

Carter County Commission



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Minutes of:

Education Committee

January 6, 2020 6:00 PM

Members:

Chairwoman Layla Ward

Mark Blevins

Nancy Brown

Gary Bailey

Charles Von Cannon

Sonja Culler

Jerry Proffitt

David Miller

I. Call to Order

The Education Committee was called to order by Chairwoman Layla Ward at 6:00 pm.

II. Approval of Agenda / with amendment

A motion was made by Sonja Culler to accept the agenda with the amendment, second by David Miller. Agenda with amendment was unanimously approved.

III. Approval of minutes

A motion to approve the December 2019 minutes was made by Jerry Proffitt, second by Nancy Brown. Minutes were unanimously approved.

IV. Public Comments

None

V. Guest – ~~Dr. Jerri Beth Nave~~ – Sonya Miller

Sonya Miller from the Carter County School System came before the committee to give a presentation on three of the programs that she supervises in the system. The after-school programs are separated into two grants the 21st Century Grant and the Leap Grant. The 21st Century Grant is a federal grant for the high school age group and the Leap Grant is a state funded grant for the elementary age group. Attached are the End of the Year Report for 2018 for the 21st Century Grant and the Leaps Grant. The grants are measured by how many students are enrolled in the programs, and performance goals. Ms. Miller explained some of the many programs such as the Key Club at Unaka High School, ROTC, system wide, Photography Club and Soccer at Hampton High School, that are supported by the program.

Ms. Miller also touched on the Niswonger Children's Virtual Health Program that is being implemented in the system. (attached) She pointed out some of the benefits of the program and how it will help children and parents. The physician will have the ability to diagnose, order basic labs and send any needed prescriptions to the patient's pharmacy, all without leaving the school nurse's office.

VI. Update from Dr. Ward

Dr Ward reminded the committee of how much work Ms. Miller puts into writing and getting the grants that fund the programs that she spoke about. He stated how thankful he is for her and the work she does in the system. Chairwoman Ward thanked both Dr. Ward and Ms. Miller for the important work that they do for the children in the system.

VII. New Business

None

VIII. Old Business

None

IX. Adjournment

A motion to adjourn was made by Jerry Proffitt, second by Mark Blevins. The meeting was adjourned at 6:32.



Extended Learning Programs

21st CCLC End of the Year Report - Cohort 2018
Due Date: May 24, 2019

Agency Name: Carter County Schools	
Contact Person: Sonya Miller	Title: Program Director
Phone: 423-547-8334	Email: sonyamiller@carterk12.net
Person Completing Report: (if other than contact person)	
Program Level: Check all that apply.	
<input type="checkbox"/> Elementary (Pre-K-5) <input checked="" type="checkbox"/> Middle (6-8) <input checked="" type="checkbox"/> High (9-12)	
Year project was initially funded: <input type="checkbox"/> 2014 <input type="checkbox"/> 2017 <input checked="" type="checkbox"/> 2018 No. of Students participating: Attendance should be reported from June 1, 2018 to the present. When you run the 30, 60, 90 day attendance report in ELAP do not change the default dates. This will give you an accurate attendance record. <u>101</u> 30-59 days <u>11</u> 60-89 days <u>6</u> 90+ days Total number of students served 30 days or more: <u>118</u> Will a summer program be offered this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If a summer program will be offered, please provide the dates, times, and locations of the program.	

Update on performance goals and indicators: The Tennessee Department of Education (TDOE) extended learning programs has established a set of performance goals and indicators as a part of the statewide evaluation of extended learning programs. Indicators are the tools that will be used to measure progress towards goals.

Please provide a **brief** update on how the organization has been working towards meeting the selected performance goals listed below.

Performance Goal 1: All students will reach high academic standards at a minimum attaining proficiency or better in reading/language arts and mathematics.

Activities:

Briefly describe the specific program activities that have been implemented to address this performance goal. High school locations each have book clubs where the group reads the novel and completes activities as a group related to the novel. Students who are not meeting their required Accelerated Reader points for each nine weeks are encouraged to attend afterschool reading clubs and can gain points through their attendance. Homework assistance and tutoring is given to students who are struggling in the classroom in the respective subject area. Library clubs help students to complete assignments which require research using computers and library materials otherwise unavailable to students. According to second and third nine week grade card results, 76% of students tutored for math improved their grades and 86% of those tutored for English/Language Arts improved their scores. Final grade card results have not been released at this time. Staff members were required to complete the literacy module on Y4Y. Math activities include cooking (focus on measurement, temperature, following directions, and problem solving) , chess clubs (visualization and strategizing the next move), ACT Prep, Canvas Art Clubs (focus on measurement, shapes, angles, placement), Photography Clubs (focusing on shapes, problem solving, and angles).

Read to Be Ready initiative: Briefly describe how the Read to Be Ready strategies were used in the extended learning program this year. Books arrived at the end of November from Barnes and Noble and were delivered to schools shortly thereafter. Books purchased from the Read to Be Ready were utilized in book clubs and also for Accelerated Reader. The book club read the same title as a group, while discussing group: characters, descriptive scenes, elements of the plot, and writing a new ending. At the conclusion of the book study, participants took the Accelerated Reader test, which adds to their classroom grade and reading requirements. Seven staff members attended the Read to Be Ready training. In order to maximize the usage of the books, the collection is being held at a central location as a lending library. Once the group or individual finishes the book, it is returned to the lending library area for availability to the next group or individual. Students may check-out the books upon request.

Performance Goal 2: All students will exhibit positive behavior changes that support academic and social growth.

