

**California Department of Education
 Audited Attendance and Fiscal Report for
 California State Preschool Programs
 Early Childhood Mental Health Consultation Services
 San Francisco Pilot
 A U D 8501MHCS-SF Page 1 of 12**

Fiscal Year Ending

Contract Number

Vendor Code

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-SF | 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-SF | 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 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 in Classrooms with Mental Health Consultation Services Recipient(s)

| Enrollment Category | Column A Cumulative CDNFS 8501MHCS-SF | 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 in Classrooms with Mental Health Consultation Services Recipient(s)
(continued)

| Enrollment Category | Column A Cumulative CDNFS 8501MHCS-SF | 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 | | | | | |
| Severely Disabled Full-time | | | | | |
| Severely Disabled Three-quarters-time | | | | | |
| Severely Disabled One-half-time | | | | | |
| TOTAL NON-CERTIFIED DAYS OF ENROLLMENT WITH MENTAL HEALTH CONSULTATION SERVICES RECIPIENT(S) | | | | | |

Full Name of Contractor

Section 3 - Days of Enrollment Certified Children

| Enrollment Category | Column A Cumulative CDNFS 8501MHCS-SF | 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-SF | 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-SF | 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 4 - Days of Enrollment Non-Certified Children (continued)

| Enrollment Category | Column A Cumulative CDNFS 8501MHCS-SF | 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 | | | | | |
| Severely Disabled Full-time | | | | | |
| Severely Disabled Three-quarters-time | | | | | |
| Severely Disabled One-half-time | | | | | |
| TOTAL NON-CERTIFIED DAYS OF ENROLLMENT | | | | | |

Full Name of Contractor

Section 5 - Revenue

| Revenue Category | Column A Cumulative CDNFS 8501MHCS-SF | 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

| Reimbursable Expense Category | Column A Cumulative CDNFS 8501MHCS-SF | 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

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

Section 8 - Supplemental Expenses

| Supplemental Expense Category | Column A Cumulative CDNFS 8501MHCS-SF | 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-SF | 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 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.