

Todd/Muhlenberg Migrant Education Summer Plan Narrative 2024

Our current enrollment includes 185 students, 178 of whom will be eligible for summer learning services. These include eleven out of school youth, twenty preschool aged children and 154 who are rising K – 12th grade students. We intend to serve all these students in addition to the others we locate between now and the first day of school in August.

We will encourage participation in any applicable summer programming that will be offered by both Todd and Muhlenberg County Schools. We intend to supplement these offerings as outlined below.

Parents continue to advise us that they are concerned about their children's learning loss as well as their physical and mental wellness. In response to these concerns, we seek to address both academic learning loss and the physical and mental health issues that have presented themselves in our students. Students will explore various topics including:

- English Language Development for New Arrivals (K-12)
- US History, Government and Citizenship (9-12)
- Reading Comprehension strategies (K-12)
- Vocabulary Development (K-12)
- Nutrition/Cooking/Healthy Eating/Food Safety (K-12)
- Physical Fitness (K-12)
- Self-Care Strategies/Managing Stress and Anxiety (K-12)
- Friendship/Social Skills Development/Team Building (K-12)
- Water Safety/Swimming Lessons (K-12)
- STEM Application (K-12)
- Career Readiness – Applications, Interviews, Public Speaking (9-12)
- Home Based Instruction Designed to Maintain Math& ELA Skills (K-12 as needed)
- Home Activities for Kindergarten Readiness (PreK)
- Home Based English as a Second Language/Practical Living Skills (Out of School Youth)
- Parenting Strategies/Mental Health Awareness (parents)

Transportation will be provided to all our K-12 Todd and Muhlenberg students. We will utilize Todd County school buses and the MEP vans.

Services will be provided in a variety of ways including in-person day camps, overnight camps for middle and high schoolers and home-based study. We have secured North Todd Elementary as our home base for in-district activities provided by the MEP and have plans to collaborate with Todd County Extension Services, Muhlenberg County Extension Services and Todd County AXIS to provide services locally.

We have likewise secured the facilities at the West KY 4-H Camp for our overnight camp for middle and high school students June 14-16 and for a family day to include our K-5 students and parents of students of all ages. We plan for our new arrivals to participate in the New Americans program in collaboration with the Close-Up Foundation July 14-19 in Washington DC.

Our regional staff are also offering the Student Leadership Institute for high school students in person at Murray State June 2-8 and a Middle School Camp at KY Dam Village June 25-28. The region is covering all costs associated with their camps except for basic supplies students might need for full participation.

Students who need additional support in math and reading will receive individualized instruction in their homes in addition to the site offerings. Students who travel during our formal scheduled activities and new arrivals will likewise be served in the home. We will teach math and ELA skills while addressing physical and mental health concerns.

Three and four-year-old students will be served in their homes. Readiness skills will be addressed (e.g., concepts, language, self-help). Summer Learning kits are available for preschoolers as well and will focus on kindergarten readiness. Out of school students will be offered adult education referrals, English as a Second Language classes, life skills and/or parenting for school readiness services in their homes. We are maintaining relationships with our community partners and will promote other learning opportunities available to all students in both counties.

Calendar of Events

May 28 – July 19 – Home & Site Based Services for OSY, PreK, Struggling Learners K-12

May 28, May 29, June 4, June 5, June 11, June 12, June 18, June 19 – Site based programming @ NTES. June 4 will include fishing with Todd Co. 4-H.

May 30– Adventure Park, Nashville. STEM Week Culminating Event.

June 2-8 – Student Leadership Institute sponsored by West Regional MEP Program at Murray State grades 9-12 (College/Career Readiness)

June 6 - Experiential Learning with Muhlenberg Co. 4-H & County Extension (nutrition, practical living, wellness).

June 10 – – Experiential Learning for K-12 at West KY 4-H Camp (STEAM, literacy)

June 14 – 16 – Overnight camp at West KY 4-H Camp for 5th – 12th grades (physical and emotional wellness, literacy) June 16 will be a family day camp for children and parents focused on SEL. Culminating Event for 4-H (Heads, Hearts, Hands, Health) two-week session.

June 20 – Experiential Learning with WKU and Bowling Green Parks and Recreation (science, college/career readiness, safety)

June 25 -June 28 – Middle School Camp sponsored by West Regional MEP at KY Dam Village grades 6-8 (STEAM, literacy)

July 9-11 – New Americans Program preparation as needed

July 14 – 19 – New American Program in Washington DC for new arrivals grades 9-12.

All expenses beyond what is provided by the districts to all students will be covered by MEP.

Required Expenses	Cost Estimate
Diesel	5000 miles @ 1.50 per mile = \$7500
Personnel – Nine Certified Teachers for 200 hours each. Two of the Teachers will also drive buses.	\$27/hour x 1800 hours + 25% Fringe = \$60,750
Personnel – Bus Driver	\$15/hour x 200 hours + 35% Fringe = \$4050
Fees/Admissions	\$60000
Instructional Materials	\$2500
Supplies	\$500
Total Estimate	\$135,300

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY - HOMEBASE FOR MEP SUMMER ACTIVITIES

ADDRESS: ELKTON

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 05/28/24 - 06/20/24 DEPARTURE TIME: 6:00AM RETURN TIME: 5:00PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 75 FACULTY SPONSORS: L. VOTH, P. RAMIREZ, F GUNN TOTAL # OF PARTICIPANTS: 78

