**Los Angeles Unified School District**

**INTER-OFFICE CORRESPONDENCE**

TO: Principals

RE: PURCHASE OF SUPPORT SERVICES PERSONNEL – SCHOOL NURSE

The District has allocated resources to your school in Targeted Student Populations (TSP) School Program 10529 to provide School Nurse services. Enrollment based allocations are no longer being provided. Allocations are now calculated for each school based on the following criteria:

* Equity index points given based on the duplicated percentage
* Enrollment points given based on school enrollment
* Student health need points based on the number of students requiring diabetic care, specialized healthcare procedures, and grades with mandated screenings

**Budget Planning**

Budget Planning is now taking place for Fiscal Year 2017-18. Your school has the option of purchasing a **SCHOOL NURSE** as Support Services Personnel in addition to the resources allocated under Program 10529. Please consider the following when determining how much additional nursing time is required for your school.

District allocated nursing time is solely for student healthcare needs and mandated student screenings as well as the documentation requirements associated with these activities. District nursing time may be assigned by hour rather than a single full day of nursing time. For instance, schools with students requiring insulin supervision may have their allocated time divided into intervals necessary to provide insulin coverage on different days at the time(s) needed. Additionally, the Credentialed School Nurse is responsible for many duties, including but not limited to, IEP health assessments, major emergency care, protocols, specialized health care procedures/treatments, student medical orders and implementation, mandated health services, communicable disease prevention and control, and your staff in-services (first aid, medication, bloodborne pathogen, disaster preparedness, etc.). The Credentialed School Nurse must electronically document all activities – she/he must have access to her/his computer and an area to accomplish this required documentation.

District provided nursing time may not adequately cover the school’s special education needs and is not for the day to day management of health office student visits. Schools should consider the number of initial IEPs requested each year, and the number of triennial evaluations. Schools should also consider if they require a credentialed school nurse to assist with the day to day running of the health office (general care of students) or if office staff can manage.

Although specific Credentialed School Nurse preferred days cannot always be accomplished, every attempt is made to accommodate requests. The nursing coordinator and specialist assigned to your Local District are available to assist in budget planning for nursing services

Categorically funded positions must provide support to identified at-risk students and English Learners based on data described in the Single Plan for Student Achievement. In addition, all positions funded with categorical resources are subject to federal and state time-reporting requirements. Schools must maintain a monthly Personnel Activity Report, if any part of the assignment is funded with compensatory education funds. ***Allocations for School Nurses will not be updated.***

**Estimated cost for a SCHOOL NURSE:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item #** | **Position** | **Basis** | **5 Days (1.0 fte)** | **4 Days (0.8 fte)** | **3 Days (0.6 fte)** | **2 Days (0.4 fte)** | **1 Day (0.2 fte)** | **1/2 Day (0.1 fte)** |
| 12106 | Itinerant Nurse, School (27T-10)12300461 | C | $116,303 | $93,042 | $69,782 | $46,521 | $23,261 | $11,630 |
| 12118 | Itinerant Nurse, School (27T-10)12300461 | B | $124,248 | Must be purchased full time (5 days) |
| 11178 | School Nurse X-time (weekly)\* |  | $2,337 |  |  |  |  |  |

\* X-Time prior to the beginning of the school year may not be funded with compensatory education funds.

**FUNDING OPTIONS AND REQUIREMENTS:**

Your school may purchase additional School Nurse time from school-based budget programs.

***Budget Planning Programs*** – The most common school-based budget programs for Budget Planning are listed in Table 1 below. Purchases from these programs must be included on your School Budget Signature Form. Minimum purchase is ½ day per categorical program.\*\*

Table 1 – Budget Planning Programs (\*\*minimum purchase is ½ day per categorical program)

 **(\*\*allowable to purchase is C Basis only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Code** | **Program Name** |  | **Program Code** | **Program Name** |
| 13027 | General Fund School Program |  | 14310\*\* | SB 1133 Quality Education Investment Act (QEIA)  |
| 13723 | Charter Sch Categorical Blk Grant |  | 10183 | Targeted Student Population |
| 13724 | Charter School Allocation-In lieu of EIA |  | 10397 | TSP-PPS |
| 14154 | TIIPG-Magnet Schools Discretionary |  | 7S046\*\* | CE-NCLB T1 Schools |
| 14312\*\* | Quality Education Investment Act (QEIA) – Waiver\*\* |  | 70S46\*\* | CE-NCLB T1 Schools |
| 11654 | YRS – Incent-Oper. Grnt-Discr Funds |  | 7V868 | Sch Improv Grt Cohort 2 Y3 – Sch |
|  |  |  | 7V855 | NCLB:TI Sch Improvement Cohort 3-S |

***Budget Maintenance Programs*** *–* In addition, you may purchase support services from the following Budget Maintenance programs. A Budget Adjustment Request Form **must** be submitted to your Fiscal Specialist during Budget Session.

Table 2 - Budget Maintenance Programs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Code** | **Program Name** |  | **Program Code** | **Program Name** |
| 13986 | School Determined Need |  | 14242 | SDEP Proceeds Film/Photo Rentals |
| 13938 | Donation Account |  |  |  |

For questions regarding any of the information provided above, please contact your LD Nursing Coordinator or Specialist.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LD** | **Coordinator/Specialist** | **Telephone** | **Email** | **Fax No.** |
| Northwest | Tricia ChicagusDonna Horowitz  | 818-654-1670 | tricia.chicagus@lausd.netdonna.horowitz@lausd.net  | 818-758-9961 |
| Northeast | Yolanda LasmariasMarianne Bradford | 818-686-4460 | yolanda.lasmarias@lausd.netmcb6583@lausd.net  | 818-686-4470 |
| South | Othello ChildressPilar Llanes | 310-354-3550 | othello.childress@lausd.netpilar.llanes@lausd.net | 310-719-1370 |
| East | Yvonne FamilaraSosse Bedrossian  | 323-224-3325 | yvonne.familara@lausd.netsosse.bedrossian@lausd.net | 323-224-3105 |
| West | Serop HakimianHelen Uwadia | 310-235-3770 | serop.hakimian@lausd.nethelen.uwadia@lausd.net | 310-235-3792 |
| Central | Vickey ConleyDarlene Simpson-Lott | 213-241-0164 | vickey.conley@lausd.netdarlene.simpson-lott@lausd.net  | 213-241-2031 |

Please inform us of your school’s intent to purchase additional School Nurse time by completing this form. Additional School Nurse time requested will not be assigned to your school until funding has been posted during budget development. ***Purchases may not be canceled after Budget Development.***

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School Name Location Code

Is purchasing a **SCHOOL NURSE** as follows:

Requested Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  New Position:

Although assigned days are not guaranteed please indicated your preferred choice of days (rank 1-5)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday |  | Tuesday |  | Wednesday |  | Thursday |  | Friday |  |

**FUNDING PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Program |   |  |  |  |
| Number of Days |  |  |  |  |
| Cost |  |  |  |  |
| Percent if multi-funded |  |  |  |  |

**TOTAL “INTENT TO PURCHASE” TIME** Total Days: \_\_\_\_\_\_\_

My signature below approves and acknowledges that the School Site Council (SSC) and applicable advisory committees agreed to purchasing/funding the above position(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Principal’s Name Principal’s Signature Date

Please email or fax and school mail this form no later than **March 31, 2017** to:

* *LD Nursing Coordinator.*
* *Email a Copy to Rowena Consing –* *rowena.lee@lausd.net* *– Student Support Program Fiscal Services.*