1. Briefly describe the specific program activities that have been implemented to address this performance goal. **Multiple clubs are offered throughout the county designed by the students themselves to increase interest in attending school and afterschool. Key Club; Photography Club; Junior Army ROTC, Newspaper**

Club; drama performances; Canvas Art clubs; and Creative Arts all promote positive self-esteem, community awareness, community activism, self-awareness, teamwork, self-confidence, and an interest in attending school. Students report a sense of belonging and have expressed a greater interest in attending school so that they may attend the offered clubs. Teachers are surveyed weekly to determine a course of action for the afterschool program to address student classroom behavior as it relates to academic and social growth. The service learning clubs in particular, help students relate to peers and the community, building empathy and teamwork skills. Service learning activities included regular visits and deliveries of goods to area nursing homes; volunteering at local ARMs; volunteering at local elementary programs and reading to/with younger students; and volunteering at the local Ronald McDonald House. The program director is a member of the truancy committee and encourages truant students to join the afterschool program. All staff members have been trained in Adverse Childhood Experiences (ACES).

- 2. What strategies have been successful? The service learning clubs are most successful throughout the county. The Junior Army ROTC has 22 students with 30+ days, 30+ hours. Six of the Junior Army ROTC students are in need of tutoring and being involved in the ROTC program gave them access to individualized attention. The Junior ROTC club volunteers with community clean up and trail maintenance in our state and local parks. Also one student was able to avoid alternative school by agreeing to join and attend ROTC. The Key Club is a very successful club and won thirteen district awards again this year. Students involved in Key Club have a sense of belonging and community service. Key Club also hosted the UNICEF Halloween Trunk-or-Treat raising \$304 for UNICEF and collected donations for Recovery Soldiers Ministries. In a partnership with basketball, football, and baseball/softball coaches, practices were scheduled to begin at 4:30 and students were required to stay for afterschool tutoring, homework club, and ACT Prep. Enrichment activities are student led and designed.**
- 3. What lessons have you learned? The difficulty to get high school students to commit to 30 days or more continues to be a challenge. Parents of high school students are less involved in their child's school than elementary age and convincing them to attend parent programming was exceedingly difficult. We**

had every intention of having students gain 30 days or more during the first semester, but inclement weather began in November with Carter County Schools being closed eight days before Christmas break. Two of the clubs, which were focused on Christmas themed community service were unable to follow-through due to the inclement weather.

Teacher Survey Results:

1. Provide and **update** on the **two** action plan items for improving the program under this performance category. What specific actions have you taken? **First year on this grant cycle.**

Performance Goal 3: The percentage of students who are chronically absent from school will decrease.

Activities:

1. Briefly describe how the extended learning program has worked to improve students' regular school day attendance. **The program director serves on the truancy committee and encourages truant students to enroll in afterschool. Enrollment packets are handed out during truancy committee meetings and a summary of clubs offered at the respective schools are presented. The truancy judge also refers students to afterschool and holds students and parents accountable for the attendance. Three students completed their truancy assigned 30 days attendance to our program. All staff was trained on Adverse Childhood Experiences (ACES). The Regional Health Office provided funding for the program director to be trained as a Youth Mental Health First Aid (YMHFA) instructor. Through this partnership, all site directors, principals, and multiple teachers (108 to date) have been trained in YMHFA. The plan for August is to continue training as many teachers, parents, and staff as possible in YMHFA. A common reason for truancy is anxiety, stress, and depression. YMFHA gives participants information to recognize and get help for those suffering with mental health issues. We also offer home visits and have contract meetings after the third unexcused absence to devise a plan to get students interested in attending school. The activities we offer are student led and include various service learning clubs, Junior Army ROTC, Science, Technology, Engineering and Math (STEM) clubs, robotics, structured physical fitness, theater, photography clubs, reading and newspaper clubs.**

All clubs were requested by students and their families. Multiple students throughout the county have said they only attend school so they may attend the clubs in the afternoon. One particular student had plans to drop out in the 10th grade, but became involved in her school's service learning club and is now a senior and graduating in May. Another student who planned to drop out became involved in the Junior Army ROTC and is now a leader in that club.

2. What technical assistance or professional development training would you like to see around the topic of chronic absenteeism? As always, additional ideas would be helpful. In many cases, the parents who attend truancy with their child do not value education and therefore do not demand their child attend school regularly. Also, the out of control drug abuse problem has taken a toll on family function. It is not uncommon for the school resource officer to serve outstanding warrants on parents when they enter for truancy meetings. Mental illnesses (anxiety, depression, stress) are the number one reason heard for not attending school, especially as students reach junior high years. We are attempting to address that through training teachers, staff, and parents in YMHFA. We would also like to be included in any upcoming RTI2B training.

Additional questions:

1. **Program changes:** Based on lessons learned and making continuous program improvements, what program changes are being proposed for next year? Please explain why in your answer. The service learning clubs have expressed interested in increased field trips to area nursing homes, homeless shelter, and hospitals. We intend to have monthly field trips for these groups in order to increase interest and attendance. The Charlie Cart Project will also be an addition to next year as we follow the guidelines of Project Diabetes grant. In partnership with University of Tennessee College of Social Work (UTSWORPS), following a 30-day rotation, we will give students the opportunity to create healthy dishes for participants and families while also learning the importance of plant based nutrition. In the past, cooking clubs have been well attended and we believe the hands on activities and the mystery of the Charlie Cart will interest students to want to attend the program.
2. **Sustainability:** Provide an update on the sustainability plan that was included in the original grant application. Discuss how other funds will be leveraged to continue the program and how partnerships can be utilized to defray some program expenses in the future. Any use of operating

