CALIFORNIA DEPARTMENT OF EDUCATION
ATTENDANCE AND FISCAL REPORT FOR
CALIFORNIA STATE PRESCHOOL PROGRAMS
CDNFS 8501MHCS EARLY CHILDHOOD
MENTAL HEALTH CONSULTATION SERVICES

Mail completed report to:
California Department of Education
Child Development and
Nutrition Fiscal Services
1430 N Street, Suite 2213
Sacramento, CA 95814-5901

Report Month/Year

Fiscal Analyst

Contract Number

County

Vendor Code

Full Name of Contractor

Days of Enrollment Certified Children in Classrooms With Mental Health Consultant Services Recipient(s)	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Three Years and Older Full-time-plus				1.23	0
Three Years and Older Full-time				1.05	0
Three Years and Older Three-quarters-time				.80	0
Three Years and Older One-half-time				.6693	0
Exceptional Needs Full-time-plus				1.6666	0
Exceptional Needs Full-time				1.42	0
Exceptional Needs Three-quarters-time				1.0775	0
Exceptional Needs One-half-time				.6693	0
Limited and Non-English Proficient Full-time-plus				1.348	0
Limited and Non-English Proficient Full-time				1.15	0
Limited and Non-English Proficient Three-quarters-time				.875	0
Limited and Non-English Proficient One-half-time				.6693	0

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Full Name of Contractor

Days of Enrollment Certified Children in Classrooms Including Mental Health Consultant Services Recipient(s)	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
At Risk of Abuse or Neglect Full-time-plus				1.348	0
At Risk of Abuse or Neglect Full-time				1.15	0
At Risk of Abuse or Neglect Three-quarters-time				.875	0
At Risk of Abuse or Neglect One-half-time				.6693	0
Severely Disabled Full-time-plus				2.0737	0
Severely Disabled Full-time				1.765	0
Severely Disabled Three-quarters-time				1.3363	0
Severely Disabled One-half-time				.6693	0
TOTAL DAYS OF ENROLLMENT				N/A	0
DAYS OF OPERATION				N/A	N/A
DAYS OF ATTENDANCE				N/A	N/A

☐ NO NON-CERTIFIED CHILDREN Check this box (omit pages 3-5) and continue to Certified Children Section on page 6.

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Full Name of Contractor

Non-Certified Children With Mental Health Consultant Services Recipient(s)	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Toddlers (18 up to 36 months) Full-time-plus				1.938	0
Toddlers (18 up to 36 months) Full-time				1.6500	0
Toddlers (18 up to 36 months) Three-quarters-time				1.2500	0
Toddlers (18 up to 36 months) One-half-time				.6693	0
Three Years and Older Full-time-plus				1.2300	0
Three Years and Older Full-time				1.0500	0
Three Years and Older Three-quarters-time				.8000	0
Three Years and Older One-half-time				.6693	0
Exceptional Needs Full-time-plus				1.6666	0
Exceptional Needs Full-time				1.4200	0
Exceptional Needs Three-quarters-time				1.0775	0
Exceptional Needs One-half-time				.6693	0

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Non-Certified Children With Mental Health Consultant Services Recipient(s)	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Limited and Non-English Proficient Full-time-plus				1.3480	0
Limited and Non-English Proficient Full-time				1.1500	0
Limited and Non-English Proficient Three-quarters-time				.8750	0
Limited and Non-English Proficient One-half-time				.6693	0
At Risk of Abuse or Neglect Full-time-plus				1.3480	0
At Risk of Abuse or Neglect Full-time				1.1500	0
At Risk of Abuse or Neglect Three-quarters-time				.8750	0
At Risk of Abuse or Neglect One-half-time				.6693	0

CALIFORNIA DEPARTMENT OF EDUCATION
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CALIFORNIA STATE PRESCHOOL PROGRAMS
CDNFS 8501MHCS EARLY CHILDHOOD
MENTAL HEALTH CONSULTATION SERVICES

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Full Name of Contractor

Non-Certified Children With Mental Health Consultant Services Recipient(s)	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Severely Disabled Full-time-plus				2.0737	0
Severely Disabled Full-time				1.7650	0
Severely Disabled Three-quarters-time				1.3363	0
Severely Disabled One-half-time				.6693	0
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT With Mental Health Consultant Services Recipient(s)				N/A	0

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CDNFS 8501MHCS EARLY CHILDHOOD
MENTAL HEALTH CONSULTATION SERVICES

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Full Name of Contractor

Days of Enrollment Certified Children	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Three Years and Older Full-time-plus				1.18	0
Three Years and Older Full-time				1.0000	0
Three Years and Older Three-quarters-time				.7500	0
Three Years and Older One-half-time				.6193	0
Exceptional Needs Full-time-plus				1.6166	0
Exceptional Needs Full-time				1.3700	0
Exceptional Needs Three-quarters-time				1.0275	0
Exceptional Needs One-half-time				.6193	0
Limited and Non-English Proficient Full-time-plus				1.2980	0
Limited and Non-English Proficient Full-time				1.1000	0
Limited and Non-English Proficient Three-quarters-time				.8250	0
Limited and Non-English Proficient One-half-time				.6193	0

