FINAL REPORT

MARCH 1, 2026

# Illinois School Nurse Capacity Study

SUMMARY OF SURVEY FINDINGS


**UNIVERSITY OF WASHINGTON SCHOOL OF NURSING**

Mayumi Willgerodt, PhD, MPH/MS, RN, FNASN, FAAN

Ken Pike, PhD

Ian Watson, MBA, PMP

Natalie Hoge, MPH

**ILLINOIS ASSOCIATION OF SCHOOL NURSES**

Eileen Moss, DNP, RN, PEL-CSN, NSCS

Bridget C. Heroff, MSN, RN, PEL-CSN, NCSN



This project was completed by the University of Washington School of Nursing in partnership with the Illinois Association of School Nurses (IASN). It was commissioned and funded by the Illinois State Board of Education (ISBE), which retains ownership of this work product. Any authorized use or reference to these findings must include proper citation.

# Table of Contents

Executive Summary ..... 4
Introduction ..... 6
Background ..... 6
The Illinois Context ..... 6
Illinois Legal Definitions & Report Terminology ..... 7
Section 25.245 Endorsement for School Nurses: ..... 7
The Role of School Nursing Staff ..... 8
The Data Gap ..... 9
Research Design and Methods ..... 10
Findings ..... 13
Characteristics of Sample Pool and Completed Surveys ..... 15
The Provision of Healthcare to School Children in Illinois K-12 Public Schools ..... 16
Mean Number of Types of Health Staff per School, by Urbanicity ..... 16
Mean Number of Types of Health Staff per School, by Poverty Level ..... 17
Mean Number of Types of Health Staff per School, by School Size ..... 17
Mean Number of RNs and LPNs by School Type and School Size ..... 18
Models of School Health Teams ..... 19
Employers and Credentials of Nurses Providing Care in Schools ..... 21
Employers of Nurses in Schools ..... 21
Educational Training by Nurse Licensure in Schools ..... 21
Distribution of Nursing Coverage in Schools ..... 23
Employment Status and Caseload of RNs ..... 25
Distribution of Healthcare and RN Hours in Schools ..... 28
Policies and Practices Related to Nursing Coverage ..... 31
Existence of policy on healthcare coverage ..... 31
Provision of care when no nurse is present ..... 32
Schools without school nursing services ..... 33
Schools that previously employed a nurse ..... 34
Schools that have never employed a nurse ..... 35
Key Takeaways and Actionable Recommendations ..... 36

Workforce Distribution ..... 36
Actionable Recommendations ..... 36
Credentialing ..... 38
Actionable Recommendations ..... 38
Operations ..... 39
Actionable recommendations ..... 39
References ..... 40
Appendix 1 ..... 41
Attachment A ..... 42
Attachment B ..... 45

# Executive Summary

### Scope and Urgency

The health and safety of Illinois students are increasingly shaped by conditions that follow them into the classroom: chronic illness, complex disabilities, mental health needs, and the lasting effects of poverty. However, school health delivery services and the system responsible for supporting these needs is currently fragmented and unevenly distributed.

Commissioned following the passage of House Resolution 0817, the Illinois School Nurse Capacity Study provides a comprehensive analysis of how health services are delivered across K–12 public schools. Based on our statewide study, drawing from a sample of 3,717 public schools, the current landscape of school health services reveals critical staffing and operational vulnerabilities:

- 14% of responding schools report operating without consistent access to a registered nurse (RN), sometimes relying on no dedicated health staff at all.
- 4% of responding schools do not have any type of healthcare staff employed in their building.
- Average RN caseloads significantly exceed optimal targets.

These disparities represent more than staffing differences; they reflect unequal access to clinical oversight, care coordination, and compliance with the Illinois Nurse Practice Act. Rural schools and high-poverty schools historically employ fewer RNs and receive fewer total health service hours, disproportionately relying on part-time or shared staffing arrangements compared to their urban counterparts.

### Staffing Models and Coverage Gaps

The predominant staffing model is RN-only coverage, though this ranges from a few hours per week to full-time presence. Some schools operate with Licensed Practical Nurses (LPNs) or health aides; however, LPNs require RN or physician supervision and cannot independently perform certain functions, such as Individualized Education Program (IEP) responsibilities.

When a nurse is not present in the building, operational and liability concerns arise. A significant portion of schools report that building administrators are left to provide health services or manage emergency medications in the absence of a nurse, often without formalized, written coverage policies.

### Credentials and Workforce Preparation

Illinois relies heavily on a tiered credentialing system. While many districts employ experienced clinical nurses, there is a shortage of nurses holding the specialized Professional Educator License - Certified School Nurse (PEL-CSN) credential. To hold the title of School Nurse, one must be a PEL-CSN. Districts and schools may employ nurses to provide care in the school; however, their titles vary, including “nurse”, “retiree,” “hospital licensed practical nurse,” and “health service nurse.” The absence of specialized preparation in Illinois education law provided in the PEL-CSN credentialing training, delegation protocols, and school-based care coordination

introduces variability in both compliance and quality of care.

### Implications for State Policy & Recommendations

The inequitable distribution of nursing resources directly intersects with Illinois' broader policy goals, including Evidence-Based Funding adequacy targets, Medicaid reimbursement optimization, and reducing chronic absenteeism. Schools without RN oversight may be unable to fully claim Medicaid-eligible services, potentially resulting in lost federal revenue.

**To address these structural gaps, Illinois should pursue a coordinated strategy:**

1. Modernize Data Infrastructure: Require consistent reporting of RN full-time equivalency, service hours, and specific license designations within state employment systems.
2. Adopt a Workload-Based Staffing Framework: Move beyond simple student-to-nurse ratios toward models that account for medical complexity or acuity, chronic health conditions, poverty concentration, and geographic isolation.
3. Strengthen the Credentialing Pipeline: Expand accessible certification pathways, subsidize the cost of certification, and incentivize service commitments in high-need rural and urban districts to increase the PEL-CSN workforce.
4. Standardize Coverage Policies: Develop state-approved templates outlining delegation protocols, emergency medication procedures, and liability protections for when a nurse is not on-site.

# Introduction

Youth spend more time in the school setting than in any other environment, positioning school as an important bridge between children and families, communities, and health and educational systems. The prevalence of health conditions in children has risen dramatically in the past decade, and school nursing staff provide students with critical access to education by reducing health barriers known to compromise safety, attendance, and learning. Despite this vital contribution, accurate and current data on school nursing services, staffing configurations, geographic placement, and demographic and workforce factors including level of education and licensure are largely unknown. In Illinois, data on school health services are extremely limited. These data are critical, particularly in light of significant increases in medical needs among children in school, and growing research evidence demonstrating school nurses' important contributions to reducing health and academic disparities, and to improving efficiencies and outcomes in health and education systems.

The Illinois Association of School Nurses (IASN) engaged in a concerted campaign to raise public awareness of this need, which led to the passing of House Resolution 0817 by the 102nd Illinois General Assembly. This resolution1) urged the Illinois State Board of Education (ISBE) to partner with the Illinois Association of School Nurses to conduct a School Nursing Capacity Study, and 2) provided funds to the Illinois State Board of Education to support work in this area. Investigators with expertise in school nursing workforce research at the University of Washington, in partnership with IASN, conducted the Illinois School Nurse Capacity Project to answer the following questions:

1. Who is providing healthcare to schoolchildren in Illinois schools?
2. What are the credentials of the nurses currently providing care?
3. What is the distribution of nursing coverage in each district across Illinois?
4. What policies are in place to provide healthcare services and, by whom if a school nurse is not present in the building?

## Background

### *The Illinois Context*

The Illinois State public education system is composed of 864 school districts representing 3,827 schools and 1.98 million students. The State is divided into 38 Regional Offices of Education (ROE) and Intermediate Service Centers (ISC) that serve as local points of access to provide resources and support to schools.

In the 2024-25 academic year, there were 1,800,000 children enrolled in Illinois State public schools. Of these children, 50% are designated as low-income, 16% have Individual Education Plans (IEP), 2.7% are unhoused, 17.5% are English Language Learners, and 7% experienced at least one transfer in and out of a school during the school year. Forty-four percent of the student population identify as White, 28% as Hispanic, and 16% as Black. Approximately 20% of youth in school report having some kind of disability. In 2024-25, 25% of youth were designated as chronically absent with higher rates of absenteeism among Black, Hispanic, and low-income youth.

### *Illinois Legal Definitions & Report Terminology*

The Illinois Administrative Code explicates the knowledge and performance requirements of a school nurse in Illinois public schools (23 Ill. Admin. Code 23.120). While these requirements to have the title of "School Nurse" in Illinois schools are codified, districts and schools may employ nurses as classified staff who do not hold the official "School Nurse" title but essentially function in that role.

To align with Illinois legal definitions, this report uses the following terminology:

- **Certified School Nurse:** In Illinois, the term "School Nurse" is an employment title and carries a specific legal definition. It refers strictly to a Registered Nurse (RN) who holds a Professional Educator License (PEL) with a School Nurse endorsement (PEL-CSN). Additional qualifications and specifications can be found in Section 25.245 Endorsement for School Nurses (23 Ill. Admin. Code 25.245), as described below. Within this report, Certified School Nurse is used to denote this specific credential.
- **Registered nurse (RN) / nursing staff / nurse(s):** Used broadly throughout this report to refer to all registered nurses (RNs) working within a school setting, regardless of whether they hold a PEL-CSN endorsement.
- **Licensed Practical Nurse (LPN):** A nurse who has completed an approved practical nursing program and holds a current license issued by the Illinois Department of Financial and Professional Regulation (IDFPR). LPNs practice under the direction of a registered nurse, advanced practice registered nurse, or physician in accordance with the Nurse Practice Act [225 ILCS 65].
- **One-to-One (1:1) nurse:** A registered nurse (RN) or licensed practical nurse (LPN) assigned to provide dedicated, individualized care to a single student whose medical condition requires continuous monitoring and intervention throughout the school day.
- **Unlicensed assistive personnel (UAP)**: This designation includes certified nursing assistants (CNAs) and home health aides (HHAs). UAPs are paraprofessionals who assist individuals with physical disabilities, mental impairments, and other health care needs under the supervision of a registered nurse, licensed practical nurse, or other health care professional.
- **Health staff**: An umbrella term encompassing RNs, APRNs, LPNs, and UAPs.

### *Section 25.245 Endorsement for School Nurses:*

a) The school nurse endorsement shall be affixed to a PEL.
b) Each individual seeking a PEL endorsed for school nurse shall complete the requirements under Section 25.25.
c) Each individual seeking the school support personnel endorsement for school nursing shall hold a bachelor's degree or higher.
d) Each individual shall:
    1. complete an Illinois program approved for the preparation of school nurses pursuant to Subpart C or a comparable approved program (including an internship) in another state or country; or
    2. hold a comparable certificate or license issued by another state or country.

e) If completing an Illinois approved program, each individual must complete an internship of at least 300 hours that is supervised by a school nurse who holds an endorsement issued under this Section with at least two full school years of full-time experience as a school nurse and at least one full school year of full-time experience with the current employer.
f) The following experience shall be honored in lieu of an internship:
    1. one year of professional experience as a school nurse on a valid, comparable out-of-state certificate or license that allows the holder to work as a school nurse in that state's public schools; or
    2. one year of full-time experience working as a school nurse on a short-term approval and a proficient or higher evaluation rating.
g) Each individual must pass the applicable content-area test (see Section 25.710) subject to the provisions of Section 25.720.
h) Each individual shall be licensed as a registered professional nurse in Illinois under the Nurse Practice Act [225 ILCS 65].

### *The Role of School Nursing Staff*

School nursing staff are critical to addressing health inequities among children (PreK-12). They remove barriers to healthcare access and provide direct care, care coordination, and case management to students in need. For those who have access to healthcare, nurses serve as a major conduit of critical information to traditional healthcare services. Informal research specific to Illinois suggests an uneven distribution of registered nurse services, similar to national research on the school nursing workforce. Illinois schools also utilize licensed practical nurses (LPN), unlicensed assistive personnel (UAP), and school office staff to deliver care, adding another layer of complexity to our understanding of health service delivery.

Existing national-level data indicate that school nurse caseloads – the number of students served per nurse – predict academic outcomes (e.g., the percentage of students meeting math and English grade-level standards) and chronic absenteeism, with caseloads being a function of school nurse delivery models (i.e., staffing models). Fewer school nursing staff mean higher caseloads and less time per student. Articulating the relationship between school nursing staff services, student health, and academic outcomes has been hampered by a lack of foundational knowledge about health services in Illinois. As a result, the ability to develop evidence-based recommendations about how to deliver health services in schools effectively is extremely limited.

School nursing staff practice in professional isolation and in a non-health setting. Straddling health and education sectors and interfacing with the boards of both professional nursing and education at the national, state, and district levels adds an additional layer of regulatory complexity to the school nursing staff role. School nursing staff are bound by the same Nurse Practice Acts, standards of practice, and ethics as nurses in other healthcare settings (National Association of School Nurses, 2022), but they are also accountable to education-related regulations and policies, as employees within the education sector.

The quality of care students receive is directly impacted by the credentials of the provider. Licensed Practical Nurses (LPNs) are valuable healthcare team members, but they legally require supervision by a Registered Nurse

(RN), advanced practice provider, or physician. Certain medications and procedures may not be administered by LPNs. Furthermore, only RNs (either PEL-CSN or RN with specific Individual Education Plan (IEP) designation) may create, maintain, and evaluate IEPs. Thus, schools that employ LPNs must do so in conjunction with an RN or a district-level supervising RN. Schools staffed by LPNs without an RN on-site are constrained in the type of care they may provide, which has direct implications for student well-being and educational engagement.

### *The Data Gap*

The State of Illinois collects employment data on Certified School Nurses; however, the number of classified nurses (nurses who are not PEL-CSN) remains hidden within the aggregates of other non-nursing school support personnel. Adding to this complexity are the one-to-one nurses who are employed to care for individual students. Unlike nurses who serve the entire student population, these 1:1 nurses are assigned to a single student, yet they are sometimes included in general nursing counts. Consequently, the true number of nurses working in schools and providing care to entire school populations remains unknown. In 2024, the Illinois Report Card began reporting student-to-nurse ratios for schools and districts; however, schools and districts are not required to report on these data, and those who do use their discretion on how nurses are enumerated. This results in volumes of missing data and potentially inaccurate figures.

School nursing staff mitigate the effects of complex health conditions and social influences on student health, equalizing students' opportunity to access the educational opportunities offered by Illinois schools. However, the effort to keep students "ready to learn" is complicated by varying educational and healthcare regulations that drive inconsistent employment patterns. These inconsistencies have hampered systematic data collection and the broader understanding of the school nursing workforce. The Illinois School Nurse Capacity Study provides the necessary foundation from which to build a more robust examination of school nursing in Illinois.

# Research Design and Methods

Design: A survey design including web, email, and telephone completion options was used for this project. The survey was reviewed by the University of Washington Human Subject Review Board and deemed exempt (STUDY00022099).

Sample: The sampling pool for this study was drawn from the Illinois State Board of Education internal database of all Illinois public schools and the Illinois Report Card which is the state's source of information about public schools in Illinois. The focus of this study was to understand the delivery of school health services in K-12 Illinois public schools, which required removal of non-traditional schools such as pre-school, transitional schools, and adult learning centers. The sampling frame is outlined in Figure 1.

Measures: Survey questions were developed with IASN representatives and focused solely on the objectives of HR 0817. To maximize optimal response rates, survey questions were intentionally kept to a minimum. Questions were first piloted on 5 school nurses outside of Illinois and revised based on feedback. The survey was then programmed into REDCap and tested again with key stakeholders and the research team. Further revisions were made to strengthen usability of the survey questions.