funds or in-kind contributions to finance the project should also be mentioned. **Carter County Board of Education** has allowed the funds collected throughout the 13 years of existence, to carry over to afterschool fund balance in order to sustain the program. Through the sliding scale fee and registration fees collected over the years, we have been able to build a fairly substantial fund balance. This fund balance would allow start-up of the program. The Project Diabetes grant obtained through Department of Health will allow nutrition and healthy cooking activities to continue for years to come with the purchase of a mobile kitchen, called a **Charlie Cart** (<http://charliecart.org/>). The Child and Adult Care Food Program (CACFP) is a continuation grant which purchases all food items. Coordinated School Health has also partnered with the program to teach hands on activities using the Charlie Cart. University of Tennessee College of Social Work (UTSWORPS), is also partnering with the program to provide evaluation services. The partnership with the Regional Health Office will continue to allow for the training in Youth Mental Health First Aid, providing the participant workbooks at no additional charge.

3. **Additional funds:** If additional funds were awarded to use for transportation, high school programming, or summer programming how would the organization use the extra money? Below check the program category (ies) for which the organization would use the additional funds. Provide a brief explanation for each category selected (no more than 5 sentences for each category). In the explanation include: 1. why the additional funds are needed and 2. how the funds would be used.

☐ **Transportation**

☒ **High school programming** – We propose having two personnel being trained in teen Mental Health First Aid by the National Council for Behavioral Health (teenMHFA) . With the great number of students reporting mental health issues, especially in truancy, this is a tremendous need in our county. teenMHFA is a pilot program offered to local school systems to train teens on signs and symptoms of mental health issues both in themselves and in their cohorts. The cost of the training is \$3200 per person, for a total of \$6400; Hotel, travel, and per diem to Indianapolis, IN is an estimated \$2700. Student manuals are \$30 each for 100 students for a total of \$12,100. The funding would be used to train students in all four high schools for five days at 45 minutes per training per requirements of teenMHFA. Once trained, the staff could continue to offer the training for years to come.

☐ **Summer programming**

How to Submit the Report:

Submit the End of the Year Report as a PDF document in ePlan by May 24, 2019.

The ePlan instructions are listed below:

- ✓ From the left side tool bar select LEA Documents Library
- ✓ Click on 2019 to open the folder

Budget Overview

Carter County (100) Public District - FY 2020 - 21st CCLC Remaining Funds - Rev 0 - 21st CCLC Cohort 2018

Indirect Cost

Total Contributing to Indirect Cost \$115,812.00

Indirect Cost Rate 1.60%

Maximum Allowed for Indirect Cost \$1,823.81

Line Item Number	Account Number	73300 - Community Services	Total
105 - Supervisor / Director		19,275.00	19,275.00
116 - Teachers		35,636.77	35,636.77
162 - Clerical Personnel		8,315.00	8,315.00
163 - Educational Assistants		33,639.00	33,639.00
201 - Social Security		6,005.00	6,005.00
204 - State Retirement		6,158.00	6,158.00
206 - Life Insurance		7.80	7.80
207 - Medical Insurance		2,598.50	2,598.50

Line Item Number	Account Number	73300 - Community Services	Total
208 - Dental Insurance		80.40	80.40
210 - Unemployment Compensation		912.00	912.00
212 - Employer Medicare		1,404.53	1,404.53
355 - Travel		580.00	580.00
399 - Other Contracted Services		3,500.00	3,500.00
524 - In-Service / Staff Development		1,200.00	1,200.00
Total		119,312.00	119,312.00
	Adjusted Allocation		119,312.00
	Remaining		0.00



Extended Learning Programs

LEAPs End of the Year Report
Due Date: May 24, 2019

Agency Name: Carter County Schools	
Contact Person: Sonya Miller	Title: Program Director
Phone: 423-547-8334	Email: sonyamiller@carterk12.net
Person Completing Report: <i>(if other than contact person)</i>	
Program Level: Check all that apply. <input checked="" type="checkbox"/> Elementary (Pre-K-5) <input checked="" type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12)	
No. of Students participating: Attendance should be reported from June 1, 2018 to the present. When you run the 30, 60, 90 day attendance report in ELAP do not change the default dates. This will give you an accurate attendance record. 56___ 30-59 days 63___ 60-89 days 176___ 90+ days Total number of students served 30 days or more: 295_____ Will a summer program be offered this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If a summer program will be offered, please provide the dates, times, and locations of the program.	

Update on performance goals and indicators: The Tennessee Department of Education (TDOE) extended learning programs has established a set of performance goals and indicators as a part of the statewide evaluation of extended learning programs. Indicators are the tools that will be used to measure progress towards goals.

Please provide a **brief** update on how the organization has been working towards meeting the selected performance goals listed below.

Performance Goal 1: All students will reach high academic standards at a minimum attaining proficiency or better in reading/language arts and mathematics.

Activities:

Briefly describe the specific program activities that have been implemented to address this performance goal.

