

Contractor Name:

Contract Number:

**California State Preschool Program – Form 2A
Certified Children Receiving Mental Health Consultation Services
Days of Enrollment and Attendance from July 2021 – December 2021**

Pilot Program:

Enrollment Description	Column A Cumulative FY per CPARIS December Report	Column B Audit Adjustments	Column C Cumulative FY per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
Three Years and Older Full-time-plus				1.2300	
Three Years and Older Full-time				1.0500	
Three Years and Older Three-quarters-time				0.8000	
Three Years and Older One-half-time					
Exceptional Needs Full-time-plus				1.8672	
Exceptional Needs Full-time				1.5900	
Exceptional Needs Three-quarters-time				1.2050	
Exceptional Needs One-half-time					
Limited and Non-English Proficient Full-time-plus				1.3480	
Limited and Non-English Proficient Full-time				1.1500	
Limited and Non-English Proficient Three-quarters-time				0.8750	
Limited and Non-English Proficient One-half-time					

Contractor Name:

Contract Number:

Enrollment Description	Column A Cumulative FY per CPARIS December Report	Column B Audit Adjustments	Column C Cumulative FY per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
At Risk of Abuse or Neglect Full-time-plus				1.3480	
At Risk of Abuse or Neglect Full-time				1.1500	
At Risk of Abuse or Neglect Three-quarters-time				0.8750	
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					
TOTAL CERTIFIED DAYS OF ENROLLMENT WITH MENTAL HEALTH CONSULTATION SERVICES				N/A	

Attendance	Column A Cumulative FY per CPARIS December Report	Column B Audit Adjustments	Column C Cumulative FY per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
DAYS OF ATTENDANCE				N/A	N/A

Enter the sum of Total Certified Days of Enrollment with Mental Health Consultation Services from all Form 2s in the Total Certified Days of Enrollment with Mental Health Consultation Services line of AUD 8501, Section 2.

Enter the sum of Days of Attendance from all Form 1s and Form 2s in the Days of Attendance line of AUD 8501, Section 2.