Schools that indicated that they did not have a nurse (regardless of certification status) were asked a series of questions about reasons why and how long they had been without any health staff. Final survey questions are in Attachment B.

Data Collection: The survey was administered through the University of Washington School of Nursing. District superintendents were emailed, introducing the study with a web link to share the contact information for the appropriate person in their district to provide the requested data (see Attachment A). Those identified individuals were sent the survey link with detailed instructions on how to complete the survey and a worksheet attachment that could be completed in advance if desired. Superintendents were sent email reminders approximately every 3 weeks. Staff were available to assist respondents and, in some cases, data were provided to the team directly which was then entered manually into REDCap. To verify accuracy of manually entered data, 10% of the surveys were extracted and reviewed. No discrepancies were noted.

Due to fluctuations in funding streams, the project was halted from mid-April through early August at which time data collection resumed. Figure 2 depicts the data collection progress throughout the study.

*Figure 1. Illinois School Nurse Capacity Study Sampling Frame*

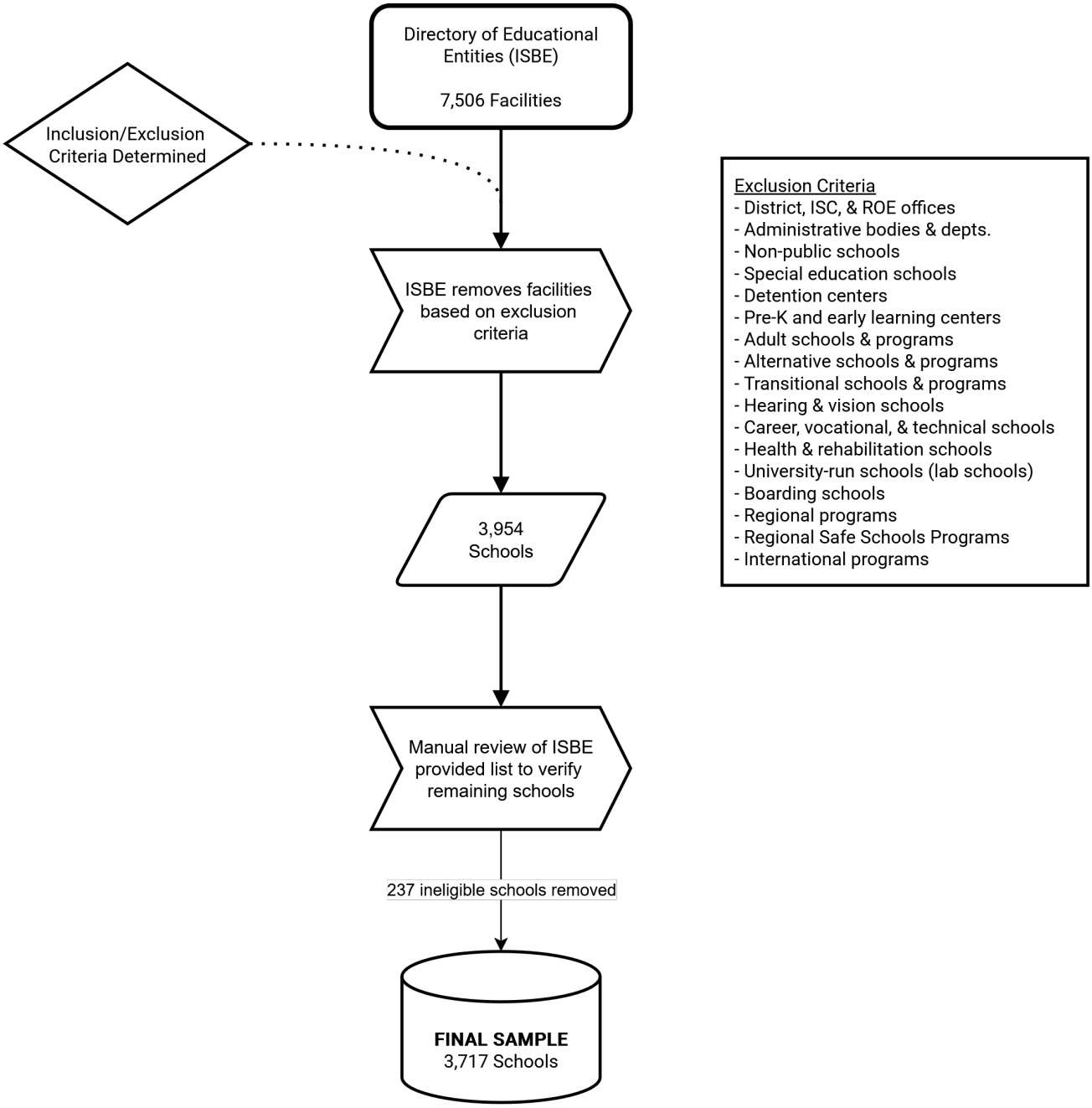
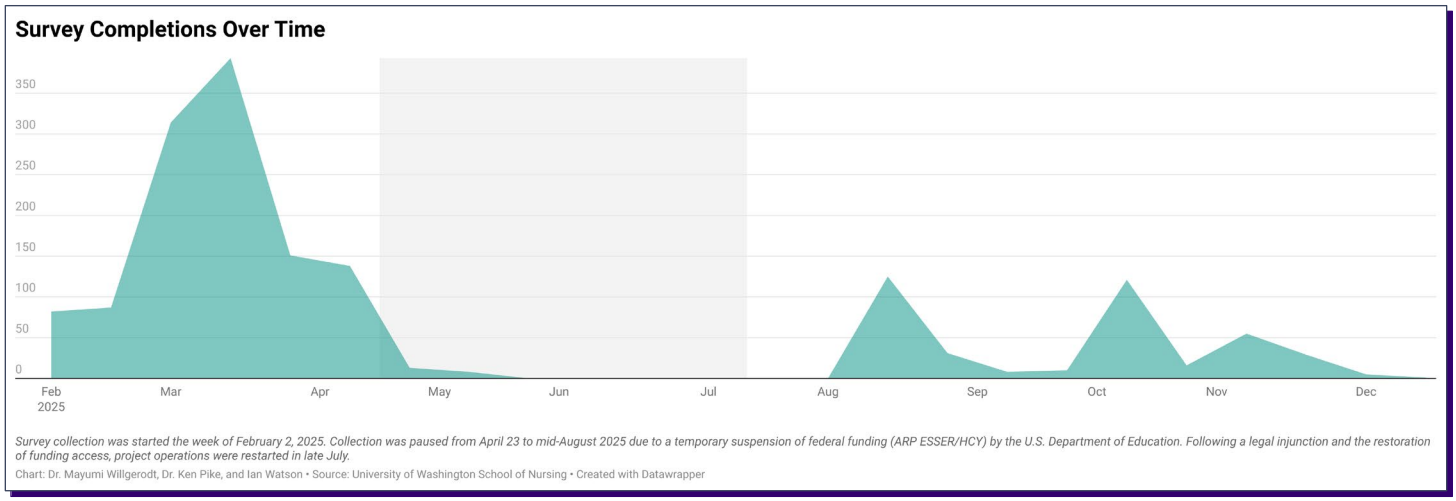


*Figure 2. Visual Representation of Data Collection Process*




| Feb 2-15 | Feb 16-1 | Mar 2-15 | Mar 16-29 | Mar 30-12 | Apr 13-26 | Apr 27-10 | May 11-24 | *May 25 - Aug 16* | Aug 17-30 | Aug 31-13 | Sep 14-27 | Sep 28-11 | Oct 12-25 | Oct 26-8 | Nov 9-22 | Nov 23-6 | Dec 7-20 | Dec 21-31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 82 | 87 | 314 | 393 | 151 | 138 | 13 | 8 | *0* | 125 | 31 | 8 | 10 | 121 | 16 | 55 | 29 | 5 | 1 |
| 82 | 169 | 483 | 876 | 1,027 | 1,165 | 1,178 | 1,186 | *1,186* | 1,311 | 1,342 | 1,350 | 1,360 | 1,481 | 1,497 | 1,552 | 1,581 | 1,586 | 1,587 |

# Findings

At the time of this report, adequately detailed data from 611 Chicago Public Schools have not been provided, and thus findings must be interpreted in the context of these missing data.

Key stakeholders were most interested in understanding not only how school health services are delivered across K-12 public schools in Illinois, but also but also potential variations in service delivery across different geographic and economic contexts. To facilitate these explorations, we categorized schools by using the following criteria:

Urban/Rural status: We used the U.S. Department of Agriculture Rural-Urban Commuting Area (RUCA) Codes to classify schools as either urban or rural. RUCA codes are computed using codes that delineate metropolitan, micropolitan, small town and rural cores and their commuting “flows” to larger metropolitan areas. These computations allow for urban/rural designation based on zip codes.

Poverty status: In this study, we operationalize school poverty status using two distinct classifications – "high poverty" and "low income" – both of which are grounded in ISBE guidelines. In accordance with standard state and federal reporting, low-income status is predominantly measured by student eligibility for the federal Free and Reduced-Price Lunch (FRPL) program. Throughout this paper, both terms are used to capture different thresholds of socioeconomic need.

- *Low income*: Aligning with ISBE criteria for Title I eligibility, a school is classified as low income if its student poverty percentage is 40% or greater. This threshold, driven by the proportion of students qualifying for FRPL, is the federal benchmark that typically qualifies an institution for schoolwide Title I funding.
- *High poverty*: Aligning with the ISBE classification scheme, a school is designated as high poverty if its percentage of low-income student enrollment ranks at or above the 75th percentile statewide. Within the specific dataset for this study, this corresponds to an FRPL-eligible enrollment threshold of 71.3% or greater.

We define 1 full time equivalent (FTE) in alignment with the Illinois State Board of Education classification scheme which defines 1 FTE as 40 hours/week of employment.

### *Response Rates and Patterns*

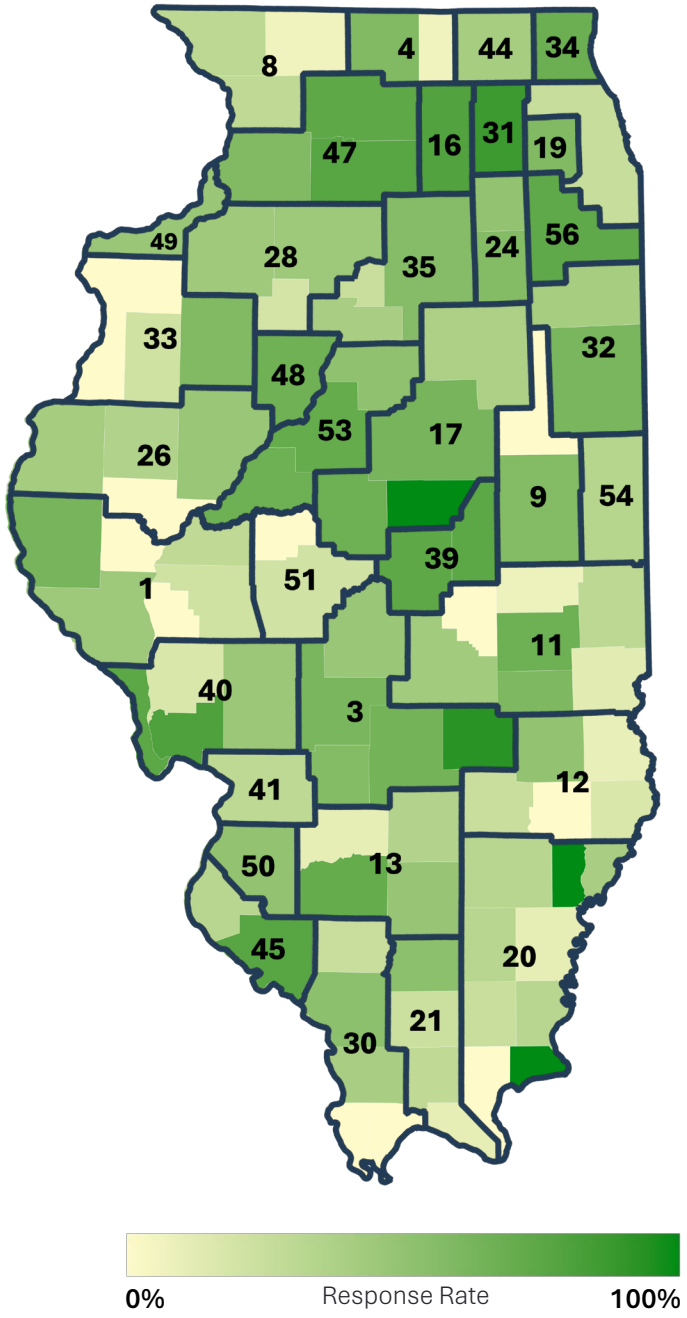
A total of 1,593 surveys (43%) were completed. As a point of comparison, research indicates a response rate range of 20-30% depending on the type of online surveys. Specifically, for sample sizes of larger than 2,000, the mean response rate is typically 20% (Wu, Zhao, & Fils-Aime, 2022). Appendix 1 displays the distribution of survey completion by ROE and the percent of schools that completed the survey. Figure 3 is a visual depiction of survey completion across IL counties; counties in the northern area of the state have higher completion rates.

# COMPLETED SURVEYS

## ROEs

852 school districts organized into 38 regions to ensure schools get the help they need. In most of the state, these are called Regional Offices of Education, run by an elected superintendent. Because Cook County is so big, it is broken into three "Intermediate Service Centers" run by appointed directors who do the same job. The only exception is Chicago itself, where the State Board of Education handles those regional duties directly.