1. **Carter Cares offers tutoring and homework assistance daily to students who are struggling in the respective areas. A parent survey at the beginning of the year found that 92.2% of parents/guardians wanted their child's homework completed in the afterschool program. Parents/guardians expressed difficulty in understanding how to do the homework and workshops to teach parents how to complete the homework were not well attended. Guided reading, which is an instructional approach that involves a teacher working with a small group of readers and is used during tutoring. The teacher provides a text that students can read with support, coaching them as they use problem-solving strategies to read the text. Also, interactive read-alouds and choral reading are part of the daily activities. The literature selected is cross-curricular and activities following the stories include STEM, math activities, art, and movement. Math activities include art using measurement and problem solving; cooking using measurement, following directions, and problem-solving; computer software focusing on independent problem solving. The county math coach conducted a two hour workshop for staff members focused on hands-on math activity ideas. According to parent surveys 34.2% of students can benefit from reading tutoring and 39.5% of students enrolled can benefit from math tutoring. The survey results were compared to Response-to-Intervention (RTI) documents to determine specific needs. All of these students are identified and being tutored in the respective subject. Go Noodle continues to be utilized each day for math, reading, and physical activity. The respective computer labs are available for IXL, Moby Max, Accelerated Reader, and GetEpic.com. Parents are asked to join their child in the activities and 32.9% join on a regular basis. To track success, all sites review classroom data and grade card information as well as getting feedback from classroom teachers on a formal student information tracking log. The final grade card information for the year has not been released at this point, but according to previous nine week grade card information, twenty-two students across the county were in need of tutoring intervention in English Language Arts, and eleven students were in need of tutoring intervention in math. Site directors met with the classroom teacher and parents of these students on a regular basis to determine a plan of action to get the student the tutoring they need. Afterschool tutors (who are also classroom teachers) then tailored their individualized planning for each student. Staff members were also required to complete the Y4Y module on literacy. The lessons learned from the module helped staff to design meaningful activities to engage students in a developmentally appropriate**

hands-on manner as described above.

2. **Read to Be Ready initiative:** Briefly describe how the Read to Be Ready strategies were used in the extended learning program this year.

Seven staff members attended the Read to Be Ready training held in August 2018. We also have multiple teachers in who work in our program as tutors who have been trained in Read to Be Ready. Books arrived in November and were distributed shortly thereafter. Each location received the same titles that were given for attending the state sponsored training as well as twenty additional titles, which were selected by the county reading specialist. Titles were selected based on quality and developmental appropriateness. Program Assistants, who work directly with students, read aloud to students and ask informative questions. Students read aloud together and Program Assistants work with small groups (3-4) to read, answer questions, build comprehension skills, and complete correlative hands-on activities. Hands on activities include making clay models, building puppets of the characters, re-enacting their favorite parts of the book, building a playground from toothpicks, and writing a change to the end of a story.

Performance Goal 2: All students will exhibit positive behavior changes that support academic and social growth.

Briefly describe the specific program activities that have been implemented to address this performance goal. **ETSU Social Work office continues to provide service learning activities. Morning Mile is a walking/running program in partnership with Ballard Health and American Diabetes Association, designed to get children active and enjoying fun, music, and friends. Even though the registered trademark is designed as a morning activity, we engage students during afterschool hours. Morning Mile is grant funded programing giving students awards for their achievements. The program director serves on the truancy committee and encourages students to enroll in the program. Response-to-Intervention Behavior (RTI2B) helps to drive our planned activities. Activities such as GoNoodle, Morning Mile, art activities, and drama performances keep students active and engaged in the program. Older students are paired with younger students as a mentor and they read together and do Morning Mile together. Teachers give feedback to weekly, via a teacher communication log, to help afterschool staff understand how to address academic and social skills needed for the classroom. Staff members have been trained in Adverse Childhood Experiences (ACES). Site directors have also been trained in Youth Mental Health**

First Aid which helps adults to recognize possible mental health issues in children and refer them to appropriate mental health intervention personnel.

1. What strategies have been successful? **Carter County students are generally well behaved and do not exhibit inappropriate behavior on a regular basis. Keeping students engaged and active helps to eliminate those attention seeking misbehaviors. Our staff addresses inappropriate behaviors immediately in a fair and consistent approach. We are respectful of family needs and always meet with the parent/guardian to devise a plan of action when those misbehaviors arise. Working together with families, we have been successful in thwarting the majority of possible behavior issues. It is expected that the teacher surveys conducted by ELAP will reflect this same finding when those are analyzed for the year.**
2. What lessons have you learned? **Even though our students come from broken homes and dysfunctional families, very few exhibit inappropriate behaviors relative to their adverse childhood experiences. Our afterschool program helps children feel welcome and feel like they belong. We justify this statement through the multiple students who beg to stay a little longer when parents/guardians arrive to pick them up for the evening. With the cut in funding, we were forced to charge a minimal monthly fee during the first year of the grant to \$30-\$35 depending on income. For the second year, we adjusted that fee to \$0 - \$30 per month, but parents, who could afford the monthly fee, still refused to pay. We have learned that, even though our fee is less than other programs in our region, many who needed our program would not pay the small monthly fee and did not register for the school year. For school year 2019-20, we propose to charge a registration fee of \$30 per semester or \$50 per year for families that can afford the fee. This proposal will be presented to our board of education at the June meeting. It is our hope to once again fill our programs to the maximum without expanding services beyond what the grant will allow financially.**

Teacher Survey Results:

1. Provide and **update** on the **two** action plan items for improving the program under this performance category. What specific actions have you taken? **We added behavior goals to our weekly teacher communication form. Previously, this**

form was academic based only. Using the information provided on the form, we adjust programming to meet the needs of the children. For example, when suspected bullying behavior was listed on a teacher's report, we did several activities in that grade focusing on bullying and how the behavior affects victims. We used role play and examples of bullying and discussed appropriate ways students can safely remove themselves from a bullying situation. We discussed self-help strategies and when/how to get adult intervention. A state trained school resource officer also taught the bullying section of D.A.R.E. to students. As a follow-up, we reviewed the progress of students each nine weeks, with the teacher for continuous adjustments. In the review of progress, we also made adjustments to programming as it relates to student needs.

