

**California Department of Education
 Audited Attendance and Fiscal Report for
 California State Preschool Programs with
 Early Childhood Mental Health Consultation Services
 Santa Clara Pilot**

Fiscal Year Ending

Contract Number

Vendor Code

A U D 8501MHCS-SC Page 1 of 12

Full Name of Contractor

Section 1 - Days of Enrollment Certified Children in Classrooms with Mental Health Consultation Services Recipient(s)

Enrollment Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
Three Years and Older Full-time-plus					
Three Years and Older Full-time					
Three Years and Older Three-quarters-time					
Three Years and Older One-half-time					
Exceptional Needs Full-time-plus					
Exceptional Needs Full-time					
Exceptional Needs Three-quarters-time					
Exceptional Needs One-half-time					
Limited and Non-English Proficient Full-time-plus					
Limited and Non-English Proficient Full-time					
Limited and Non-English Proficient Three-quarters-time					
Limited and Non-English Proficient One-half-time					

Full Name of Contractor

Section 1 - Days of Enrollment Certified Children in Classrooms with Mental Health Consultation Services Recipient(s) (continued)

Enrollment Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
At Risk of Abuse or Neglect Full-time-plus					
At Risk of Abuse or Neglect Full-time					
At Risk of Abuse or Neglect Three-quarters-time					
At Risk of Abuse or Neglect One-half-time					
Severely Disabled Full-time-plus					
Severely Disabled Full-time					
Severely Disabled Three-quarters-time					
Severely Disabled One-half-time					
TOTAL CERTIFIED DAYS OF ENROLLMENT WITH MENTAL HEALTH CONSULTATION SERVICES RECIPIENT(S)					
DAYS OF OPERATION					
DAYS OF ATTENDANCE					

NO MENTAL HEALTH CONSULTATION SERVICES RECIPIENT(S) NON-CERTIFIED CHILDREN Check this box (omit pages 3 and 4) and continue to Certified Children Section on page 5.

Full Name of Contractor

Section 2 - Days of Enrollment Non-Certified Children with Mental Health Consultation Services Recipient(s)

Enrollment Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
Toddlers (18 up to 36 months) Full-time-plus					
Toddlers (18 up to 36 months) Full-time					
Toddlers (18 up to 36 months) Three-quarters-time					
Toddlers (18 up to 36 months) One-half-time					
Three Years and Older Full-time-plus					
Three Years and Older Full-time					
Three Years and Older Three-quarters-time					
Three Years and Older One-half-time					
Exceptional Needs Full-time-plus					
Exceptional Needs Full-time					
Exceptional Needs Three-quarters-time					
Exceptional Needs One-half-time					

Full Name of Contractor

Section 2 - Days of Enrollment Non-Certified Children with Mental Health Consultation Services Recipient(s) (continued)

Enrollment Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
Limited and Non-English Proficient Full-time-plus					
Limited and Non-English Proficient Full-time					
Limited and Non-English Proficient Three-quarters-time					
Limited and Non-English Proficient One-half-time					
At Risk of Abuse or Neglect Full-time-plus					
At Risk of Abuse or Neglect Full-time					
At Risk of Abuse or Neglect Three-quarters-time					
At Risk of Abuse or Neglect One-half-time					
Severely Disabled Full-time-plus				2.3274	
Severely Disabled Full-time				1.9800	
Severely Disabled Three-quarters-time				1.4975	
Severely Disabled One-half-time				1.3531	
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT WITH MENTAL HEALTH CONSULTATION SERVICES RECIPIENT(S)				N/A	

Full Name of Contractor

Section 3 - Days of Enrollment Certified Children

Enrollment Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
Three Years and Older Full-time-plus					
Three Years and Older Full-time					
Three Years and Older Three-quarters-time					
Three Years and Older One-half-time					
Exceptional Needs Full-time-plus					
Exceptional Needs Full-time					
Exceptional Needs Three-quarters-time					
Exceptional Needs One-half-time					
Limited and Non-English Proficient Full-time-plus					
Limited and Non-English Proficient Full-time					
Limited and Non-English Proficient Three-quarters-time					
Limited and Non-English Proficient One-half-time					

Full Name of Contractor

Section 3 - Days of Enrollment Certified Children (continued)

Enrollment Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
At Risk of Abuse or Neglect Full-time-plus					
At Risk of Abuse or Neglect Full-time					
At Risk of Abuse or Neglect Three-quarters-time					
At Risk of Abuse or Neglect One-half-time					
Severely Disabled Full-time-plus					
Severely Disabled Full-time					
Severely Disabled Three-quarters-time					
Severely Disabled One-half-time					
TOTAL DAYS OF ENROLLMENT					
DAYS OF OPERATION					
DAYS OF ATTENDANCE					

NO NON-CERTIFIED CHILDREN Check this box (omit pages 7 and 8) and continue to Revenue Section on page 9.