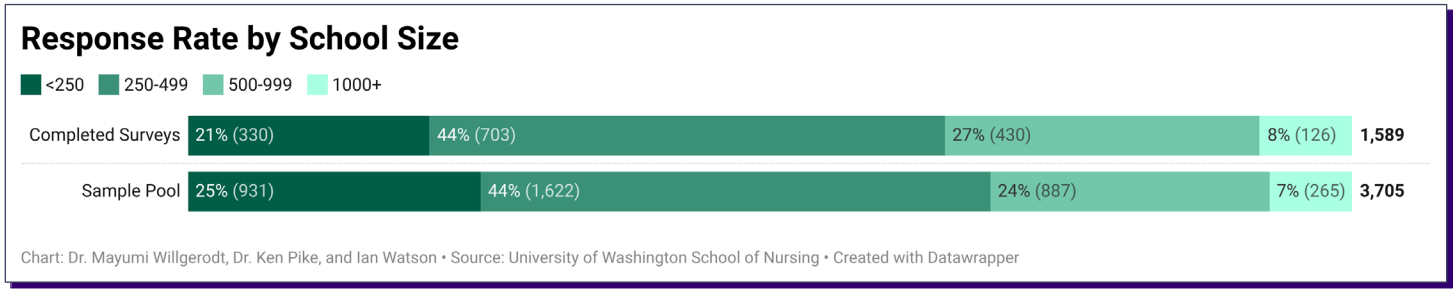
**1,593** Completed Surveys → **3,717** Schools in Sample → **43%** Completion Rate

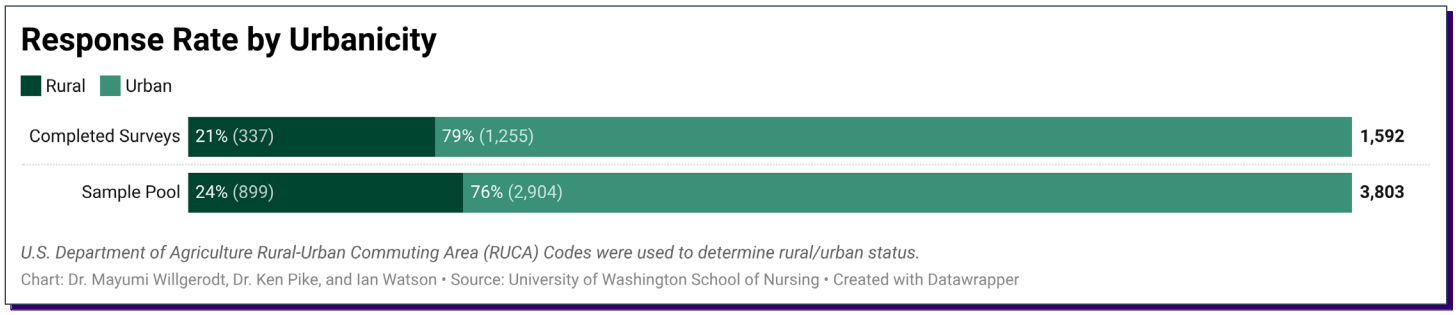


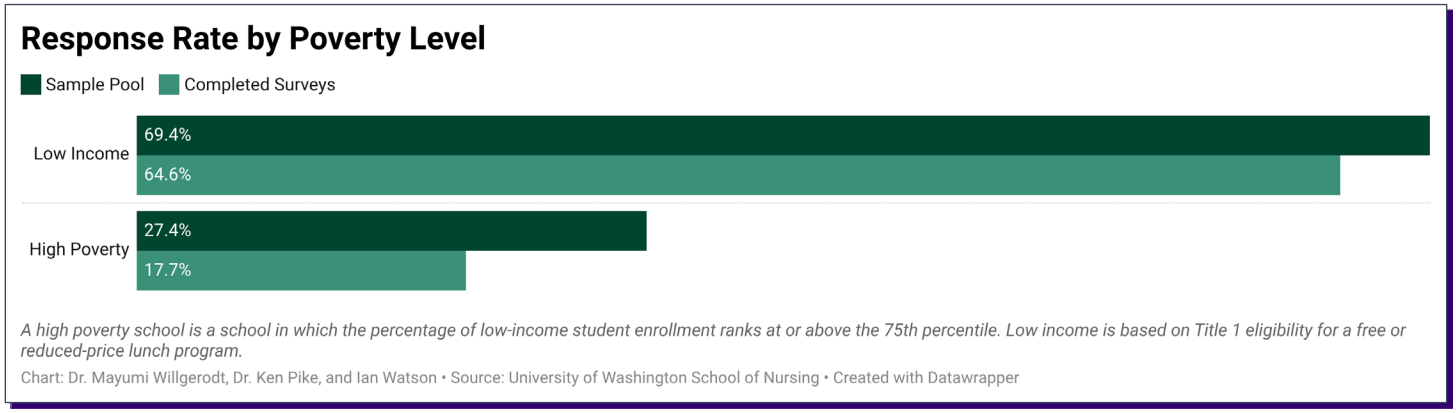

| Regional Office of Education (ROE) | Completed Surveys | Total in Sample | % Complete |
|---|---|---|---|
| ROE 1 - Adam/Brwn/Cass/Morgn/Pik/Sctt ROE | 22 | 63 | 34.9% |
| ROE 3 - Bnd/Chrstn/Effngh/Fytt/Mntgmr ROE | 39 | 60 | 65.0% |
| ROE 4 - Boone/Winnebago ROE | 42 | 93 | 45.2% |
| ROE 8 - Carroll/Jo Daviess/Stephenson ROE | 8 | 41 | 19.5% |
| ROE 9 - Champaign/Ford ROE | 27 | 57 | 47.4% |
| ROE 11 - Clk/Cls/Cmbn/Dglas/Edgr/Mltr/Shlb | 24 | 73 | 32.9% |
| ROE 12 - Clay/Cwford/Jsper/Lwrnce/Rhland | 6 | 31 | 19.4% |
| ROE 13 - Clintn/Jeffrsn/Marin/Washngtn ROE | 25 | 69 | 36.2% |
| ROE 16 - De Kalb ROE | 30 | 39 | 76.9% |
| ROE 17 - DeWitt/Livingstn/Logan/McLean ROE | 56 | 96 | 58.3% |
| ROE 19 - DuPage ROE | 131 | 233 | 56.2% |
| ROE 20 - Edw/Glt/Hlt/Hdn/Pop/Sln/Wbh/Wn/Wh | 18 | 52 | 34.6% |
| ROE 21 - Frankln/Johnsn/Massc/Willimsn ROE | 17 | 56 | 30.4% |
| ROE 24 - Grundy/Kendall ROE | 32 | 61 | 52.5% |
| ROE 26 - Hancck/Fultn/Schuylr/McDonogh ROE | 18 | 45 | 40.0% |
| ROE 28 - Bureau/Henry/Stark ROE | 21 | 50 | 42.0% |
| ROE 30 - Alxndr/Jcksn/Pulsk/Prry/Union ROE | 18 | 51 | 35.3% |
| ROE 31 - Kane ROE | 132 | 159 | 83.0% |
| ROE 32 - Iroquois/Kankakee ROE | 25 | 55 | 45.5% |
| ROE 33 - Henderson/Knox/Mercer/Warren ROE | 13 | 35 | 37.1% |
| ROE 34 - Lake ROE | 124 | 188 | 66.0% |
| ROE 35 - La Salle/Marshall/Putnam ROE | 24 | 52 | 46.2% |
| ROE 39 - Macon/Piatt ROE | 34 | 47 | 72.3% |
| ROE 40 - Calhoun/Greene/Jersy/Macoupin ROE | 20 | 41 | 48.8% |
| ROE 41 - Madison ROE | 21 | 71 | 29.6% |
| ROE 44 - McHenry ROE | 30 | 74 | 40.5% |
| ROE 45 - Monroe/Randolph ROE | 14 | 25 | 56.0% |
| ROE 47 - Lee/Ogle/Whiteside ROE | 41 | 62 | 66.1% |
| ROE 48 - Peoria ROE | 42 | 65 | 64.6% |
| ROE 49 - Rock Island ROE | 23 | 49 | 46.9% |
| ROE 50 - St Clair ROE | 38 | 78 | 48.7% |
| ROE 51 - Menard/Sangamon ROE | 13 | 71 | 18.3% |
| ROE 53 - Mason/Tazewell/Woodford ROE | 50 | 81 | 61.7% |
| ROE 54 - Vermilion ROE | 8 | 35 | 22.9% |
| ROE 56 - Will ROE | 108 | 151 | 71.5% |
| ROE - City of Chicago | 2 | 611 | 0.3% |
| ROE - Region 05 North Cook ISC 1 | 145 | 212 | 68.4% |
| ROE - Region 06 West Cook ISC 2 | 43 | 137 | 31.4% |
| ROE - Region 07 South Cook ISC 4 | 109 | 248 | 44.0% |

## Characteristics of Sample Pool and Completed Surveys

To determine whether the completed surveys were representative of select demographic and economic characteristics, we compared the respondent distribution against the sample pool. As the following figures demonstrate, response rates by school size, urbanicity, and low-income status closely approximated the distribution of our sample. However, the proportion of high-poverty schools that responded to the survey was slightly lower than that of our sample pool.



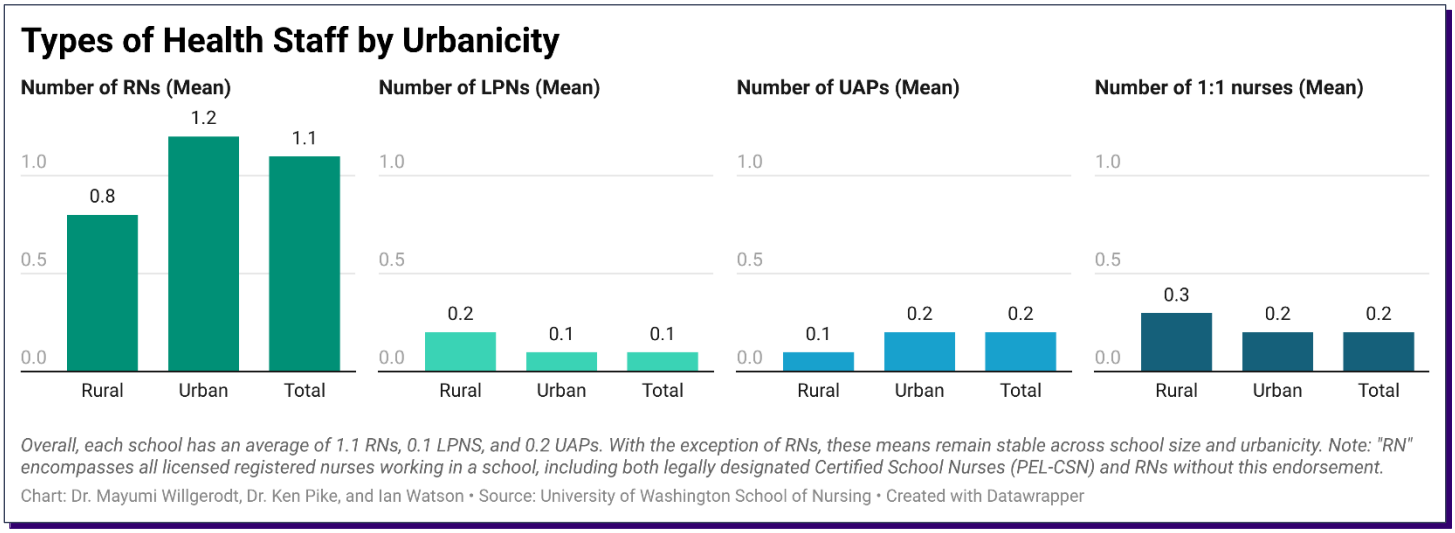



## The Provision of Healthcare to School Children in Illinois K-12 Public Schools

The following tables and figures describe the professionals providing care among the respondent schools. Approximately 96% of schools have some kind of health staff. Overall, each school has an average of 1.1 RNs, 0.1 LPNS, and 0.2 UAPs. With the exception of RNs, these means remain relatively stable across school size and urbanicity. Urban schools had a higher mean number of RNs, with rural and high poverty schools having lower mean numbers of RNs. Please note that in the following figures, the Registered Nurse (RN) category includes Advanced Practice Registered Nurses (APRNs) and both certified and non-certified school nurses.

| Health Staff at School | n (%) |
|---|---|
| No | 57 (3.6%) |
| Yes | 1,535 (96.4%) |

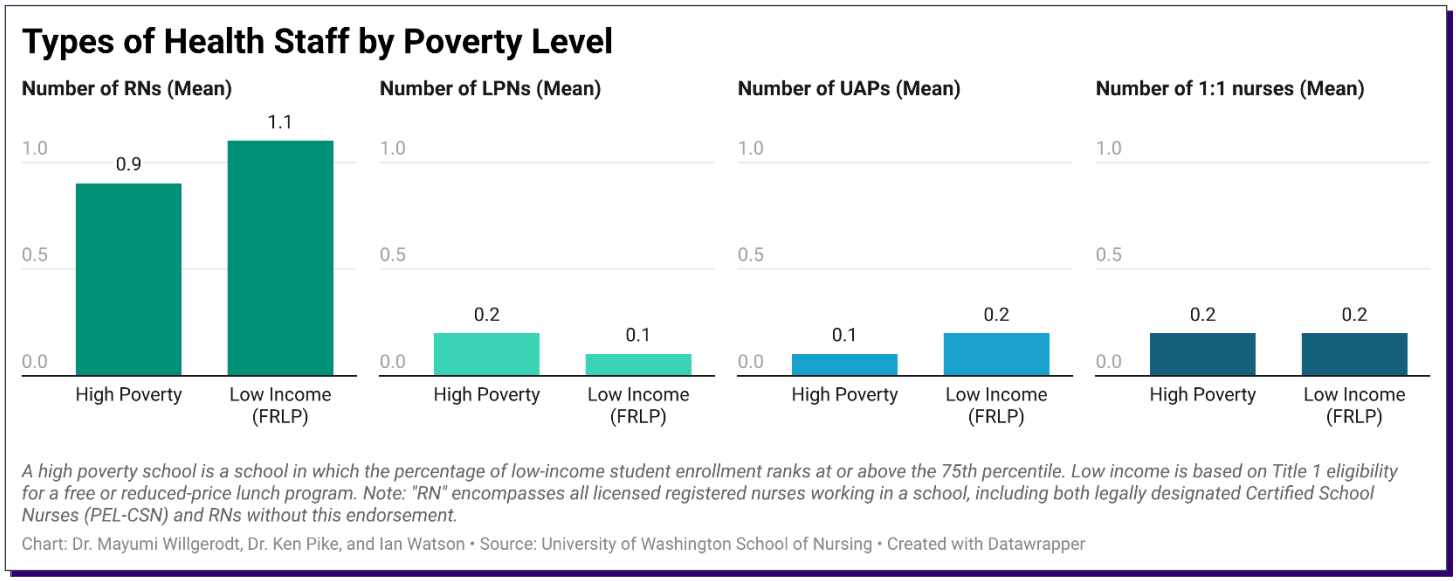
*Mean Number of Types of Health Staff per School, by Urbanicity*




| Health Staff Per School By Urbanicity | RNs* Mean (SD) | LPNs Mean (SD) | UAPs Mean (SD) | 1:1 Nurses Mean (SD) |
|---|---|---|---|---|
| Rural | 0.8 (0.6) | 0.2 (0.4) | 0.1 (0.4) | 0.3 (0.5) |
| Urban | 1.2 (0.7) | 0.1 (0.3) | 0.2 (0.5) | 0.2 (0.5) |
| *Total* | **1.1 (0.7)** | **0.1 (0.3)** | **0.2 (0.4)** | **0.2 (0.5)** |

**RN figures are inclusive of Advanced Practice Registered Nurses (APRN).*

## *Mean Number of Types of Health Staff per School, by Poverty Level*



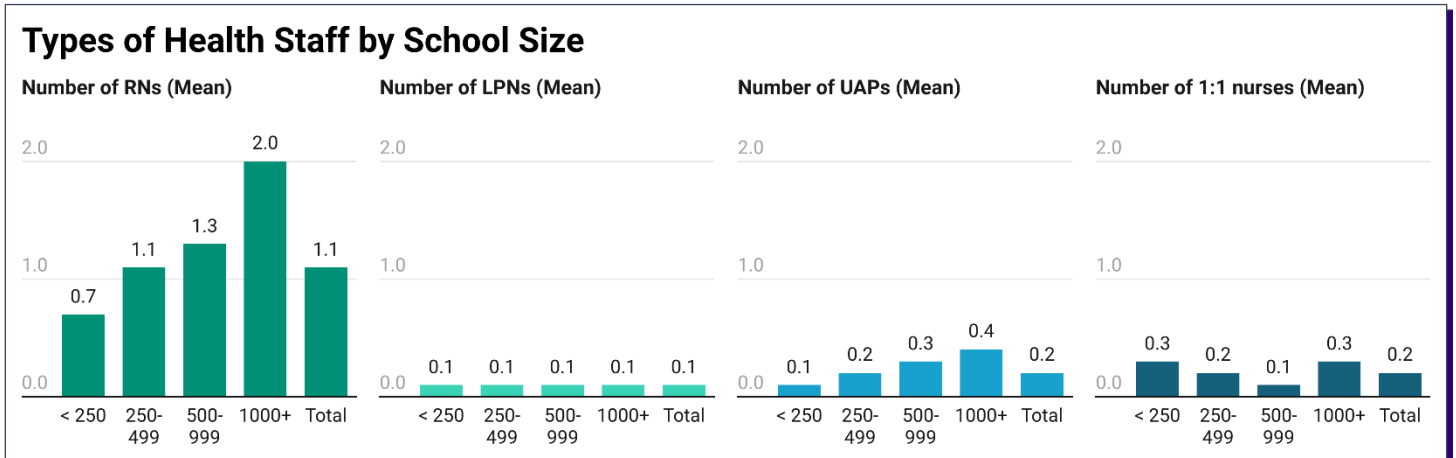

*A high poverty school is a school in which the percentage of low-income student enrollment ranks at or above the 75th percentile. Low income is based on Title 1 eligibility for a free or reduced-price lunch program. Note: "RN" encompasses all licensed registered nurses working in a school, including both legally designated Certified School Nurses (PEL-CSN) and RNs without this endorsement.*