Performance Goal 3: The percentage of students who are chronically absent from school will decrease.

Activities:

1. Briefly describe how the extended learning program has worked to improve students' regular school day attendance. **The program director serves on the truancy committee and encourages truant students to enroll in afterschool. The truancy judge also refers students to afterschool and holds students and parents accountable for the attendance. Two students completed their truancy assigned 30 days attendance to our program. All staff was trained on Adverse Childhood Experiences (ACES). The Regional Health Office provided funding for the program director to be trained as a Youth Mental Health First Aid (YMHFA) instructor. Through this partnership, all site directors, principals, and multiple teachers (108 to date) have been trained in YMHFA. The plan for August is to continue training as many teachers, parents, and staff as possible in YMHFA. A common reason for truancy is anxiety, stress, and depression. YMFHA gives participants information to recognize and get help for those suffering with mental health issues. Our School Resource Officers presented components of the D.A.R.E. program to K-3 students; the Carter County Health Department presented multiple social growth activities; Carter County Drug Coalition also provided activities to students around social**

growth and interaction. Other enrichment activities include STEM (science, technology, engineering and math), drama clubs, Morning Mile, and character education related read alouds. Enrichment activities focus on learning teamwork, cooperation, understanding, and personal achievement.

2. What technical assistance or professional development training would you like to see around the topic of chronic absenteeism? **As always, additional ideas would be helpful. In many cases, the parents seen in truancy do not value education and therefore do not demand their child attend school regularly. Also, the out of control drug abuse problem has taken a toll on family function. It is not uncommon for the school resource officer to serve outstanding warrants on parents when they enter for truancy meetings. Mental illnesses (anxiety, depression, stress) are the number one reason heard for not attending school, especially as students reach junior high years. We are attempting to address that through training teachers, staff, and parents in YMHFA. We would also like to be included in any RTI2B training.**

Additional questions:

1. **Program changes:** Based on lessons learned and making continuous program improvements, what program changes are being proposed for next year? Please explain why in your answer. **We have decided to eliminate the sliding scale fee and only charge a registration fee of \$30 per semester or \$50 per year per child. This fee will be waived if parents cannot afford to pay. We feel the sliding scale fee affected enrollment and are working to sustain our program through partnerships and other resources. We were also approved for the Project Diabetes grant and will use those funds to purchase a Charlie Cart. The mobile kitchen will allow for multiple school locations to participate in the activities. The Charlie Cart curriculum includes: A set of 54 lesson plans, aligned to Next Generation Science Standards and Common Core math and English Language Arts in K-5; Simple, seasonal recipes that support foundational cooking skills; Cross-disciplinary connections between food, health and the environment. All Charlie Cart Project materials have been developed by curriculum experts, professional chefs and educators.**
2. **Sustainability:** Provide an update on the sustainability plan that was included in the original grant application. Discuss how other funds will be leveraged to continue the program and how partnerships can be utilized to defray some program expenses in the future. Any use of operating

Budget Overview

Carter County (100) Public District - FY 2020 - Lottery for Education: Afterschool Programs - Rev 1 - Lottery for Education: Afterschool Programs

Indirect Cost

Total Contributing to Indirect Cost \$305,744.00

Indirect Cost Rate 1.60%

Maximum Allowed for Indirect Cost \$4,814.86

Account Number		73300 - Community Services	Total
Line Item Number			
105 - Supervisor / Director		37,999.00	37,999.00
116 - Teachers		99,832.00	99,832.00
162 - Clerical Personnel		16,207.04	16,207.04
163 - Educational Assistants		107,268.96	107,268.96
201 - Social Security		16,201.00	16,201.00
204 - State Retirement		14,625.00	14,625.00
206 - Life Insurance		14.00	14.00

funds or in-kind contributions to finance the project should also be mentioned. **Carter County Board of Education** has allowed the funds collected throughout the 13 years of existence, to carry over to a **Carter Cares** fund balance in order to sustain the program. Through the sliding scale fee and registration fees collected over the years, we have been able to build a fairly substantial fund balance. This fund balance would allow start-up of the program. For the grant term, eight parents have also taken advantage of **Families First**, offered by Department of Human Services. This voucher program pays up to \$9 per day of three hour attendance. The **Project Diabetes** grant obtained through Department of Health will allow nutrition and healthy cooking activities to continue for years to come with the purchase of a mobile kitchen, called a **Charlie Cart** (<http://charliecart.org/>). The **Child and Adult Care Food Program (CACFP)** is a continuation grant which purchases all food items. **Coordinated School Health** has also partnered with the program to teach hands on activities using the **Charlie Cart**. **University of Tennessee College of Social Work (UTSWORPS)**, is also partnering with the program to provide evaluation services. The partnership with the **Regional Health Office** will continue to allow for the training in **Youth Mental Health First Aid**, providing the participant workbooks at no additional charge.