EAP: Person contacted at venue to discuss EAP: Beth Craig Person making contact: L.Voth

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:

Office

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio/Cell

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative _____ Date _____

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District Use Only

Section 2

Approval of District Representative _____ Date _____

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DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: ADVENTURE PARK ADDRESS: 801 PERCY WERNER BLVD, NASHVILLE, TN 37205

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 05/30/24 DEPARTURE TIME: 8:00AM RETURN TIME: 5:00PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 75 FACULTY SPONSORS: L. VOTH, P. RAMIREZ, F GUNN TOTAL # OF PARTICIPANTS: 78

EAP: Person contacted at venue to discuss EAP: Patrick Cornelio Person making contact: L.Voth

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:

Office

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio/Cell

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor

Date

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Driver Signature _____

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Driver Comments:

Coach or School Representative Signature _____

Date

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: MUHLENBERG CO EXTENSION/PARKS & REC ADDRESS: GREENVILLE/CENTRAL CITY

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 06/07/24 DEPARTURE TIME: 8:00AM RETURN TIME: 5:00PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 75 FACULTY SPONSORS: L. VOTH, P. RAMIREZ, F GUNN TOTAL # OF PARTICIPANTS: 78

EAP: Person contacted at venue to discuss EAP: Viola Wood Person making contact: L.Voth

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:

Extension office building

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio/Cell

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor

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Driver Comments: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WEST KY 4-H CAMP ADDRESS: DAWSON SPRINGS, KY

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 06/10/24 DEPARTURE TIME: 8:00AM RETURN TIME: 5:00PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 75 FACULTY SPONSORS: L. VOTH, P. RAMIREZ, F GUNN TOTAL # OF PARTICIPANTS: 78

EAP: Person contacted at venue to discuss EAP: Nicole Blanzzy Person making contact: L.Voth

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:

Dining Hall

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio/Cell

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor

Date

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Date

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Driver Signature _____

Date

Driver Comments: _____

Coach or School Representative Signature _____

Date

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WEST KY 4-H CAMP ADDRESS: DAWSON SPRINGS, KY

Overnight; give name, address, phone of lodging: West KY 4-H Camp, 600 4-H Camp Drive, Dawson Springs, KY 42408

DATE(S) OF TRIP: 06/14/24 - 6/16/24 DEPARTURE TIME: 12:00PM 6/14/24 RETURN TIME: 5:00PM 6/16/24

SOURCE OF FUNDING FOR TRIP MEP GRANT

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH, P. RAMIREZ, F GUNN TOTAL # OF PARTICIPANTS: 43

EAP: Person contacted at venue to discuss EAP: Nicole Blanzky Person making contact: L.Voth

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:

Dining Hall

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio/Cell

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor

Date

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Date _____

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Date _____

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Odometer End: _____

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Driver Signature _____

Date _____

Driver Comments:

Coach or School Representative Signature _____

Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : **Todd County Migrant Program** FACULTY MEMBER(S) SPONSORING TRIP **LAURA VOTH**

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: **KY MUSEUM/HARDIN PLANETARIUM//BOWLING GREEN PARKS** ADDRESS: **BOWLING GREEN, KY**

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: **06/20/24** DEPARTURE TIME: **8:00 AM** RETURN TIME: **5:00PM**

SOURCE OF FUNDING FOR TRIP **MEP GRANT**

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: **75** FACULTY SPONSORS: **L. VOTH, P. RAMIREZ, F GUNN** TOTAL # OF PARTICIPANTS: **78**

EAP: Person contacted at venue to discuss EAP: Cameron Levis Person making contact: L.Voth

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Offices

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio/Cell

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor

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Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WASHINGTON, DC/ARLINGTON, VA ADDRESS: VARIOUS

Overnight; give name, address, phone of lodging: Hilton Arlington National Landing, Arlington, VA

DATE(S) OF TRIP: 07/14/24 - 07/19/24 DEPARTURE TIME: 5:00AM RETURN TIME: 5:00PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 20 FACULTY SPONSORS: L. VOTH, P. RAMIREZ, F GUNN TOTAL # OF PARTICIPANTS: 23

EAP: Person contacted at venue to discuss EAP: Shannon Aherns Person making contact: L.Voth

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:

Some sites have them; some do not. Our likely hotel is Hilton Arlington National Landing which does have and AED

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio - Hotel has 24 hour security.

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor

Date

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Date

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Driver Signature _____

Date

Driver Comments:

Coach or School Representative Signature _____

Date

Request to Place an Item on the Agenda

Name: Laura Voth

Address: BOE

Telephone number: 270 604 5091

Name of school children attend, if applicable: _____

Group represented: Todd Muhlentz MEP

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Anderson

Description of Issue: Close Up DC Experience - 7/14/24 - 7/19/24
Bus to Airport - Motor coach during trip organized by Close Up
Bus transit from airport back home - MEP funds

Specific Action Requested: Approve Out of State Travel

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

Request to Place an Item on the Agenda

Name: Laura With

Address: BOE

Telephone number: 2706045091

Name of school children attend, if applicable: _____

Group represented: MEP (Todd Muhlenberg)

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Anderson

Description of Issue: - Adventure Park culminating activity - 5/30/24
Bus transportation
MEP funds

- Overnight MSHU Regional Camp 6/2/24 - 6/8/24
- Overnight KyDawville Regional Camp 6/25/24 - 6/28/24
Specific Action Requested: - Overnight weekly 4-11 camp 6/14-6/16/24

Approve out of State F/T -

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06