Chart: Dr. Mayumi Willgerodt, Dr. Ken Pike, and Ian Watson • Source: University of Washington School of Nursing • Created with Datawrapper

| Health Staff Per School By Poverty Level | RNs* Mean (SD) | LPNs Mean (SD) | UAPs Mean (SD) | 1:1 Nurses Mean (SD) |
|---|---|---|---|---|
| High Poverty | 0.9 (0.6) | 0.2 (0.4) | 0.1 (0.3) | 0.2 (0.4) |
| Low Income | 1.1 (0.7) | 0.1 (0.4) | 0.2 (0.5) | 0.2 (0.5) |

**RN figures are inclusive of Advanced Practice Registered Nurses (APRN).*

## *Mean Number of Types of Health Staff per School, by School Size*




*Overall, each school has an average of 1.1 RNs, 0.1 LPNS, and 0.2 UAPs. With the exception of RNs, these means remain stable across school size and urbanicity. Note: "RN" encompasses all licensed registered nurses working in a school, including both legally designated Certified School Nurses (PEL-CSN) and RNs without this endorsement.*

Chart: Dr. Mayumi Willgerodt, Dr. Ken Pike, and Ian Watson • Source: University of Washington School of Nursing • Created with Datawrapper

| Health Staff Per School By School Size | Mean (SD) |
|---|---|
| RNs* | 1.1 (0.7) |
| < 250 | 0.7 (0.6) |
| 250-499 | 1.1 (0.6) |
| 500-999 | 1.3 (0.7) |
| 1000+ | 2.0 (0.7) |
| LPNs | 0.1 (0.3) |
| < 250 | 0.1 (0.3) |
| 250-499 | 0.1 (0.3) |
| 500-999 | 0.1 (0.4) |
| 1000+ | 0.1 (0.4) |

| Health Staff, Per School By School Size | Mean (SD) |
|---|---|
| UAPs | 0.2 (0.4) |
| < 250 | 0.1 (0.3) |
| 250-499 | 0.2 (0.4) |
| 500-999 | 0.3 (0.5) |
| 1000+ | 0.4 (0.7) |
| One-on-one nurses | 0.2 (0.5) |
| < 250 | 0.3 (0.6) |
| 250-499 | 0.2 (0.4) |
| 500-999 | 0.1 (0.4) |
| 1000+ | 0.3 (0.6) |

**RN figures are inclusive of Advanced Practice Registered Nurses (APRN).*

## *Mean Number of RNs and LPNs by School Type and School Size*

| | RN | | LPN | |
|---|---|---|---|---|
| School Size | Urban | Rural | Urban | Rural |
| < 250 | 0.83 (0.55) | 0.64 (0.54) | 0.06 (0.24) | 0.11 (0.31) |
| 250-499 | 1.12 (0.60) | 0.88 (0.59) | 0.07 (0.27) | 0.22 (0.42) |
| 500-999 | 1.28 (0.64) | 1.06 (0.83) | 0.09 (0.30) | 0.22 (0.65) |
| 1000+ | 2.04 (0.94) | 1.83 (0.98) | 0.14 (0.42) | 0.17 (0.41) |
| **Total** | **1.22 (0.71)** | **0.81 (0.65)** | **0.08 (0.29)** | **0.17 (0.42)** |

Note. Ns for Urban: < 250 = 169; 250-499 = 582; 500-999 = 381; 1000+ = 120; Total = 1252
Ns for Rural: < 250 = 159; 250-499 = 121; 500-999 = 49; 1000+ = 6; Total = 335

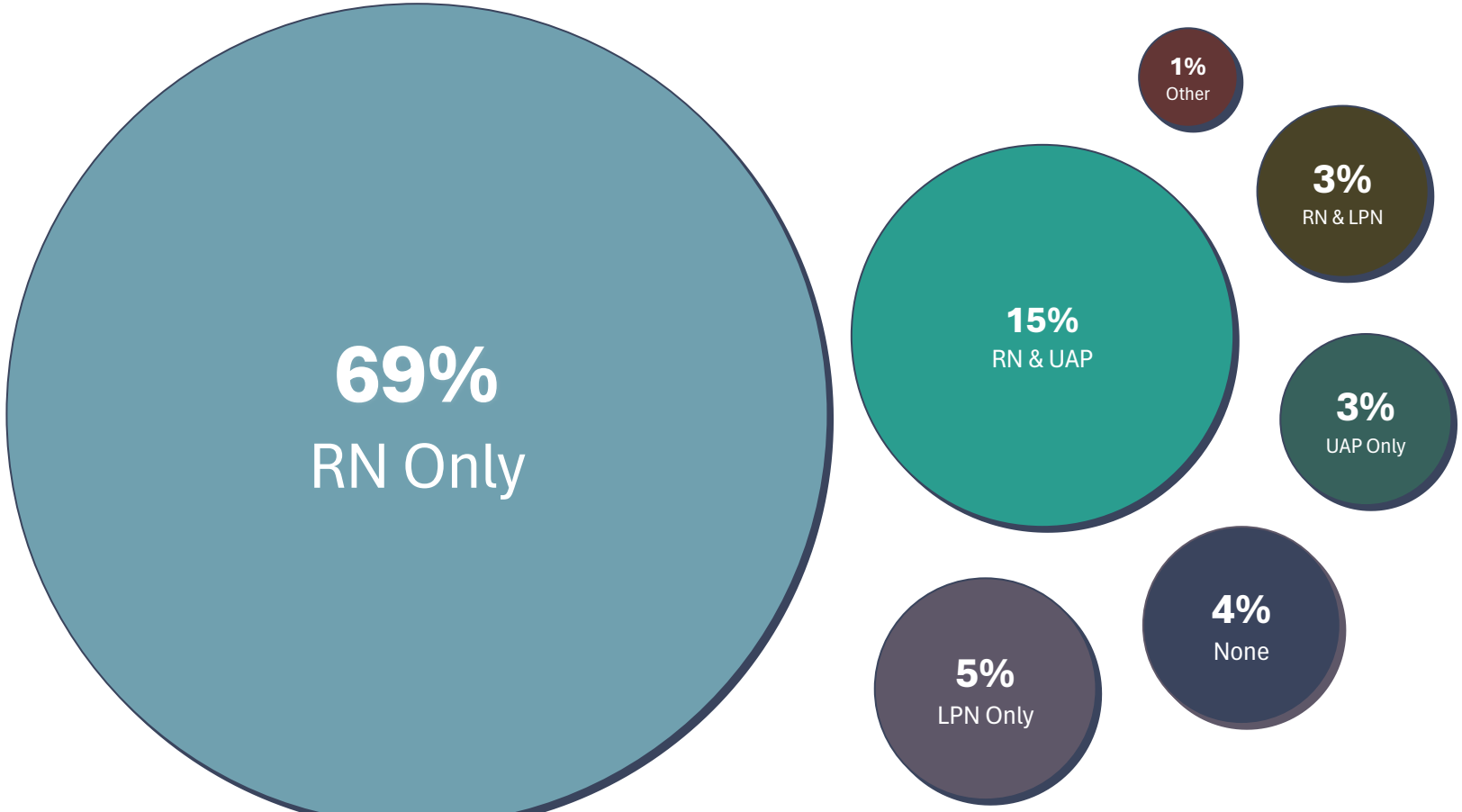
| | RN | | LPN | |
|---|---|---|---|---|
| School Size | High Poverty | Low Poverty | High Poverty | Low Poverty |
| < 250 | 0.71 (0.54) | 0.73 (0.54) | 0.20 (0.40) | 0.07 (0.25) |
| 250-499 | 0.94 (0.58) | 1.11 (0.60) | 0.16 (0.37) | 0.09 (0.29) |
| 500-999 | 1.03 (0.61) | 1.29 (0.67) | 0.24 (0.43) | 0.08 (0.34) |
| 1000+ | 1.62 (1.04) | 2.08 (0.92) | 0.31 (0.63) | 0.12 (0.38) |
| **Total** | **0.95 (0.63)** | **1.17 (0.73)** | **0.19 (0.41)** | **0.08 (0.31)** |

Note. Ns for High Poverty: < 250 = 51 | 250-499 = 143 | 500-999 = 66 | 1000+ = 13 | Total = 273
Ns for Low Poverty: < 250 = 268 | 250-499 = 526 | 500-999 = 361 | 1000+ = 113 | Total = 1268

### *Models of School Health Teams*

The primary model of care in schools is that of an RN only. The majority of schools (69%) are served exclusively by RNs, whether that involves contact with an RN for a few hours a week or full-time coverage. Additionally, 15% of reporting schools have a model consisting of an RN and a UAP.

# MODELS OF SCHOOL HEALTH TEAMS




**RN access is common, but team-based coverage is limited.**

- Nearly 7 in 10 schools rely solely on RNs for health services.
- Models vary in staffing hours and number of providers.
- For example, a school designated as *RN Only* may have a dedicated team of several full-time RNs, or it could have just one part-time RN.
- Schools with multidisciplinary health teams remain the minority.

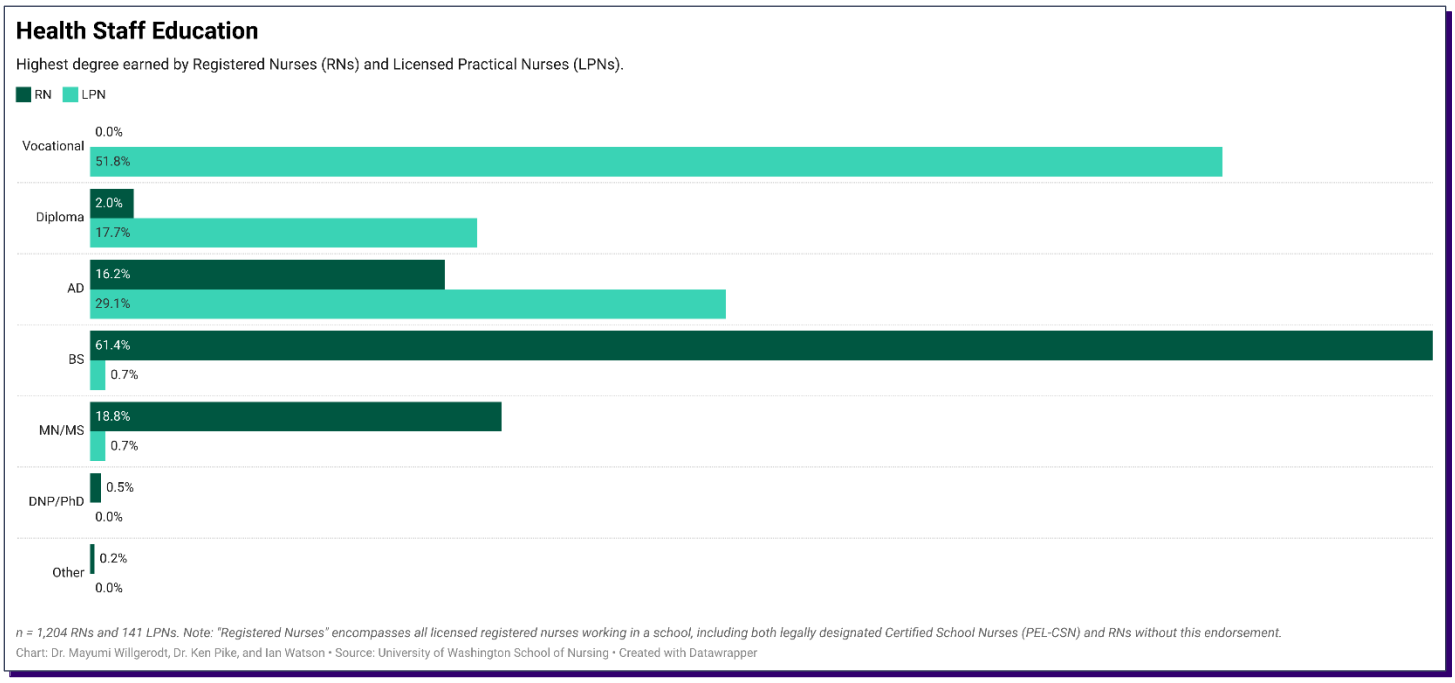
## Employers and Credentials of Nurses Providing Care in Schools

As detailed in the following tables, the majority of RNs hold a baccalaureate degree and are directly employed by the school district. When looking at specialized credentials, most RNs are certified in vision and hearing screening, and a little more than one third hold IEP-designee status. However, broader nurse certification is less common: fewer than half are Certified School Nurses (PEL-CSN), and only a small fraction hold credentials from the National Board for Certification of School Nurses (NBCSN).