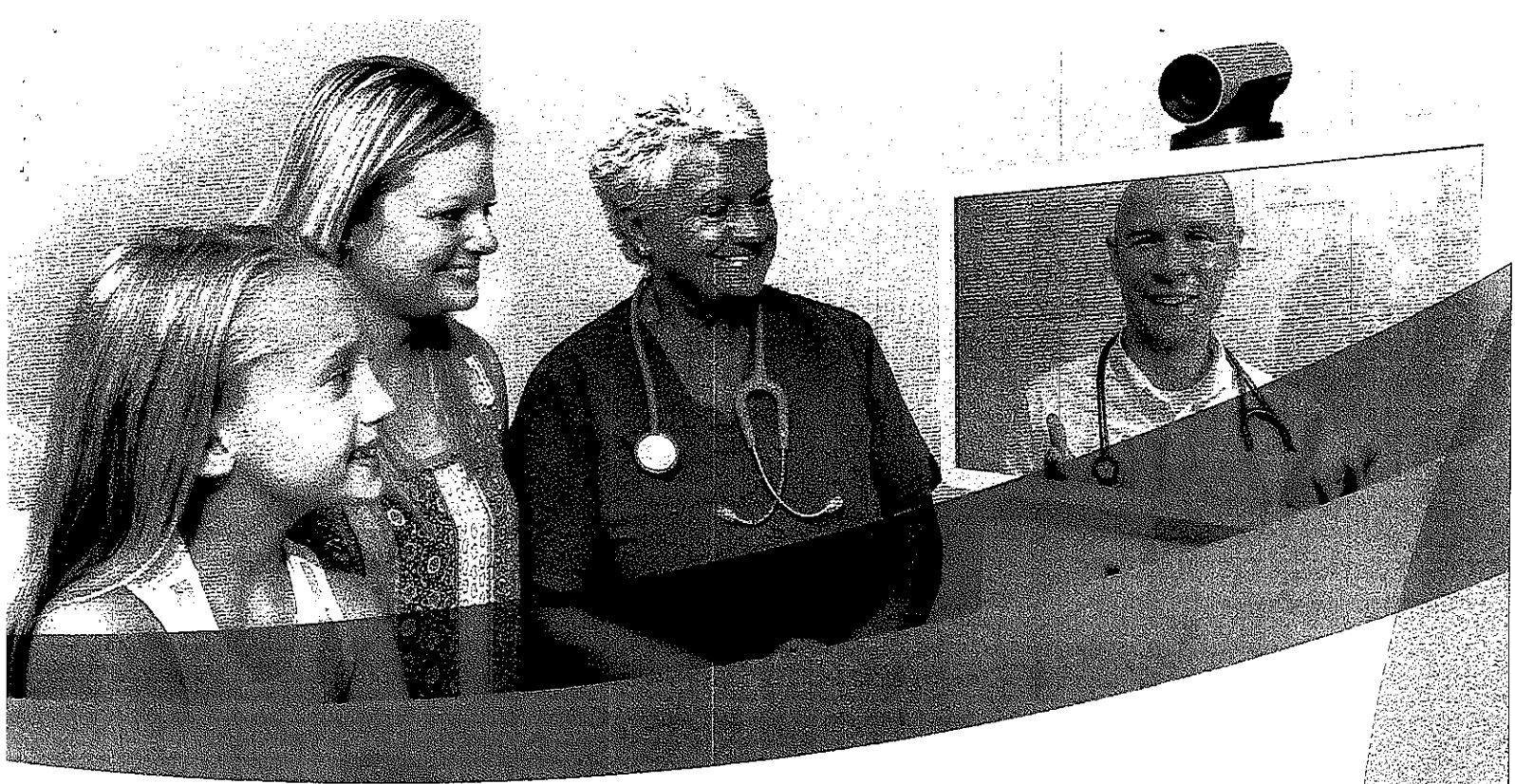
How to Submit the Report:

Submit the End of the Year Report as a PDF document in ePlan by May 24, 2019.

The ePlan instructions are listed below:

- ✓ From the left side tool bar select LEA Documents Library
- ✓ Click on 2019 to open the folder
- ✓ Scroll down to Documents Section, Extended Learning TDOE Documents
- ✓ Choose the LEAPs folder
- ✓ Click edit documents
- ✓ Click upload documents
- ✓ Name the file to be uploaded
- ✓ Click choose file to select the file from your computer
- ✓ Add a document description : End of the Year Report
- ✓ Click save and the document will be added

Line Item Number	Account Number	73300 - Community Services	Total
207 - Medical Insurance		3,963.00	3,963.00
208 - Dental Insurance		134.00	134.00
210 - Unemployment Compensation		3,040.00	3,040.00
212 - Employer Medicare		3,760.00	3,760.00
355 - Travel		1,000.00	1,000.00
399 - Other Contracted Services		3,500.00	3,500.00
524 - In-Service / Staff Development		1,700.00	1,700.00
Total		309,244.00	309,244.00
	Adjusted Allocation		309,244.00
	Remaining		0.00



Niswonger Children's Virtual Health

A school-based service provided by Ballad Health
Medical Associates Urgent Care

We can see you now.

Niswonger Children's Hospital has partnered with Ballad Health Medical Associates Urgent Care to provide students and staff with a convenient option to access high-quality care using virtual health technology while at school.

With permission, a school nurse will use live video technology to connect the student or staff member with an off-site Ballad Health Medical Associates Urgent Care doctor, physician assistant or nurse practitioner. The urgent care provider will have the ability to diagnose, order basic labs and send any needed prescriptions to the patient's pharmacy – all without leaving the school nurse's office.

Our goal is to provide quality healthcare that reduces time away from school or work.



Frequently asked questions

How does a school-based virtual health visit work?

With the help of technology, an off-site provider can receive information related to a patient's medical condition.

With the assistance of the school nurse, the off-site provider will interact live with the patient through the computer, view images of their throat/mouth, ears, eyes, skin rashes and so forth, as well as order basic labs and send prescriptions to the patient's pharmacy, if needed.

Our virtual health providers are doctors, physician assistants and nurse practitioners employed by Ballard Health Medical Associates Urgent Care

What is offered through this school-based virtual health service?

