Revised 01/24/2024 SCHOOL NURSE

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 School Program 10529 to provide School Nurse services. Each campus will be allocated a full-time nurse in the 2024-25 school year. These funds should not be used for activities such as health office management or to provide services that can be assigned to trained unlicensed staff.

Budget Planning

Budget Planning is now taking place for Fiscal Year 2024-25. Your school has the option of purchasing a **SCHOOL NURSE** as Support Services Personnel in addition to the resources already 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 performs the following activities: major emergencies such as accidents, illnesses, or crisis situations that require immediate attention; control of communicable disease; immunization assessment and follow-up; perform mandated health screenings; complete health assessments for IEPs and 504 plans; conduct sports physicals clearances and follow-up of concussions and other athletic related injuries; maintain and review student health records; provide and support specialized physical health care services (aka protocols);maintain and update Welligent electronic health record documentation; plan and provide diabetic care; provide care and education to targeted student populations; deliver required trainings and in-service education to staff (i.e. medication administration, including Epi-Pen and glucagon, first aid, etc.); completes fieldtrip clearances related to students' health and safety; and monitor and supervise Licensed Vocational Nurses and train and supervise unlicensed staff providing health services. 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.

In the event there is a nursing staff shortage, schools may not be allocated the entirety of their School Nurse time, and District Nursing Services will have the discretion to prioritize nursing time based on students' health needs. While every effort will be made to minimize changes to the nursing allocation to schools, student health needs criteria will determine the priority for services in the event of a staffing shortage, therefore resulting in possible changes during the school year.

Schools may purchase additional nursing time from their budget based on the health needs of their students. Schools should consider the number of initial IEPs requested each year and the number of triennial evaluations when making this decision.

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.

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Estimated cost for a Nurse.

ltem #	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)
item ii		Dusis	(1.0 1.0)	(0.0 100)	(0.0110)	(0.4160)	(0.2 100)	(0.1100)
12106	Itinerant Nurse, School (27/08) 12300461	С	\$172,253	\$137,802	\$103,352	\$68,901	\$34,451	\$17,225
12118	Itinerant Nurse, School (27/08) 12300461	В	\$183,783	Must be purchased full time (5 days)				
11178	School Nurse X-time (weekly)*		\$ 4,139					

^{*} 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
11171	TIIPG-Magnet Sch (Div 41)	10947	Academic Excellence
13027	General Fund School Program	10948	Joy and Wellness
13938	SDEP-Donations	10949	Engagement and Collaboration
14242	SDEP-Proceeds Film/Photo Rental	7S046**	CE-NCLB T1 Schools

For questions regarding any of the information provided above, please contact your Region Nursing Coordinator(s).

Region	Coordinator	Email	Telephone	Fax No.
East	Grace Guillen	grace.guillen@lausd.net	323-673-5541	
North	Cheryl Davison Vanita Star	cad0840@lausd.net vanita.star@lausd.net	818-686-4460 818-654-1670	818-686-4470 818-758-9961
South	Allison Barancho	allison.barancho@lausd.net	310-354-3550	310-719-1370
West	Andrea Coleman Clare Reid	andrea.coleman@lausd.net clare.reid@lausd.net	310-235-3770	310-235-3753

School Name				Location Code				
s purchasing a <u>S(</u>	CHOOL NU	RSE as follow	s:					
Requested Staff:				or New Positi	on:			
Although assigne	ed days ar	e not guaran	teed pleas	e indicated your pre	ferred choice	of days (ran	ık 1-5)	
Monday		Tuesday		Wednesday	Thursday		Friday	
Cost	-							
Funding Progra								
Number of Day	ys							
Percent if mult	i fundad							
Percent ii mun	ii-iuiiueu							
OTAL "INTENT My signature bel ourchasing/fundi	ow approv	es and ackno	owledges th	nat the School Site C	ouncil (SSC) a	nd applicabl	e advisory commit	tees agre
Print Principal's Name			– ———— Principa	al's Signature		 Date		

SCHOOL NURSE

Region Nursing Coordinator(s)

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