### *Employers of Nurses in Schools*

| Nurses employed by: | n (%) |
|---|---|
| School District | 1,445 (94.8%) |
| Public Health Dept. | 7 (0.5%) |
| Hospital | 26 (1.7%) |
| Agency | 47 (3.1%) |

### *Educational Training by Nurse Licensure in Schools*



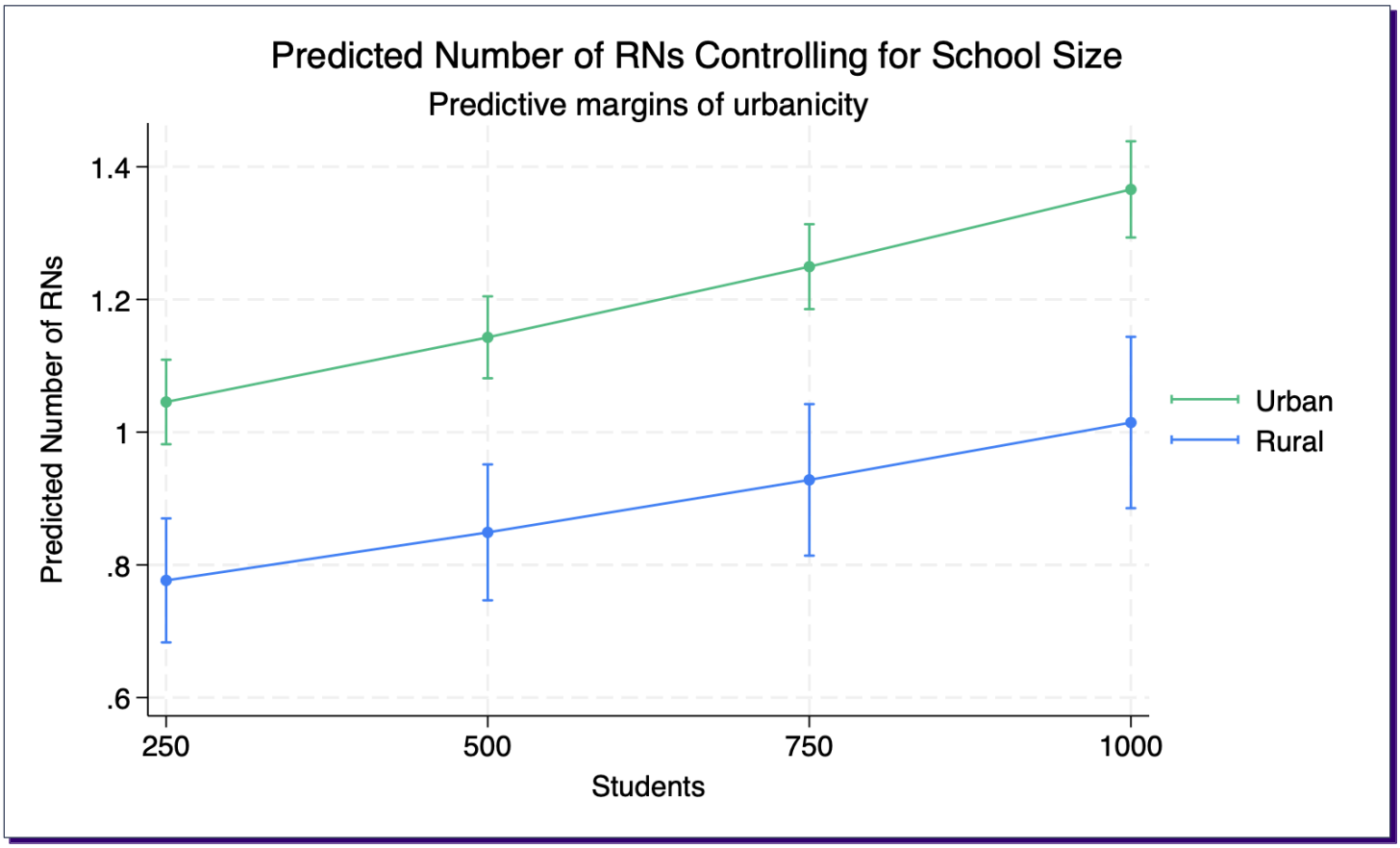
| | RN<br>n (%) | LPN<br>n (%) |
|---|---|---|
| Education | | |
| Diploma | 24 (2.0%) | 25 (17.7%) |
| AD | 197 (16.2%) | 41 (29.1%) |
| BS | 746 (61.4%) | 1 (0.7%) |
| MN/MS | 229 (18.8%) | 1 (0.7%) |
| DNP/PhD | 8 (0.5%) | --- |
| Other | 12 (0.2%) | --- |
| Vocational | --- | 73 (51.8%) |
| Certification | | |
| PEL-CSN [1] | | |
| No | 808 (59.4%) | --- |
| Yes | 552 (40.6%) | --- |
| NBCSN [2] | | |
| No | 1243 (91.5%) | --- |
| Yes | 115 (8.5%) | --- |
| IEP-Designee [3] | | |
| No | 874 (64.2%) | --- |
| Yes | 488 (35.8%) | --- |
| Hearing & Vision [4] | | |
| No | 536 (39.3%) | --- |
| Yes | 827 (60.7%) | --- |

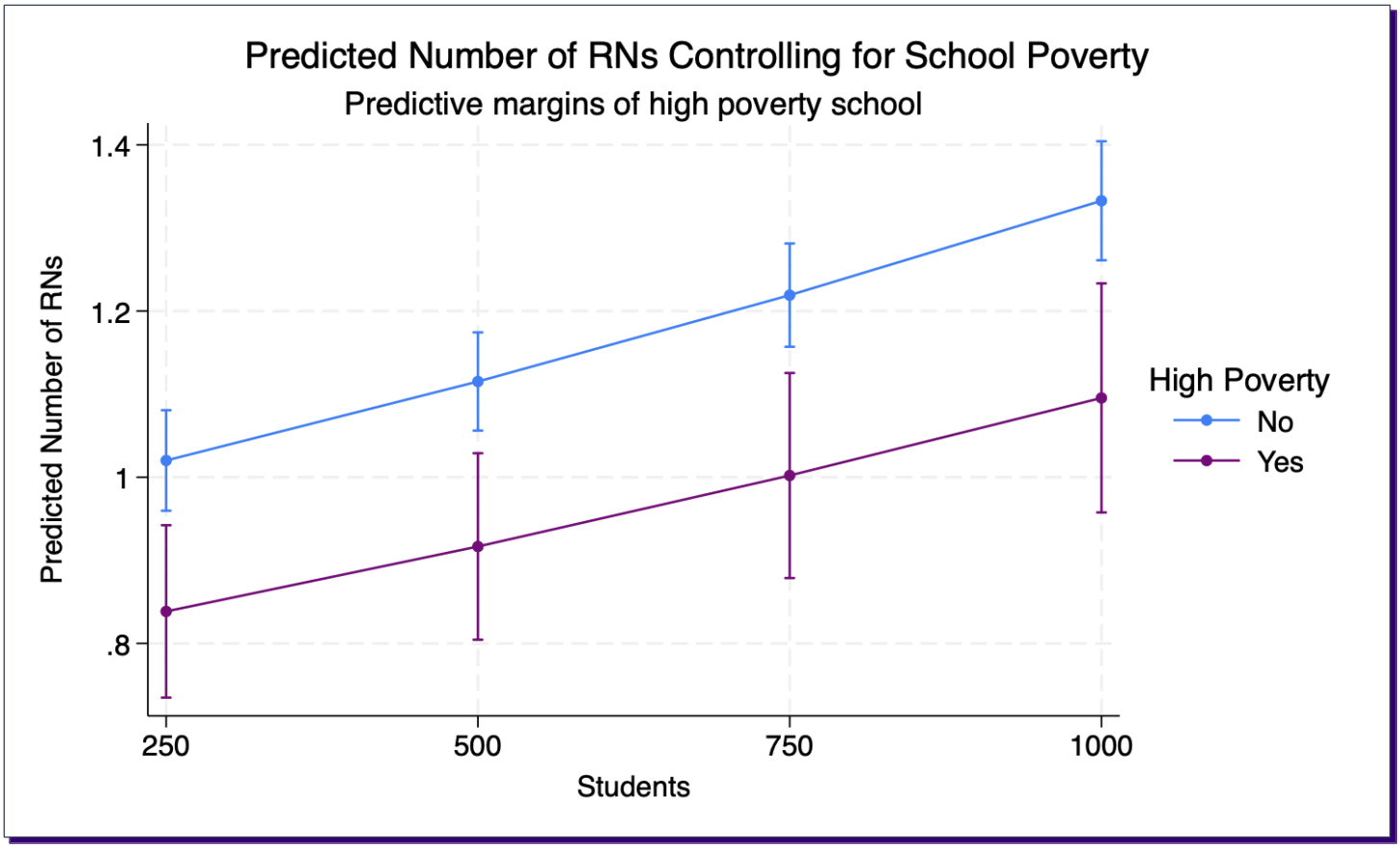
[1] Illinois Certified School Nurse [2] National Board for Certification of School Nurses
[3] Individual Education Plan Designee [4] Hearing & Vision testing certified

## Distribution of Nursing Coverage in Schools

Of all responding schools, 4% report that they do not have any type of health staff employed at their school. Importantly, 14% of responding schools state that they do not have any contact with an RN. Of those reporting no RN, 59% have an LPN or UAP, and 41% have no health care staff. Less than half of the schools responding (40%) employ a Certified School Nurse.

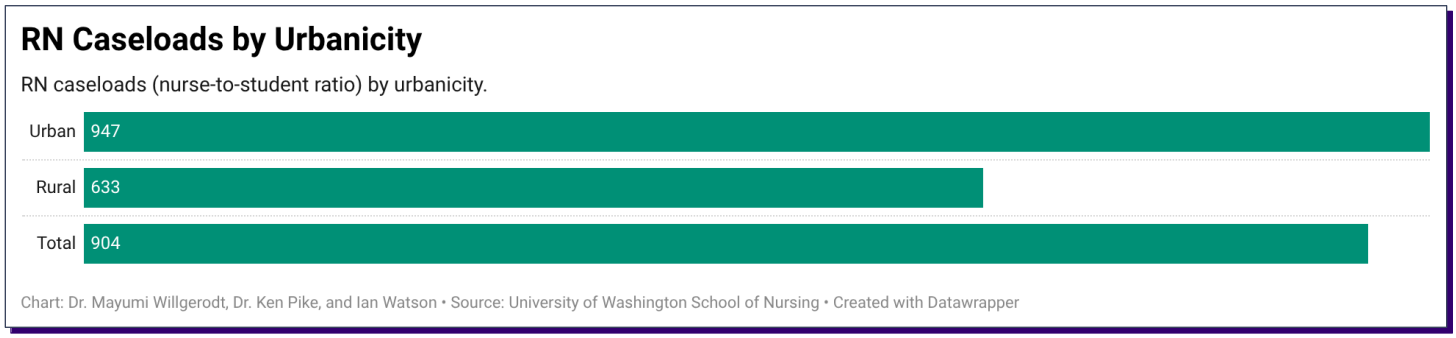
The following graphs, derived from Poisson regression models, demonstrate that after controlling school size and poverty, rural schools employ fewer RNs compared to urban schools. The same pattern is found across school income in that high-poverty schools utilize fewer RNs.

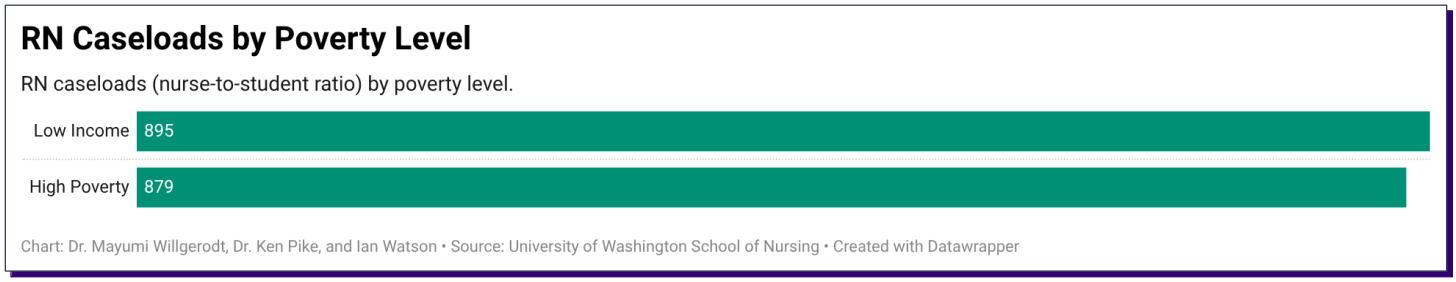


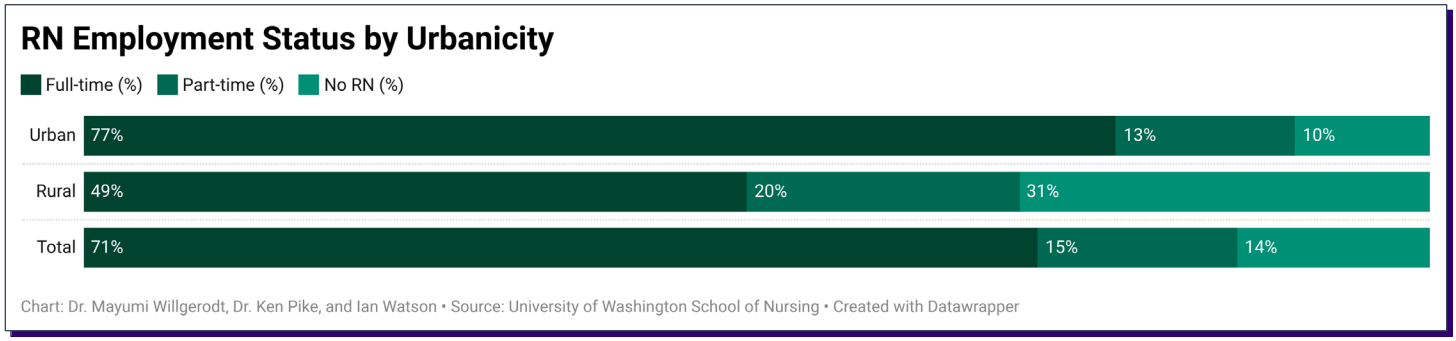

Predicted Number of RNs Controlling for School Poverty
Predictive margins of high poverty school
Predicted Number of RNs
1.4
1.2
1
.8
250
500
750
1000
Students
High Poverty
No
Yes

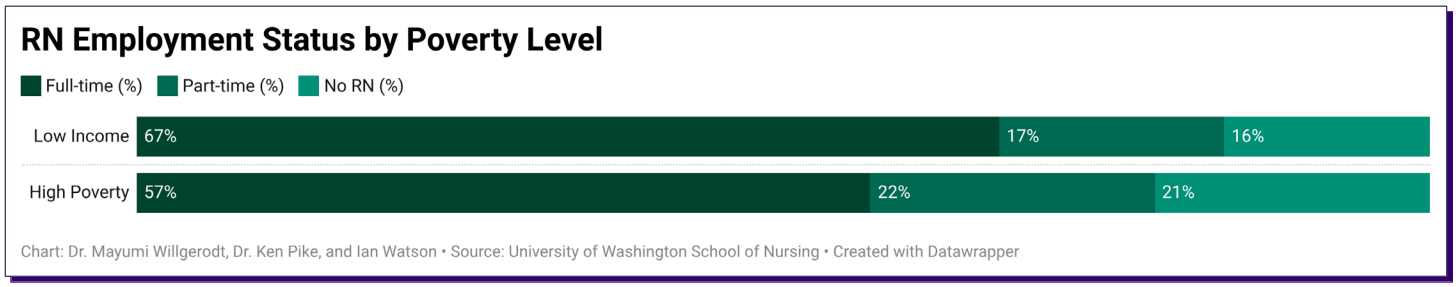
### *Employment Status and Caseload of RNs*

Full-time employment was defined in alignment with the 2025 Illinois Report Card which defines 1 FTE as 40 hours per week of employment. The tables below demonstrate that urban schools employ significantly more full-time nurses (77%) compared to rural schools (49%), chi-square (2) = 115.0, $p < .001$. The overall caseload for RNs is 1 RN for every 917 students, with differences across urbanicity and income status. RN caseload varies across the state and is depicted in the map on page 26 by county, within ROEs.