We offer primary care services to students and staff, including the diagnosis and treatment of:

- Fever
- Sore throat/strep
- Allergy symptoms
- Ear pain
- Nausea/diarrhea
- Abdominal pain
- Skin irritation/rash/wound
- Inflammation
- Limb sprains/strains/contusions
- UTI
- Cold/flu symptoms (cough, runny/stuffy nose, etc.)

As a parent or guardian, can I attend the visit?

Yes, we encourage a parent/guardian to attend the visit in-person or remotely. The school nurse will contact you to invite you to the visit, and provide a link if you prefer to join remotely. If you have completed the proper paperwork and can't be reached in a timely manner, we will proceed with the virtual visit.

What happens after a telemedicine visit?

Our providers will follow up with the parent/guardian after the visit. If your child needs further treatment, this will be communicated to the parent/guardian by the school nurse. We will also fax a copy of the report to the patient's primary care provider if this is indicated on the enrollment paperwork.

If prescriptions are needed for treatment, the provider will electronically prescribe them to your preferred pharmacy.

When can a virtual visit be scheduled?

This service will be available Monday through Friday during normal school hours.

Will my child be able to stay at school after a virtual health visit, and will a doctor's note be provided?

Whether your child will be able to finish the day at school depends on your child's medical condition and symptoms. If applicable, a doctor's note will be sent to the attendance records office.

Does my insurance cover the virtual health visit?

We will file with your insurance, or you have the option to pay a flat fee of \$49 per visit. Please note there is an additional cost for flu and/or strep tests.

Billing your insurance

Please remember, if you have not met your deductible for the year, you will be responsible for the out-of-pocket portion determined by your plan. If your child does not have insurance, we can also work to determine if he/she is eligible for the state health insurance plan (TennCare).

Self-Pay

If you choose to pay the flat rate of \$49 per visit, please check the "Self-Pay" box on the Patient Information Form.

If I don't want my child to use this service, can he/she still see the school nurse?

Yes; simply disregard the enrollment forms. If your child becomes ill at school, he/she cannot use this service if the enrollment forms have not been completed.

How do I sign up?

Complete, sign and return all of the enrollment forms (patient information form, consents and history) in your back-to-school packet, or contact your school nurse. Please include a copy of your insurance card (front and back).

Patient name: _____

Date of birth: _____

Consent for Care and Treatment

Ballad Health Medical Associates has partnered with your school to develop a collaborative school-based virtual health service. Our goal is to provide quality healthcare to staff and students in the convenience of the school setting. We aim to positively affect students' health, school attendance and academic performance. For more information, please refer to our "frequently asked questions" or contact the school nurse at your child's school.

In order for your child to receive school-based virtual health services, you must consent to the following and complete/sign this form where indicated.

- I give my consent for Ballad Health Medical Associates, its physician(s) and other healthcare providers (providers) to examine (student's name) _____ and to provide care and treatment, which may include the evaluation, diagnosis, consultation and treatment of my child's medical condition using advanced telecommunications technology (telemedicine services.)
- I understand that if my child requires telemedicine services, reasonable attempts will be made to contact me and invite me to join the medical visit by phone or video technology. If I cannot be reached in a timely manner, I understand and give consent for my child to be seen by providers in my absence and to provide me with a summary of the visit upon my request.
- I understand that telemedicine services may include audio, video or other electronic media and providers may: (1) be located off-site; (2) examine my child face-to-face via telemedicine technology and/or review health information transmitted via telemedicine technology; and (3) rely on information provided by my child and/or other on-site healthcare professionals.
- I understand and agree that providers shall not be held liable for factors beyond their control (such as technology failures, incomplete or inaccurate data provided by others, or distortions of images due to electronic transmission.) I understand that reasonable steps will be taken to protect the confidentiality of patient data, but the security of electronic information cannot be guaranteed.
- I understand that other individuals may be present during the visit to operate telemedicine equipment and technology, and I consent and authorize audio/video recording or photography to be taken in order to provide the telemedicine services to my child. These recordings or photographs may become part of my child's medical record.
- I understand that if a provider believes that further healthcare services are required or would benefit my child, a referral or recommendation for follow-up care may be made.

I have read this form or had it read to me, and I understand its contents. By signing below, I affirm that:
(1) I agree to all of the statements above, and (2) I authorize telemedicine services to be provided to my child during the _____ school year.

Signature of parent or legal guardian

Date

Patient Name: _____

Date of Birth: _____

Assignment & Authorization To Bill Insurance

In order for your child to receive school-based virtual health services, you must consent to the following and complete/sign this form where indicated.

- I authorize and grant to Ballad Health Medical Associates permission to bill my insurance company or other applicable third-party payor(s) for healthcare services provided to my child. I also authorize direct payment from my insurance company to Ballad Health Medical Associates for the healthcare services provided to my child.
- I assign and convey directly to Ballad Health Medical Associates my rights under the applicable insurance and/or benefit policies, so that Ballad Health Medical Associates may obtain payment for healthcare services provided to my child. I assign to Ballad Health Medical Associates: (1) the right to claim payment for goods and services provided to my child by Ballad Health Medical Associates; (2) the right to any settlements or legal remedies; and (3) the option (but not the obligation) to appeal or pursue any denied or delayed claims.
- I authorize Ballad Health Medical Associates to release information - which relates to the healthcare services provided to my child - to my insurance company, applicable third-party payor(s), and/or their representatives. I also authorize my insurance plan and other applicable third-party payor(s) to release information to Ballad Health Medical Associates regarding benefits, coverage and settlement information.
- I understand and agree that I am fully responsible for any unpaid bills not covered by my insurance policy, including co-payments, deductibles, and/or other out-of-pocket costs, in accordance with Ballad Health Medical Associates' fee schedule. If I do not have insurance coverage, I understand that I will be billed directly for Ballad Health Medical Associates' services to my child. I agree to promptly pay any such out-of-pocket amounts for the healthcare services provided by Ballad Health Medical Associates to my child.