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Days of Enrollment Certified Children	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
At Risk of Abuse or Neglect Full-time-plus				1.2980	0
At Risk of Abuse or Neglect Full-time				1.1000	0
At Risk of Abuse or Neglect Three-quarters-time				.8250	0
At Risk of Abuse or Neglect One-half-time				.6193	0
Severely Disabled Full-time-plus				2.0237	0
Severely Disabled Full-time				1.7150	0
Severely Disabled Three-quarters-time				1.2863	0
Severely Disabled One-half-time				.6193	0
TOTAL DAYS OF ENROLLMENT				N/A	0
DAYS OF OPERATION				N/A	N/A
DAYS OF ATTENDANCE				N/A	N/A

☐ NO NON-CERTIFIED CHILDREN Check this box (omit pages 8-10) and continue to Revenue Section on page 11.

Mail completed report to:
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Report Month/Year

Fiscal Analyst

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Full Name of Contractor

Non-Certified Children	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Toddlers (18 up to 36 months) Full-time-plus				1.8880	0
Toddlers (18 up to 36 months) Full-time				1.6000	0
Toddlers (18 up to 36 months) Three-quarters-time				1.2000	0
Toddlers (18 up to 36 months) One-half-time				.6193	0
Three Years and Older Full-time-plus				1.1800	0
Three Years and Older Full-time				1.0000	0
Three Years and Older Three-quarters-time				.7500	0
Three Years and Older One-half-time				.6193	0
Exceptional Needs Full-time-plus				1.6166	0
Exceptional Needs Full-time				1.3700	0
Exceptional Needs Three-quarters-time				1.0275	0
Exceptional Needs One-half-time				.6193	0

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Report Month/Year

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Contract Number

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Vendor Code

Full Name of Contractor

Non- Certified Children	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Limited and Non-English Proficient Full-time-plus				1.2980	0
Limited and Non-English Proficient Full-time				1.1000	0
Limited and Non-English Proficient Three-quarters-time				.8250	0
Limited and Non-English Proficient One-half-time				.6193	0
At Risk of Abuse or Neglect Full-time-plus				1.2980	0
At Risk of Abuse or Neglect Full-time				1.1000	0
At Risk of Abuse or Neglect Three-quarters-time				.8250	0
At Risk of Abuse or Neglect One-half-time				.6193	0

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Report Month/Year

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Vendor Code

Full Name of Contractor

Non-Certified Children	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Severely Disabled Full-time-plus				2.0237	0
Severely Disabled Full-time				1.7150	0
Severely Disabled Three-quarters-time				1.2863	0
Severely Disabled One-half-time				.6193	0
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT				N/A	0

CALIFORNIA DEPARTMENT OF EDUCATION
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HEALTH CONSULTATION SERVICES

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Full Name of Contractor

Revenue	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Child Nutrition Programs			
County Maintenance of Effort (EC Section 8279)			
Other:			
Subtotal			
Transfer from Reserve General			
Transfer from Reserve Professional Development			
Transfer from Reserve Total			
Family Fees for Certified Children			
Interest Earned on Child Development Apportionment Payments			
Unrestricted Income: Fees for Non-Certified Children			
Unrestricted Income: Head Start			
Unrestricted Income Other:			
Total Revenue			

Report Month/Year

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Full Name of Contractor

Reimbursable Expenses	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
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 Administrative Cost)			
Non-Reimbursable (State Use Only)			
Total Reimbursable Expenses			
Total Administrative Cost (included in section above)			

Approved Indirect Cost Rate:

Comments:

☐ No Supplemental Revenue check this box and omit Page 8.

Report Month/Year		Contract Number	
Fiscal Analyst		County	
		Vendor Code	

Supplemental Revenue	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Enhancement Funding			
Other:			
Total Supplemental Revenue			

Supplemental Expenses	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
1000 Certificated Salaries			
2000 Classified Salaries			
3000 Employee Benefits			
4000 Books and Supplies			
5000 Services and Other Operating Expenses			
6000 Other Approved Capital Outlay			
Depreciation or Use Allowance			
Indirect Costs			
Non-reimbursable Expenses 6100-6500 Non-reimbursable Capital Outlay			
Total Supplemental Expenses			

Report Month/Year

Fiscal Analyst

Contract Number

County

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Summary	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Total Certified Days of Enrollment (incl. MHCS)			
Days of Operation			
Days of Attendance (incl. MHCS)			
Total Non-Certified Days of Enrollment (incl.MH			
Restricted Program Income			
Transfer from Reserve			
Family Fees for Certified Children			
Interest Earned on Apportionment Payments			
Direct Payments to Providers			
Start-up Expenses (service level exemption)			
Total Reimbursable Expenses			
Total Administrative Cost			

Total Certified Adjusted Days of Enrollment (Includes MHCS) 0

Total Non-Certified Adjusted Days of Enrollment 0

I hereby certify that, to the best of my knowledge and belief, the information in this report is accurate and complete.

Signature of Contractor Designee (Original Signature Required) Date

Contractor Designee Email Contractor Designee Phone

Contractor Fiscal Contact Name and Title

Contractor Fiscal Contact Email Contractor Fiscal Contact Phone