**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:

* + Projected number of new enrollees requiring immunization compliance review and students with grade-level specific immunization mandates
	+ Number of athletic teams on campus and athletes requiring clearing of sports physicals, concussion and injury follow up, and readmissions
	+ Projected number of students to receive vision, audiometric, and scoliosis screenings
	+ Projected number of students with Individualized Education Plans who require a health assessment
	+ Projected number of students with medical protocols (daily or as needed, e.g., g-tube feeding, catheterization, medication administration, excluding insulin)
	+ Projected number of students with diabetic care needs (self-managed or daily monitoring)

***Allocations for School Nurses may be adjusted at norm day to reflect actual enrollment.***

**Budget Planning**

Budget Planning is now taking place for Fiscal Year 2019-20. 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. ***All school purchases must be reflected in the budget system during budget development.*** Schools have the opportunity to purchase support services in the new year on a first come first serve basis***.*** Please inform us of your school’s intent to purchase additional School Nurse time by completing this form. ***Purchases may not be canceled after Budget Development.***

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, diabetic 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.

**Estimated cost for a Nurse. Cost does not reflect UTLA salary increase.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | $116,274 | $93,019 | $69,764 | $46,510 | $23,255 | $11,627 |
| 12118 | Itinerant Nurse, School (27T-10)12300461 | B | $124,393 | Must be purchased full time (5 days) |
| 11178 | School Nurse X-time (weekly)\* |  | $ 2,388 |  |  |  |  |  |

\* 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 |  | 10552 | TSP-Student Equity Needs Index |
| 13723 | Charter Sch Categorical Blk Grant |  | 10359 | TSP-Settlement |
| 13724 | Charter School Allocation-In lieu of EIA |  | 10397 | TSP-Per Pupil School |
| 10529 | TSP-Nurse |  | 7S046\*\* | CE-NCLB T1 Schools |
| 10543 | TSP-Innovation-Focus School |  |  |  |

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 LlanesClare Reid | pilar.llanes@lausd.netclare.reid@lausd.net  | 213-241-0164 | 213-241-2031 | Nursing ServicesBeaudry Building, 11th Floor |
| East | Sylvia Fischer Donna Horowitz | sylvia.fischer@lausd.net donna.horowitz@lausd.net | 323-224-3325 | 323-224-3105 | Nursing ServicesSoto Street Annex |
| Northeast | Marianne Bradford  | mcb6583@lausd.net  | 818-686-4460 | 818-686-4470 | Nursing Services NortheastNursing Support Services |
| Northwest | Darlene LlorensCarmen Montes | darlene.llorens@lausd.netcarmen.montes@lausd.net | 818-654-1670 | 818-758-9961 | Nursing ServicesZelzah Site, Building 7 |
| South | Nnodu Ojukwu  | neo3002@lausd.net  | 310-354-3350 | 310-719-1370 | Nursing Services SouthNursing Support Services |
| West | Helen Uwadia | helen.uwadia@lausd.net | 310-235-3770 | 310-235-3792 | Nursing Services WestNursing Support Services |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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

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 29, 2019** to:

* *LD Nursing Specialist*