I have read this form or had it read to me, and I understand its contents. By signing below, I affirm that I understand, acknowledge and agree to all of the statements above.

Signature of parent or legal guardian

Date

Printed name of parent or legal guardian



Medical Associates

Medical Record/CI#: _____

Patient Name: _____

Date of Birth: _____

Registration Consents and Acknowledgements

Page 1 of 1

Privacy Acknowledgement

1. May we call the telephone number you provided and leave a message on an answering machine or with a family member/friend regarding your appointment or test results?* ☐ Yes ☐ No

If no, is there another number at which we may try to reach you? _____

2. May we mail to the address you provided information regarding your appointment or test results?

☐ Yes ☐ No If no, is there another address at which we may send you information?

3. Do you wish us to share health information regarding you with a family member or friend?

☐ Yes ☐ No If yes, please provide name of person(s). _____

4. May we contact you via e-mail with information about our practice, educational programs and general health information? ☐ Yes ☐ No If yes, I understand that email transmissions may not be secure and will not be used for the purpose of communicating my personal health information.

Note: To protect your information, we reserve the right to use professional judgment and discretion when communicating information/test results which may be "sensitive" in nature.

☐ I acknowledge I have received a copy of Ballad Health's "Notice of Privacy Practices for Protected Health Information," which describes how Ballad Health Medical Associates uses and discloses health information.

Referrals for services

This practice is an affiliate of Ballad Health. Ballad Health is committed to honoring those we serve by delivering the best possible care. Consistent with the Ballad Health-wide mission and shared values of our employed physicians, our physician employees agree to refer their patients to providers, practitioners and suppliers within the Ballad Health system whenever their patients need medical services not available at this practice and whenever such referral is in the individual patient's best interest, not contrary to the patient's express choice and not inconsistent with the requirements of the patient's insurance.

Medicare and Medicaid information

I certify that the information given by me in applying for payment under the Title XVII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration, or its intermediaries or carriers, any information needed for this or a related Medicare/Medicaid claim. I further certify that I have provided any required information concerning any other liability for medical practice charges in order to complete the Medicare Secondary Payor (MSP) form. I request that payment of authorized benefits be made on my behalf. I authorize Ballad Health Medical Associates to secure information from the Department of Human Services regarding my qualification for Medicaid.

Signature of parent or legal guardian

Date

Patient Name: _____

Date of Birth: _____

Health Questionnaire

Instructions for parents: please complete this form on your child's behalf, and attach a copy of your insurance card.

General health

Does your child have any known allergies (foods, medications, etc.)? ☐ Yes ☐ No

List all known allergies: _____

Is your child currently being treated for any health problems? ☐ Yes ☐ No

Specify who is providing the treatment:

If yes, explain: _____

Does your child take daily medications? ☐ Yes ☐ No

Please list all medications, the dosage, and when given:

Name of medication	Dosage	When given	Name of medication	Dosage	When given
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name of pediatrician/primary care provider _____

Please share any additional pertinent health information for your child.

Do you, your child, or anyone in the home:

Smoke ☐ Yes ☐ No

Patient Information Form

Instructions for parents: please complete this form on behalf of your child.

Patient information

Child's name (last name, first name, middle name): _____

Date of birth (month/day/year): ____/____/____ Male: ☐ Female: ☐ SSN #: ____-____-____

Child's street address: _____

Child lives with (check all that apply): ☐ Mother ☐ Father ☐ Guardian/Other: _____ Phone #: _____

Preferred pharmacy name: _____ Preferred pharmacy street address: _____

Preferred pharmacy phone: _____ City, State, Zip: _____

School name: _____ School district: _____

Pediatrician/Primary care provider: _____ Physician/Primary care provider phone/fax #: _____

Race/Ethnicity (please select appropriate group):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Latino / Hispanic | <input type="checkbox"/> Decline to answer |

Parent/Guardian information

Mother's/Guardian's name: _____ Father's/Guardian's name: _____

Primary phone: _____ Alternate phone: _____ Primary phone: _____ Alternate phone: _____

Employer: _____ Work phone: _____ Employer: _____ Work phone: _____

Date of birth: _____ Email: _____ Date of birth: _____ Email: _____

Emergency contact - In case of an emergency, who should we contact?

Name: _____ Relationship: _____ Phone: _____

Ballad Health Medical Associates may disclose medical and billing information to this contact: ☐ Yes ☐ No

Self-pay ☐ I will pay the flat fee of \$49 per visit, please do not file with my insurance.

Insurance information

Is your child covered by insurance? ☐ Yes ☐ No

Person(s) responsible for bill: ☐ Mother ☐ Father ☐ Other: _____ Street address: _____

Primary phone number: _____ Cell phone number: _____

Primary insurance

Policy holder: ☐ Child ☐ Mother ☐ Father ☐ Other: _____ Date of birth: _____

Insurance name: _____ Insurance phone #: _____

Insurance ID#: _____ Insurance group #: _____

Secondary insurance

Policy holder: ☐ Child ☐ Mother ☐ Father ☐ Other: _____ Date of birth: _____

Insurance name: _____ Insurance phone #: _____

Insurance ID#: _____ Insurance group #: _____

I certify that the information contained on this form is true and correct. Furthermore, I understand that it is my responsibility and duty to inform Ballad Health Medical Associates if any information on this form changes in the future.

Printed name of parent/legal guardian

Signature

Date