Full Name of Contractor

Section 4 - Days of Enrollment Non-Certified Children

Enrollment Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Year	Column D Adjustment Factor	Column E Adjusted Days per Audit
Toddlers (18 up to 36 months) Full-time-plus					
Toddlers (18 up to 36 months) Full-time					
Toddlers (18 up to 36 months) Three-quarters-time					
Toddlers (18 up to 36 months) One-half-time					
Three Years and Older Full-time-plus					
Three Years and Older Full-time					
Three Years and Older Three-quarters-time					
Three Years and Older One-half-time					
Exceptional Needs Full-time-plus					
Exceptional Needs Full-time					
Exceptional Needs Three-quarters-time					
Exceptional Needs One-half-time					

Full Name of Contractor

Section 4 - Days of Enrollment Non-Certified Children (continued)

Enrollment Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
Limited and Non-English Proficient Full-time-plus					
Limited and Non-English Proficient Full-time					
Limited and Non-English Proficient Three-quarters-time					
Limited and Non-English Proficient One-half-time					
At Risk of Abuse or Neglect Full-time-plus					
At Risk of Abuse or Neglect Full-time					
At Risk of Abuse or Neglect Three-quarters-time					
At Risk of Abuse or Neglect One-half-time					
Severely Disabled Full-time-plus				2.2774	
Severely Disabled Full-time				1.9300	
Severely Disabled Three-quarters-time				1.4475	
Severely Disabled One-half-time				1.3031	
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT				N/A	

Full Name of Contractor

Section 5 - Revenue

Revenue Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit
Restricted Income - Child Nutrition Programs			
Restricted Income - County Maintenance of Effort (EC Section 8279)			
Restricted Income - Other:			
Restricted Income - Subtotal			
Transfer from Reserve - General			
Transfer from Reserve - Professional Development			
Transfer from Reserve Total			
Waived Family Fees for Certified Children (July - August)			
Family Fees Collected for Certified Children (September - June)			
Waived Family Fees for Certified Children (September - June)			
Family Fees (September - June) - Subtotal			
Interest Earned on Child Development Apportionment Payments			
Unrestricted Income - Fees for Non-Certified Children			
Unrestricted Income - Head Start			
Unrestricted Income - Other:			
Total Revenue			

Comments:

Full Name of Contractor

Section 6 - Reimbursable Expenses

Expense Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit
Direct Payments to Providers (FCCH only)			
1000 Certificated Salaries			
2000 Classified Salaries			
3000 Employee Benefits			
4000 Books and Supplies			
5000 Services and Other Operating Expenses			
6100/6200 Other Approved Capital Outlay			
6400 New Equipment (program-related)			
6500 Equipment Replacement (program-related)			
Depreciation or Use Allowance			
Start-up Expenses (service level exemption)			
Budget Impasse Credit			
Indirect Costs (include in Total Administrative Cost)			
Non-Reimbursable (State use only)			
Total Reimbursable Expenses			
Total Administrative Cost (included in Section 6 above)			
Total Staff Training Cost (included in Section 6 above)			

Approved Indirect Cost Rate:

NO SUPPLEMENTAL REVENUE / EXPENSES Check this box and omit page 11.

Full Name of Contractor

Section 7 - Supplemental Revenue

Revenue Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit
Enhancement Funding			
Other:			
Other:			
Total Supplemental Revenue			

Section 8 - Supplemental Expenses

Expense Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit
1000 Certificated Salaries			
2000 Classified Salaries			
3000 Employee Benefits			
4000 Books and Supplies			
5000 Services and Other Operating Expenses			
6000 Equipment / Capital Outlay			
Depreciation or Use Allowance			
Indirect Costs			
Non-Reimbursable Supplemental Expenses			
Total Supplemental Expenses			

Full Name of Contractor

Section 9 - Summary

Summary Category	Column A Cumulative CDNFS 8501MHCS-SC	Column B Audit Adjustments	Column C Cumulative per Audit
Total Certified Days of Enrollment (including MHCS)			
Days of Operation			
Days of Attendance (including MHCS)			
Restricted Program Income			
Transfer from Reserve			
Family Fees for Certified Children (September - June)			
Interest Earned on Child Development Apportionment Payments			
Direct Payments to Providers			
Start-up Expenses (service level exemption)			
Total Reimbursable Expenses			
Total Administrative Cost			
Total Staff Training Cost			

Total Certified Adjusted Days of Enrollment
(Includes MHCS)

Total Non-Certified Adjusted Days of Enrollment
(Includes MHCS)

Independent auditor's assurances on agency's compliance with the contract funding terms and conditions and program requirements of the California Department of Education, Early Learning and Care Division.

Eligibility, enrollment and attendance records are being maintained as required (select YES or NO from the drop-down box):

Reimbursable expenses claimed on page 10 are eligible for reimbursement, reasonable, necessary, and adequately supported (select YES or NO from the drop-down box):

Include any comments in the comments box on page 9. If necessary, attach additional sheets to explain adjustments.