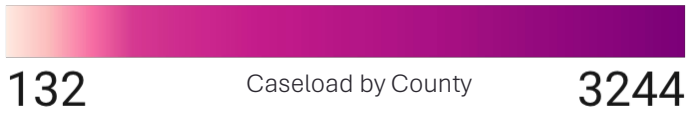
| | No RN | Part-time | Full-time | Caseload |
|---|---|---|---|---|
| *Total* | *14.6%* | *14.9%* | *70.6%* | *1:917* |
| Urbanicity | | | | |
| Urban | 10.0% | 13.3% | 76.7% | 1:947 |
| Rural | 30.5% | 20.2% | 49.3% | 1:633 |
| Poverty Level | | | | |
| Low Income | 15.9% | 17.4% | 66.7% | 1:895 |
| High Poverty | 21.3% | 22.0% | 56.8% | 1:879 |

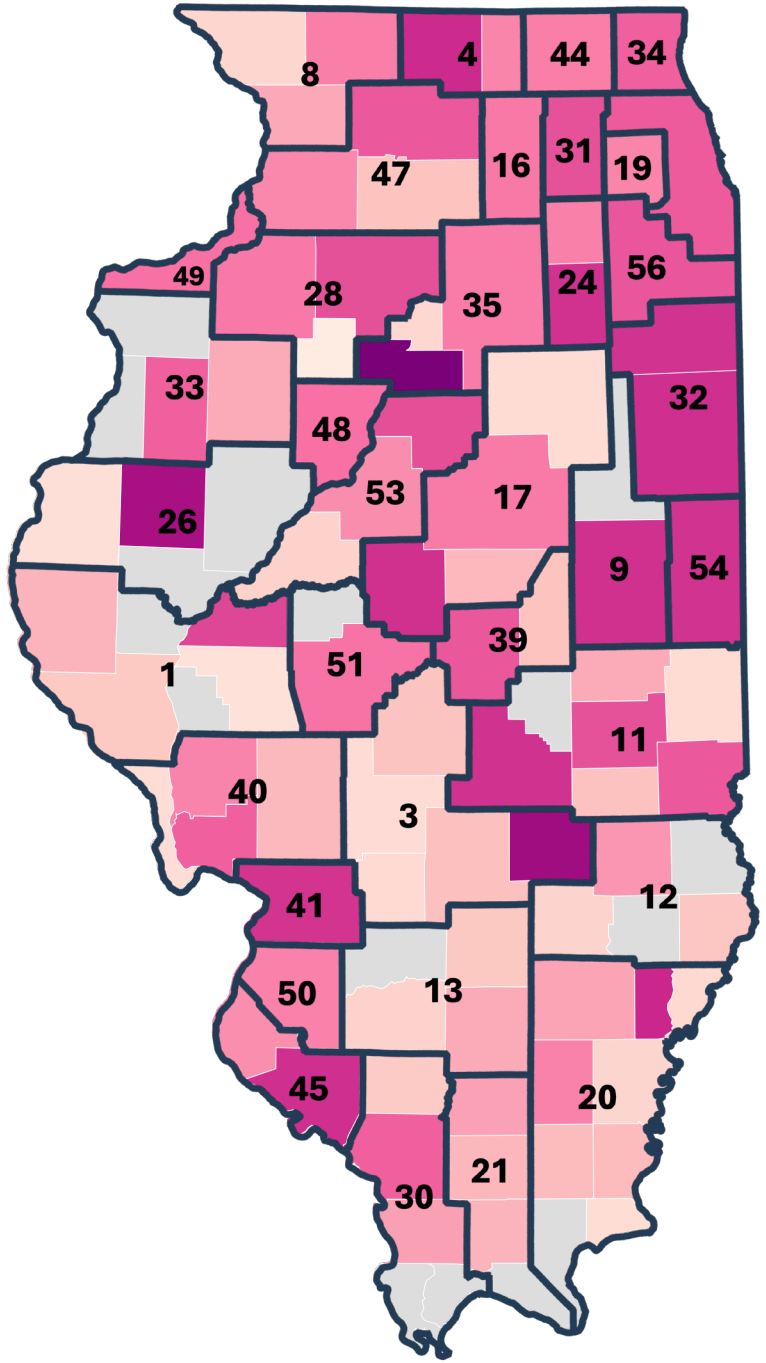
# CASELOAD ACROSS IL

## Caseload by County

Mean caseloads by county, outlined and numbered by ROE. Note that Cook County does not include data from Chicago Public Schools, and that 16 counties do not have any data reported.

Across the state, the mean caseload is 1:529, with a range from 1:132 (Stark County) to 1:3244 (Marshall County); however, this must be interpreted with caution as there is great variability across the state, influenced by size, funding, and specific school needs. Nonetheless, this provides a general sense of how caseload differs across the state.



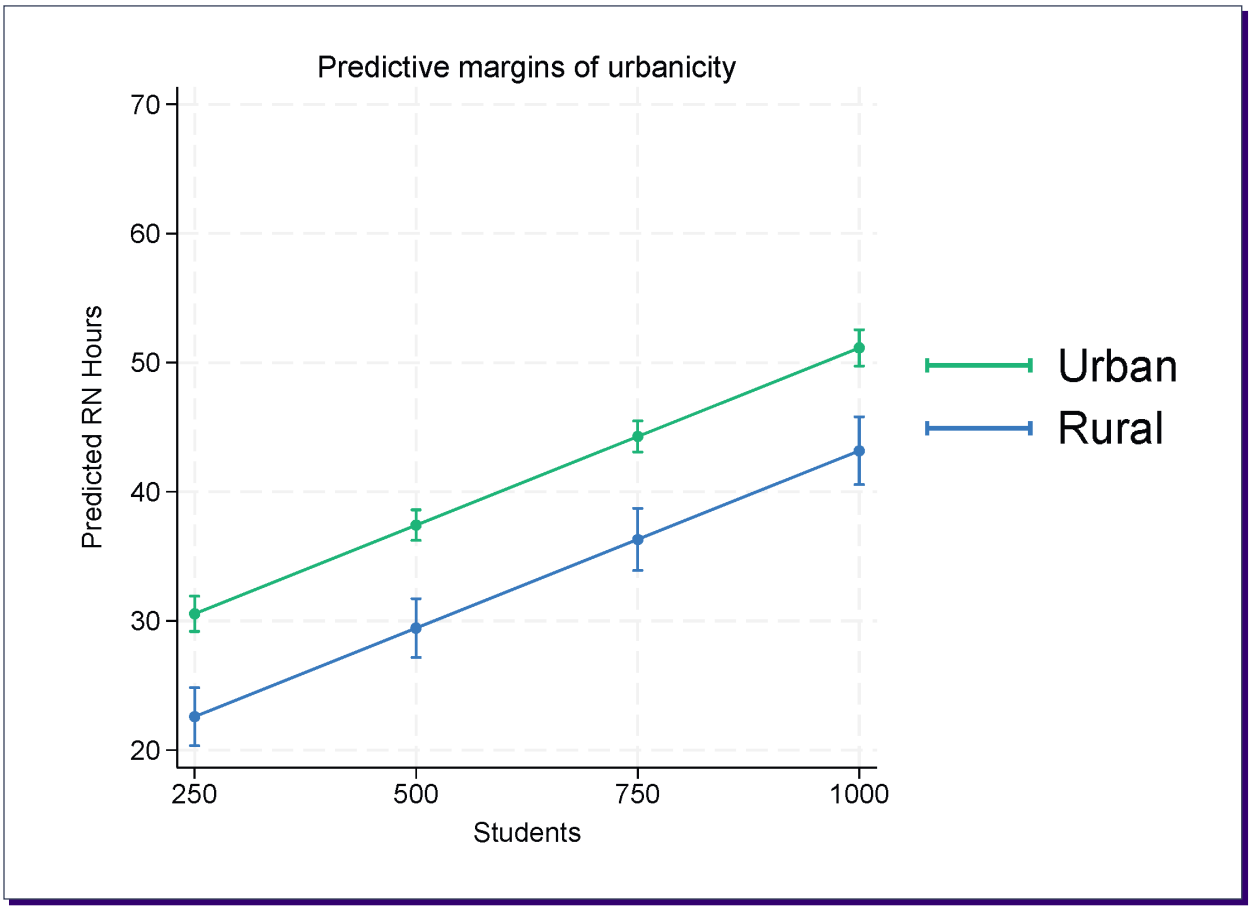



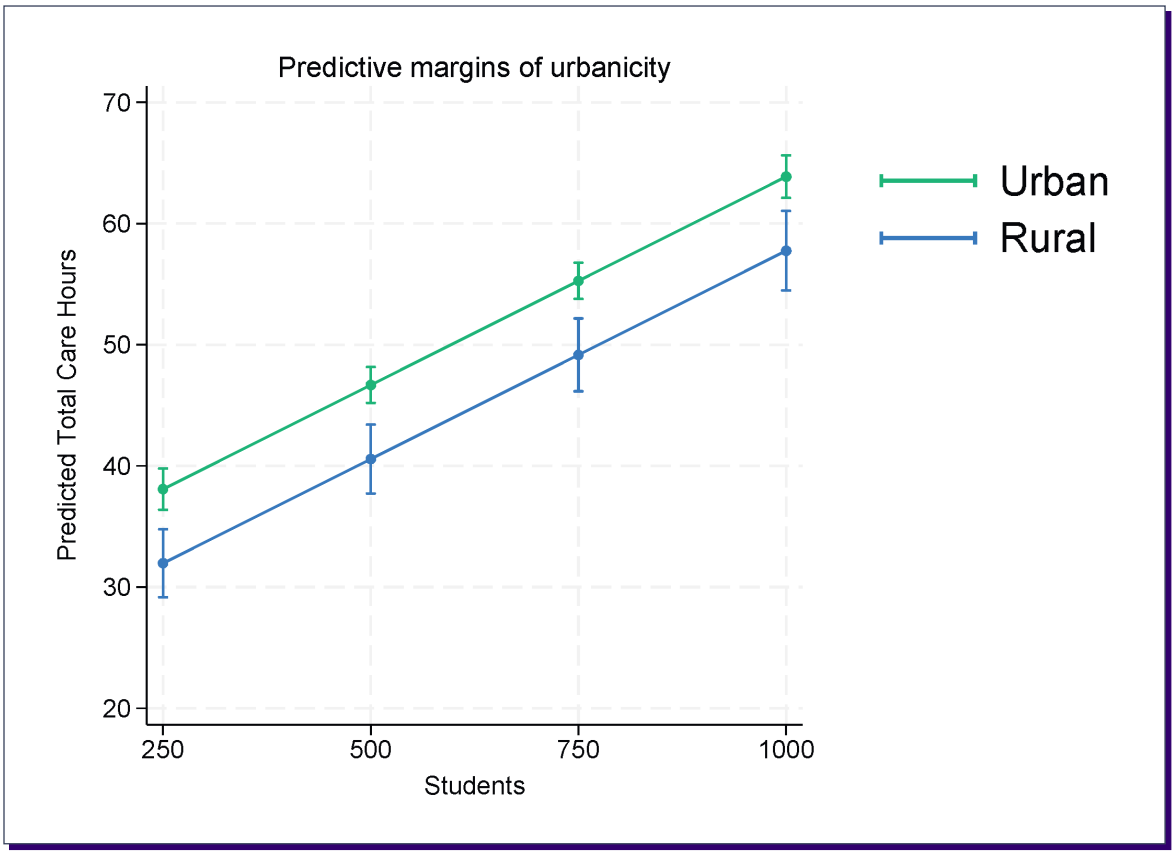
### *Distribution of Healthcare and RN Hours in Schools*

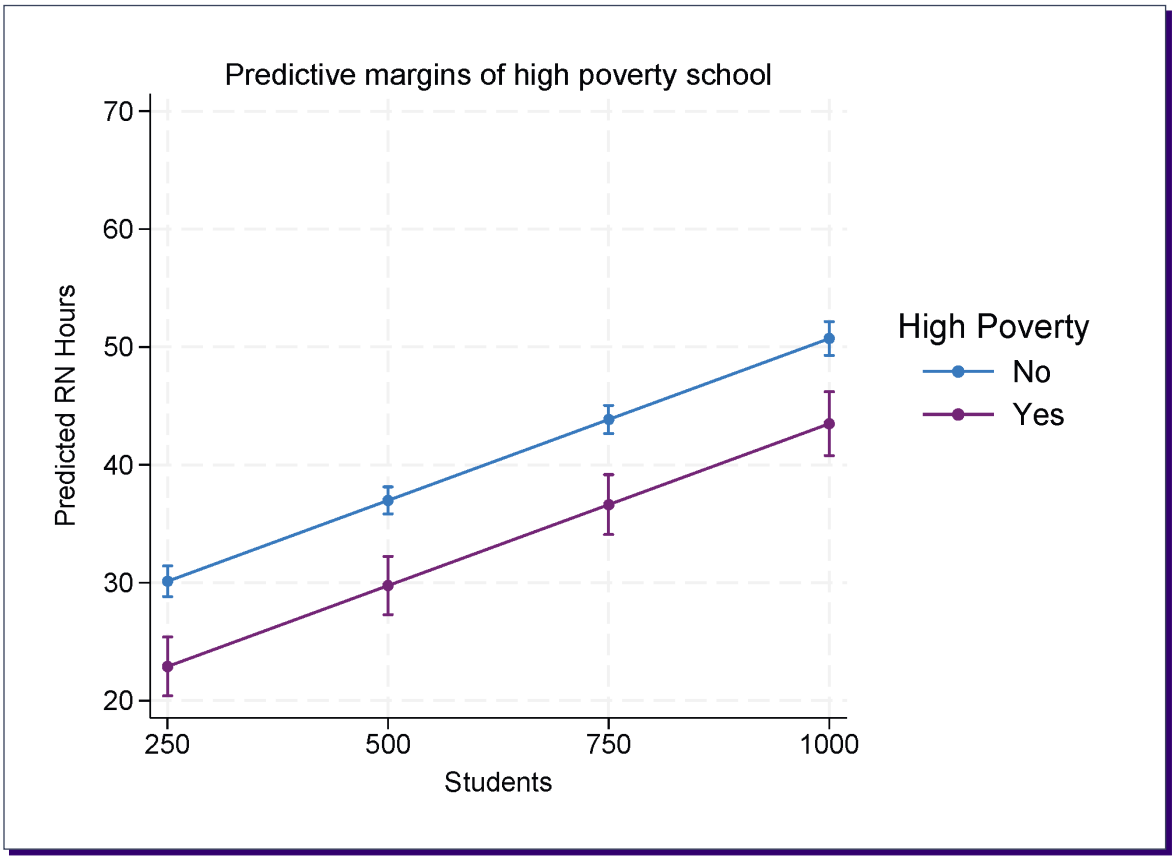
The mean number of total hours of healthcare coverage that schools receive per week is 46.7 hours. This denotes the total number of hours that a school receives inclusive of all nurses (RN & LPN), UAP and other health dedicated staff. The mean number of RN hours that schools receive is 36.9 per school. Because only 41% of the nurses from responding schools are Certified School Nurses, the mean number of Certified School Nurse hours that schools receive is significantly less.

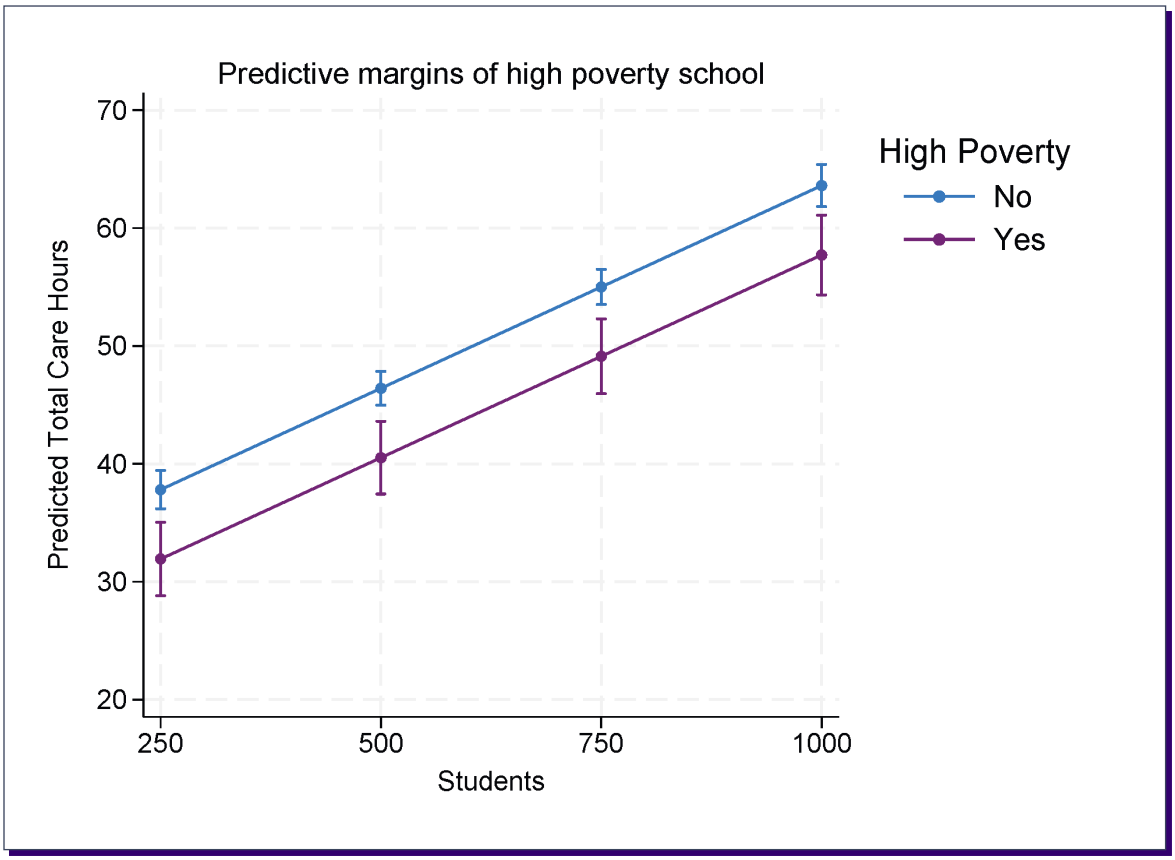
The figures below demonstrate that rural and high poverty schools had significantly fewer hours of healthcare coverage compared to urban and not high-poverty schools respectively. This pattern remains the same when calculating RN-only hours.

