**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. Allocations based solely on enrollment 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 individualized education plans (IEPs), students requiring diabetic care or other specialized healthcare procedures, grades with mandated screenings, and sports physicals

**Budget Planning**

Budget Planning is now taking place for Fiscal Year 2018-19. 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. 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, immunization compliance, 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 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 Specialist(s) assigned to your Local District are available to assist in budget planning for nursing services. Whenever possible, all schools will receive their full School Nurse allocation. However, in the event there is a nursing staff shortage, schools may not be allocated the entirety of their School Nurse time.

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.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | $115,775 | $92,620 | $69,465 | $46,310 | $23,155 | $11,578 |
| 12118 | Itinerant Nurse, School (27T-10)  12300461 | B | $123,839 | Must be purchased full time (5 days) | | | | |
| 11178 | School Nurse X-time (weekly)\* |  | $2,372 |  |  |  |  |  |

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

\* Use Budget Item Number when processing budget adjustments.

**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 |  | 10359 | TSP-Settlement |
| 13723 | Charter Sch Categorical Blk Grant |  | 10183 | Targeted Student Population |
| 13724 | Charter School Allocation-In lieu of EIA |  | 10397 | TSP-PPS |
| 10400 | TSP-Investment |  | 7S046\*\* | CE-NCLB T1 Schools |
| 10581 | School Comm Violence Prev |  | 70S46\*\* | CE-NCLB T1 Schools |
| 11654 | YRS – Incent-Oper. Grnt-Discr Funds |  | 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 Local District Nursing Specialist(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LD** | **Specialist** | **Email** | **Telephone** | **Fax No.** | **School Mail** |
| Central | Pilar Llanes  Clare Reid | [pilar.llanes@lausd.net](mailto:pilar.llanes@lausd.net)  [clare.reid@lausd.net](mailto:clare.reid@lausd.net) | 213-241-0164 | 213-241-2031 | Nursing Services  Beaudry Building, 11th Floor |
| East | Sylvia Fischer  Donna Horowitz | sylvia.fischer@lausd.net [donna.horowitz@lausd.net](mailto:donna.horowitz@lausd.net) | 323-224-3325 | 323-224-3105 | Nursing Services  Soto Street Annex |
| Northeast | Marianne Bradford Darlene Llorens | [mcb6583@lausd.net](mailto:mcb6583@lausd.net) [darlene.llorens@lausd.net](mailto:darlene.llorens@lausd.net) | 818-686-4460 | 818-686-4470 | Nursing Services Northeast  Nursing Support Services |
| Northwest | Irene Kratz  Carmen Montes | [irene.kratz@lausd.net](mailto:irene.kratz@lausd.net)  [carmen.montes@lausd.net](mailto:carmen.montes@lausd.net) | 818-654-1670 | 818-758-9961 | Nursing Services  Zelzah Site, Building 7 |
| South | Nnodu Ojukwu  Darlene Simpson-Lott | neo3002@lausd.net [darlene.simpson-lott@lausd.net](mailto:darlene.simpson-lott@lausd.net) | 310-354-3350 | 310-719-1370 | Nursing Services South  Nursing Support Services |
| West | Nnodu Ojukwu  Helen Uwadia | neo3002@lausd.net  helen.uwadia@lausd.net | 310-235-3770 | 310-235-3753 | Nursing Services West  Nursing Support Services |

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 must be made during Budget Development. Purchases after BD may be on a wait list.***

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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).

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Print Principal’s Name Principal’s Signature Date

Please email or fax and school mail this form no later than **March 31, 2018** to:

* *LD Nursing Specialist*