student Name: _____ Date of Meeting: _____

In considering the following major areas addressed in a school plan - Academic/Academic Readiness (preschool); Social/Communication; Behavior; Adaptive Living/Personal Care; Vocational Readiness - please respond to the questions below.

1. What do you see as your child's strengths?

2. In what areas have you seen your child grow or progress?

3. Currently, what areas are of concern to you?

4. Do you feel you have a good understanding of your child's IEP?

5. Are there skills that you would like to see worked on in school that are currently not in the IEP?

6. Do you feel you have a good understanding of what is happening for your child at school?

7. Is there any new medical information or family change information about which we should be aware?

8. What specific questions or suggestions do you have for us?



MMCC Locations

Kindergarten-Grade 8

27 Charles St.
Auburn, ME 04210
Phone: (207) 786-7708
Fax: (844) 886-3944

Grades 7-12

655 Main St.
Lewiston, ME 04240
Phone: (207) 376-3311
Fax: (207) 786-7277

Kindergarten – Grade 6

Fairview Elementary School
397 Minot Ave.
Auburn, ME 04210
Phone: (207) 784-3559
Fax: (207) 786-0787

Grades 7-12

180 Mt. Auburn Ave.
Auburn, ME 04210
Phone: (207) 241-0085
Fax: (207) 241-0144

Kindergarten – Grade 6

24 Falcon Dr.
Auburn, ME 04210
Phone: (207) 333-3382
Fax: (207) 333-3369

Pre K – Grade 8

415 Rodman Rd.
Auburn, ME 04210
Phone: (207) 376-3022
Fax: (207) 376-3039

Childcare: Infants & Toddlers

1371 Minot Ave.
Auburn, ME 04210
Phone: (207) 330-4877
Fax: (207) 330-4879

Pre K – Grade 12

60 Industrial Park Rd.
Saco, ME 04072
Phone: (207) 494-7304
Fax: (844) 689-9674