Within urban schools, urban high-poverty schools have 6.9 fewer hours of healthcare coverage compared to urban low-poverty schools; $t = 3.74$, $p < .001$, indicating a significant difference.




Predictive margins of urbanicity
Predicted Total Care Hours
70
60
50
40
30
20
250
500
750
1000
Students
Urban
Rural


Predictive margins of high poverty school
Predicted RN Hours
70
60
50
40
30
20
250
500
750
1000
Students
High Poverty
No
Yes

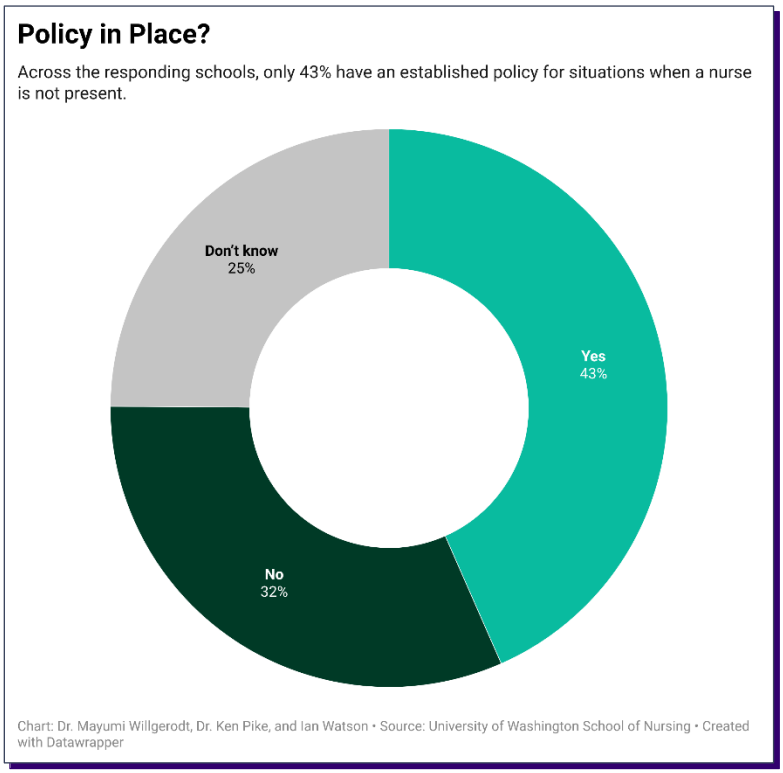

Predictive margins of high poverty school
Predicted Total Care Hours
70
60
50
40
30
20
250
500
750
1000
Students
High Poverty
No
Yes

## Policies and Practices Related to Nursing Coverage

Regarding institutional protocols for student health, fewer than half of the respondents (43%) reported that their school maintains a formal, written policy designating who is authorized to provide care when a nurse is not present. Nearly a third of respondents (32%) indicated the absence of such guidelines, while the remaining quarter (25%) expressed uncertainty about their school's policy status.

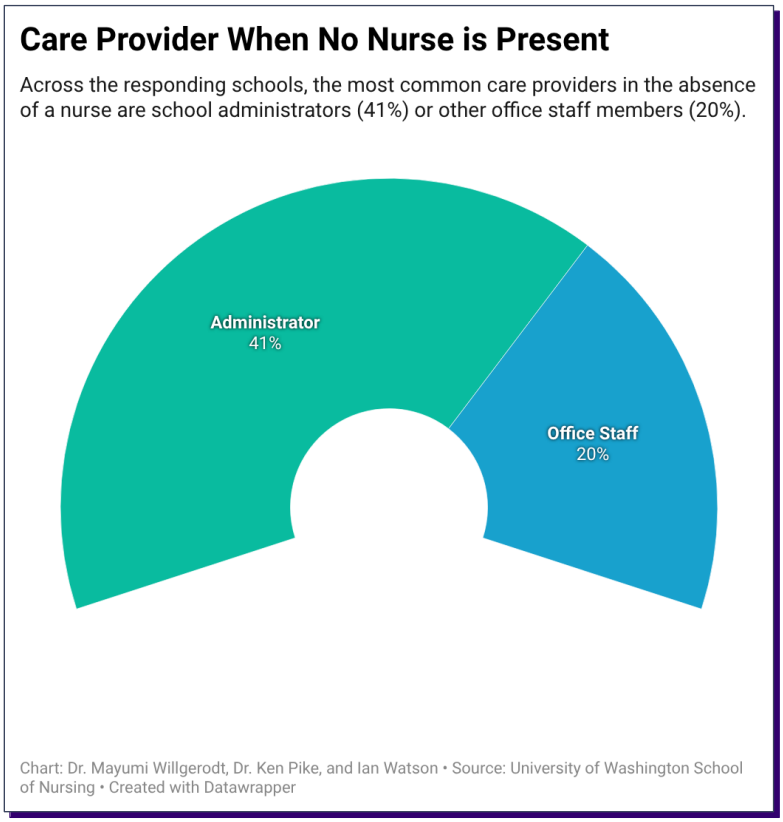
Furthermore, the data reveals that when a nurse is unavailable, the responsibility of administering care predominantly defaults to non-medical personnel, specifically school administrators or general office staff.

### *Existence of policy on healthcare coverage*




| Written policy on who provides care | n (%) |
|---|---|
| Yes | 660 (43.4%) |
| No | 482 (31.7%) |
| Don't Know | 378 (24.9%) |

*Provision of care when no nurse is present*




| When there isn't a nurse in the building, who provides health services? | n (%) |
|---|---|
| Staff member(s) with nursing/medical background | 59 (3.8%) |
| Teacher(s) | 2 (0.1%) |
| School administrator(s) | 629 (41.0%) |
| Office staff | 306 (19.9%) |
| Volunteer(s) with nursing/medical background | 2 (0.1%) |
| Volunteer(s) without nursing/medical background | 4 (0.3%) |
| Athletic trainer/coach | 7 (0.5%) |
| Nurse is always in the building | 372 (24.2%) |
| Other | 155 (10.1%) |

## Schools without school nursing services

To better understand the absence of dedicated healthcare staff, schools without a current nurse (PEL-CSN or otherwise) were queried regarding their reasons for non-employment and their alternative health service providers. Within this subset, the majority of schools (n = 35; 79.6%) have never employed a nurse, while a smaller proportion (n = 9; 20.4%) reported having previously employed one.

Among schools that previously employed a nurse, the vast majority (90%) reported being without a nurse for more than three years. These schools primarily attributed the ongoing absence to funding deficits (approximately 50%) and non-COVID-related resignations (approximately 50%). Conversely, institutions that had never employed a nurse cited insufficient student enrollment (70%) and budgetary constraints (51%) as their primary barriers. In the absence of dedicated nursing professionals, health services across these schools are predominantly managed by alternative personnel, including administrators, office staff, and other employees possessing some medical background.

*Schools that previously employed a nurse*

| | n (%) |
|---|---|
| **Length of time without a nurse** | |
| Less than 1 year | 1 (11.1%) |
| 1-3 years | --- |
| More than 3 years | 8 (89.9%) |
| **Why no nurse currently** | |
| No need | 1 (11.1%) |
| Lack of funding | 4 (44.4%) |
| Presently in process of hiring | --- |
| Nurse resigned because of Covid | --- |
| Nurse resigned for other reasons | 5 (55.5%) |
| **Who provides health services** | |
| Staff with nursing/medical background | 3 (33.3%) |
| Teacher | 2 (22.2%) |
| School administrator | 3 (33.3%) |
| Office Staff | 8 (88.9%) |
| Volunteer with nursing/medical background | --- |
| Athletic trainer/coach | --- |
| Other | 1 (11.1%) |

*Schools that have never employed a nurse*

| | n (%) |
|---|---|
| Reasons (not mutually exclusive) | |
| Budget limitations | 24 (51.1%) |
| School size doesn't warrant | 33 (70.2%) |
| School utilizes volunteers | 2 (4.3%) |
| School has access to school-based health center | 1 (2.1%) |
| Never considered having a nurse | 7 (14.9%) |
| Other | 5 (10.6%) |
| | |
| Who provided health services | |
| Staff with nursing/medical background | 59 (3.8%) |
| Teacher | 2 (0.1%) |
| School administrator | 628 (40.9%) |
| Office Staff | 306 (19.9%) |
| Volunteer with nursing/medical background | 2 (0.1%) |
| Volunteer without nursing/medical background | 4 (0.3%) |
| Athletic trainer/coach | 7 (0.5%) |
| Nurse always in the building | 372 (24.2%) |
| Other | 290 (23.7%) |

# Key Takeaways and Actionable Recommendations

The findings from this study yielded several key insights, which are summarized below. These insights are followed by actionable recommendations developed by the project team. The recommendations are informed by findings from other national studies examining the school nursing workforce and were further refined through consultation with school nursing leaders nationally and in Illinois. The Illinois State Board of Education is not obligated to adopt or implement the recommendations presented in this white paper.

## Workforce Distribution

The findings reveal significant inequities in the distribution of the school nursing workforce across Illinois. Although most schools report access to some type of health personnel, 14% report no access to a registered nurse (RN). Among those schools without RN access, services are primarily delivered by licensed practical nurses (LPNs) and unlicensed assistive personnel (UAPs), and nearly one-third of these schools report no access to any healthcare staff at all.

Approximately 90% of schools without an RN have lacked one for more than three years, indicating a structural gap in staffing. Nearly half of these schools attribute the absence of an RN to a lack of dedicated funding. As a result, the health needs of a substantial number of Illinois youth are being managed by families or unlicensed personnel, creating potential risks to student safety, care quality, and legal compliance.

Even after controlling for enrollment, disparities persist across geography and income. Rural and high-poverty schools employ fewer RNs than urban and well-resourced schools. Urban schools are more likely to employ full-time nurses, while rural schools disproportionately rely on part-time or shared staffing models. Furthermore, urban high-poverty schools receive significantly fewer healthcare service hours than urban low-poverty schools.

These inequities in both staffing and service hours demonstrate a continued disparity in resource allocation for schools serving the highest-need and most vulnerable students.

Additionally, inadequate nurse staffing may result in missed opportunities for Medicaid reimbursement. Without appropriate RN documentation and oversight, districts may be unable to claim eligible services and receive funds that could otherwise be reinvested directly into student health infrastructure.

### *Actionable Recommendations*

- **Integrate Data Collection**: Require districts to integrate school nurse staffing data into the annual Employment Information System (EIS) data collection. Include specific codes for "1:1 Nurse," "Building Nurse," and "Health Aide" to differentiate between the different types of non-certified school nurses employed and ensure the accurate counting of nurses and calculation of ratios.
- **Track Health Indicators**: Require the collection of select health indicators (e.g., chronic illness prevalence, mental health referrals, emergency medication administration) and service indicators (e.g. number of student visits to health room) to track and align staffing for schools with high levels of health needs or social drivers. The National Association of School Nurses Every Student Counts is a national data

collection effort to standardize and facilitate cross-comparisons across districts and may serve as a model in this regard.

- **Establish Consortia**: Create regional nurse staffing consortia to reduce inequities across small districts, using the Washington State School Nurse Corps as a model.
- **Reinvest Funds**: Require schools to reinvest a portion of reimbursed Medicaid funds into nursing services.

## Credentialing

Less than half of the schools in this study employ Certified School Nurses (PEL-CSN). Certified School Nurses receive specialized preparation in Illinois-specific laws, educational regulations, care coordination, and school-based clinical practice. Certification ensures that nurses possess the competencies required to safely manage complex health conditions in educational settings.

Non-certified RNs are employed as classified staff, often at lower pay scales. This creates both workforce instability and potential safety concerns. The disparity in certified and non-certified (i.e. classified) nurses providing care raises questions about the consistency of care quality, legal preparedness, and equity in student health protections.

The IEP-Designee designation, which was originally intended as a temporary measure during a workforce shortage, has become widely used, with 36% of nurses currently holding this status. This suggests that stop-gap mechanisms are being utilized as long-term substitutes for full certification pathways.

Additionally, only 60% of RNs hold vision and hearing certification. This implies that mandated screenings may be conducted by non-licensed personnel or not at all, potentially affecting students' educational success and exposing schools to compliance and quality concerns.

Overall, the findings suggest that systemic workarounds are being used to address workforce shortages rather than investing in structured credentialing pipelines.

### *Actionable Recommendations*

- **Expand Certification Pipelines**: Develop partnerships among state agencies, universities, and professional associations to create online and hybrid certification programs or cohort-based district sponsorship models.
- **Incentivize High-Need Placements**: Subsidize certification costs in exchange for service commitments in high-need districts, mirroring public health service models.
- **Regulate Temporary Designations**: Require the submission of a documented, time-bound certification plan for any nurse operating under an IEP-Designee status.
- **Optimize Screening Certifications and Accessibility**: Track the frequency of hearing and vision certification offerings, ensuring they are available at times and via delivery methods conducive to school health staff attendance. Assess the methods of hearing and vision screening to ensure alignment with evidence-based practices, while structuring the methods of training/certification so that they are accessible to all nurses in the school setting.

## Operations

Less than half of respondents report having a clear, written policy outlining who provides healthcare services when a nurse, regardless of certification status, is not present. Nearly one-quarter are unsure whether such a policy exists. Concerningly, when a nurse is absent, a school administrator reportedly provides healthcare 40% of the time.

These findings suggest substantial operational risk. In the absence of clear policy guidance, schools may expose students to unsafe care practices and districts to legal liability – particularly given the stocking of emergency medications that require RN oversight or delegation.

The absence of standardized coverage protocols undermines continuity of care, regulatory compliance, and emergency preparedness.

### *Actionable recommendations*

- **Mandate Standardized Coverage Plans**: Require districts to submit annual nurse coverage plans for every school. To support this, develop a state-approved template for nurse absence coverage.
- **Define Core Policy Components**: Ensure district policies explicitly outline delegation protocols, emergency medication procedures, communication chains, and liability coverage.
- **Align Medication Guidelines**: Develop state-approved medication administration guidelines aligned with the Illinois Nurse Practice Act to ensure safe practices when licensed personnel are unavailable.
- **Implement Mandatory Training**: Require policy review during new employee orientation of all nurses, and mandate comprehensive documentation training for any non-medical staff expected to provide health support.

# References

National Association of School Nurses. (2022). *School Nursing: Scope and Standards of Practice* (4 ed.).

Wu, M.-J., Zhao, K., & Fils-Aime, F. (2022). *Response rates of online surveys in published research: A meta-analysis* (Vol. 7). Computers in Human Behavior Reports. doi:10.1016/j.chbr.2022.100206

# Appendix 1

| Regional Office of Education | Number of Schools | Completed surveys | Percent Completed |
|---|---|---|---|
| **Total** | **3,717** | **1,593** | **42.9%** |
| ROE 1 - Adam/Brwn/Cass/Morgn/Pik/Sctt ROE | 63 | 22 | 34.9% |
| ROE 3 - Bnd/Chrstn/Effngh/Fytt/Mntgmr ROE | 60 | 39 | 65.0% |
| ROE 4 - Boone/Winnebago ROE | 93 | 42 | 45.2% |
| ROE 8 - Carroll/Jo Daviess/Stephenson ROE | 41 | 8 | 19.5% |
| ROE 9 - Champaign/Ford ROE | 57 | 27 | 47.4% |
| ROE 11 - Clk/Cls/Cmbn/Dglas/Edgr/Mltr/Shlb | 73 | 24 | 32.9% |
| ROE 12 - Clay/Cwford/Jsper/Lwrnce/Rhland | 31 | 6 | 19.4% |
| ROE 13 - Clintn/Jeffrsn/Marin/Washngtn ROE | 69 | 25 | 36.2% |
| ROE 16 - De Kalb ROE | 39 | 30 | 76.9% |
| ROE 17 - DeWitt/Livingstn/Logan/McLean ROE | 96 | 56 | 58.3% |
| ROE 19 - DuPage ROE | 233 | 131 | 56.2% |
| ROE 20 - Edw/Glt/Hlt/Hdn/Pop/Sln/Wbh/Wn/Wh | 52 | 18 | 34.6% |
| ROE 21 - Frankln/Johnsn/Massc/Willimsn ROE | 56 | 17 | 30.4% |
| ROE 24 - Grundy/Kendall ROE | 61 | 32 | 52.5% |
| ROE 26 - Hancck/Fultn/Schuylr/McDonogh ROE | 45 | 18 | 40.0% |
| ROE 28 - Bureau/Henry/Stark ROE | 50 | 21 | 42.0% |
| ROE 30 - Alxndr/Jcksn/Pulsk/Prry/Union ROE | 51 | 18 | 35.3% |
| ROE 31 - Kane ROE | 159 | 132 | 83.0% |
| ROE 32 - Iroquois/Kankakee ROE | 55 | 25 | 45.5% |
| ROE 33 - Henderson/Knox/Mercer/Warren ROE | 35 | 13 | 37.1% |
| ROE 34 - Lake ROE | 188 | 124 | 66.0% |
| ROE 35 - La Salle/Marshall/Putnam ROE | 52 | 24 | 46.2% |
| ROE 39 - Macon/Piatt ROE | 47 | 34 | 72.3% |
| ROE 40 - Calhoun/Greene/Jersy/Macoupin ROE | 41 | 20 | 48.8% |
| ROE 41 - Madison ROE | 71 | 21 | 29.6% |
| ROE 44 - McHenry ROE | 74 | 30 | 40.5% |
| ROE 45 - Monroe/Randolph ROE | 25 | 14 | 56.0% |
| ROE 47 - Lee/Ogle/Whiteside ROE | 62 | 41 | 66.1% |
| ROE 48 - Peoria ROE | 65 | 42 | 64.6% |
| ROE 49 - Rock Island ROE | 49 | 23 | 46.9% |
| ROE 50 - St Clair ROE | 78 | 38 | 48.7% |
| ROE 51 - Menard/Sangamon ROE | 71 | 13 | 18.3% |
| ROE 53 - Mason/Tazewell/Woodford ROE | 81 | 50 | 61.7% |
| ROE 54 - Vermilion ROE | 35 | 8 | 22.9% |
| ROE 56 - Will ROE | 151 | 108 | 71.5% |
| ROE - City of Chicago | 611 | 2 | 0.3% |
| ROE - Region 05 North Cook ISC 1 | 212 | 145 | 68.4% |
| ROE - Region 06 West Cook ISC 2 | 137 | 43 | 31.4% |
| ROE - Region 07 South Cook ISC 4 | 248 | 109 | 44.0% |

# Attachment A

On the following pages you will find the contact information survey form. There are two copies of this form provided to show conditional/display logic contained within the survey. For example, if the user were to select “School health services personnel” in the “What is their role?” question, the survey will display the “What is the name of the school they work in?” question. Once this survey is completed, it automatically sends an email to the contact identified within this form to complete the full survey (Attachment B).

# Illinois State School Health Services Contact Form

A A A

**What is the name of your district?**

* must provide value

**Please identify the best person to provide information about health services for the schools in your district.**

*Note: If you are the best person, please enter your own information.*

**What is their role?**

* must provide value

- Superintendent
- District health lead
- School health services personnel

**What is their first name?**

* must provide value

**What is their last name?**

* must provide value

**What is their email address?**

* must provide value

Submit and

**If you supervise multiple districts, click here to complete this form again.**

– or –

**Submit**

Powered by REDCap - Cookie policy

# Illinois State School Health Services Contact Form

AAA

**What is the name of your district?**

* must provide value

**Please identify the best person to provide information about health services for the schools in your district.**

*Note: If you are the best person, please enter your own information.*

**What is their role?**

* must provide value

- ○ Superintendent
- ○ District health lead
- ◉ School health services personnel

**What is their first name?**

* must provide value

**What is their last name?**

* must provide value

**What is their email address?**

* must provide value

**What is the name of the school they work in?**

*Instructions: Use the drop-down menu or type the first few letters of each option in the blank fields to search. You will encounter an error if you click on the school drop-down menu. To close the error, click the drop-down menu again. Then type the first 4 letters of the school in the blank field and select the school from the options.*

* must provide value

Submit and

**If you supervise multiple districts, click here to complete this form again.**

– or –

**Submit**

Powered by REDCap - Cookie policy

# Attachment B

On the following pages you will find the full survey form. There are three copies of this form provided to show conditional/display logic contained within the survey. There is only one version of the survey.

# Illinois State School Health Services Workforce Survey

A A A

Thank you for taking part in this short survey about school health services in Illinois. **Even if your school does not have any school health personnel, please access this survey to complete a few basic questions.**

Please keep the following in mind while completing the survey:

- Even schools without designated school health personnel are asked to complete the survey.
- If you are a school health professional who oversee staff in more than 1 school, please complete the survey for each school. You will see a button at the end of the survey that will take you back to the start of the survey.
- School names may appear different in the survey than what you are used to. Please click on the formal name of your school to align with the ISBE Directory of Educational Entities.

## Participant Information

*Please enter your name and e-mail address. To fill the remaining information, please type the first four letters of the answer and then select the appropriate full answer.*

**First Name**

**Last Name**

**E-Mail**

**Regional Office of Education**

**County**

**District**

**School**

## Information about **Example School**

**Does Example School have any kind of health staff (e.g., nurse, health aide) providing health services?**

* must provide value

- (●) Yes
- ( ) No

**If any of them are nurses, who employs them?**

- ( ) Regional Office of Education
- ( ) School District
- ( ) Public Health Department
- ( ) Hospital
- ( ) Agency
- ( ) I don't know

## Now we would like to know a little about the health care staff in **Example School**.

**How many 1:1 nurses work in this school?**

**EXCLUDING** the 1:1 nurses, the following questions are about **EACH** health care person in Example School.

**How many RNs?**

* must provide value

1

Excluding 1:1 RNs

| | | |
|---|---|---|
| **RN#1 School Information** | **RN#1 Schools**<br>○ One<br>○ Two<br>● Three | **School #1**<br><br>**School #2**<br><br>**School #3** |
| **RN#1 Education** | **Highest Level of Nursing Education** | **IL-CSN**<br>○ No<br>○ Yes<br><br>**IEP-Designee**<br>○ No<br>○ Yes<br>**Hearing/vision certified**<br>○ Yes<br>○ No<br>**Certified through the National Board for Certification of School Nurses?** |
| **Please indicate the days and number of hours this RN works in the school.**<br>**(4 hours = 1/2 school day; please round up to the nearest whole number)** | **Day** | **Hours** |
| | **Monday AM** | |
| | **Monday PM** | |
| | **Tuesday AM** | |
| | **Tuesday PM** | |
| | **Wednesday AM** | |
| | **Wednesday PM** | |
| | **Thursday AM** | |
| | **Thursday PM** | |
| | **Friday AM** | |
| | **Friday PM** | |

**How many LPNs?**

* must provide value

1

Excluding 1:1 LPNs

| | | |
|---|---|---|
| **LPN#1 Information** | **LPN#1 Schools**<br>● One<br>○ Two<br>○ Three | **School #1** |

**Highest Level of Nursing Education**

| Please indicate the days and number of hours this LPN works in the school.<br>(4 hours = 1/2 school day; please round up to the nearest whole number) | Day | Hours |
|---|---|---|
| | Monday AM | |
| | Monday PM | |
| | Tuesday AM | |
| | Tuesday PM | |
| | Wednesday AM | |
| | Wednesday PM | |
| | Thursday AM | |
| | Thursday PM | |
| | Friday AM | |
| | Friday PM | |

**How many APRNs?**

* must provide value

1

Excluding 1:1 APRNs

| | | |
|---|---|---|
| **APRN#1 School Information** | **APRN#1 Schools**<br>○ One<br>◉ Two<br>○ Three | **School #1**<br>**School #2** |
| **APRN#1 Education** | **Highest Level of Nursing Education** | **IL-CSN**<br>○ No<br>○ Yes<br>**IEP-Designee**<br>○ No<br>○ Yes<br>**Hearing/vision certified**<br>○ Yes<br>○ No<br>**Certified through the National Board for Certification of School Nurses?** |

| Please indicate the days and number of hours this APRN works in the school.<br>(4 hours = 1/2 school day; please round up to the nearest whole number) | Day | Hours |
|---|---|---|
| | Monday AM | |
| | Monday PM | |
| | Tuesday AM | |
| | Tuesday PM | |
| | Wednesday AM | |
| | Wednesday PM | |
| | Thursday AM | |
| | Thursday PM | |
| | Friday AM | |
| | Friday PM | |

**How many UAPs/health aids/certified nursing assistants/ medical assistants are assigned to the health office?**

1

Excluding 1:1 UAPs

* must provide value

| UAP#1<br>Information | | |
|---|---|---|
| Please indicate the days and number of hours this UAP/health aid/certified nursing assistant/ medical assistant works in the school.<br>(4 hours = 1/2 school day; please round up to the nearest whole number) | Day | Hours |
| | Monday AM | |
| | Monday PM | |
| | Tuesday AM | |
| | Tuesday PM | |
| | Wednesday AM | |
| | Wednesday PM | |
| | Thursday AM | |
| | Thursday PM | |
| | Friday AM | |
| | Friday PM | |

**Counting up the hours that ALL heath care staff are assigned to provide health care, what is the total number of hours per week your school is allocated?**

**When there isn't a nurse in the building, who provides health services?**

- ( ) Staff member(s) with nursing/medical background
- ( ) Teacher(s)
- ( ) School administrator(s)
- ( ) Office staff
- ( ) Volunteer(s) with nursing/medical background
- ( ) Volunteer(s) without nursing/medical background
- ( ) Athletic trainer/coach
- ( ) Nurse is always in the building
- (•) Other

**Please specify:**

**Is there a written policy in place where it states who provides health services if there is no nurse?**

Submit and

If you have more than one school, click here to compete the survey for your next school.

– or –

Submit

Powered by REDCap - Cookie policy

# Illinois State School Health Services Workforce Survey

A A A

Thank you for taking part in this short survey about school health services in Illinois. **Even if your school does not have any school health personnel, please access this survey to complete a few basic questions.**

Please keep the following in mind while completing the survey:

- Even schools without designated school health personnel are asked to complete the survey.
- If you are a school health professional who oversee staff in more than 1 school, please complete the survey for each school. You will see a button at the end of the survey that will take you back to the start of the survey.
- School names may appear different in the survey than what you are used to. Please click on the formal name of your school to align with the ISBE Directory of Educational Entities.

## Participant Information

*Please enter your name and e-mail address. To fill the remaining information, please type the first four letters of the answer and then select the appropriate full answer.*

**First Name**

**Last Name**

**E-Mail**

**Regional Office of Education**

**County**

**District**

**School**

## Information about **Example School**

**Does Example School have any kind of health staff (e.g., nurse, health aide) providing health services?**

* must provide value

- ( ) Yes
- (•) No

**Have you ever had a school nurse at Example School?**

- ( ) Yes
- (•) No

**Are any of the following reasons that Example School has <u>never</u> had a school nurse?**

- [ ] Budget limitations
- [ ] School size doesn't warrant a full or part-time school nurse
- [ ] The school utilizes volunteers to provide school health services
- [ ] The school has access to a school-based health center

- [ ] Your school has not previously considered supporting a school nurse
- [ ] Other

Check as many as apply

**If there is no school nurse, who provides health services in Example School?**

- [ ] Staff member(s) with nursing/medical background
- [ ] Teacher(s)
- [ ] School administrator(s)
- [ ] Office staff
- [ ] Volunteer(s) with nursing/medical background
- [ ] Volunteer(s) without nursing/medical background
- [ ] Athletic trainer/coach
- [ ] Other

Check as many as apply

Submit and

If you have more than one school, click here to compete the survey for your next school.

– or –

Submit

Powered by REDCap - Cookie policy

# Illinois State School Health Services Workforce Survey

A A A

Thank you for taking part in this short survey about school health services in Illinois. **Even if your school does not have any school health personnel, please access this survey to complete a few basic questions.**

Please keep the following in mind while completing the survey:

- Even schools without designated school health personnel are asked to complete the survey.
- If you are a school health professional who oversee staff in more than 1 school, please complete the survey for each school. You will see a button at the end of the survey that will take you back to the start of the survey.
- School names may appear different in the survey than what you are used to. Please click on the formal name of your school to align with the ISBE Directory of Educational Entities.

## Participant Information

*Please enter your name and e-mail address. To fill the remaining information, please type the first four letters of the answer and then select the appropriate full answer.*

**First Name**

**Last Name**

**E-Mail**

**Regional Office of Education**

**County**

**District**

**School**

## Information about **Example School**

**Does Example School have any kind of health staff (e.g., nurse, health aide) providing health services?**

* must provide value

- ( ) Yes
- (•) No

**Have you ever had a school nurse at Example School?**

- (•) Yes
- ( ) No

**How long has Example School been without a school nurse?**

- ( ) Less than 1 year
- ( ) 1 to 3 years
- ( ) More than 3 years

**Why doesn't your school have a nurse?**

- [ ] No need
- [ ] Lack of funding

- [ ] Presently in process of hiring
- [ ] The nurse(s) resigned because of COVID
- [ ] The nurse(s) resigned for other reasons
- [ ] Other

Check as many as apply

**If there is no school nurse, who provides health services in Example School?**

- [ ] Staff member(s) with nursing/medical background
- [ ] Teacher(s)
- [ ] School administrator(s)
- [ ] Office staff
- [ ] Volunteer(s) with nursing/medical background
- [ ] Volunteer(s) without nursing/medical background
- [ ] Athletic trainer/coach
- [ ] Other

Check as many as apply

Submit and

If you have more than one school, click here to compete the survey for your next school.

– or –

Submit

Powered by REDCap - Cookie policy