

CALIFORNIA DEPARTMENT OF EDUCATION  
 ATTENDANCE AND FISCAL REPORT FOR  
 CALIFORNIA STATE PRESCHOOL PROGRAMS  
 CDNFS 8501 Page 1 of 9 (11/18)  
 SAN FRANCISCO PILOT

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	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Three Years and Older Full-time-plus				1.1800	
Three Years and Older Full-time				1.0000	
Three Years and Older Three-quarters-time				.7500	
Three Years and Older One-half-time				.6772	
Exceptional Needs Full-time-plus				1.6166	
Exceptional Needs Full-time				1.3700	
Exceptional Needs Three-quarters-time				1.0275	
Exceptional Needs One-half-time				.6772	
Limited and Non-English Proficient Full-time-plus				1.2980	
Limited and Non-English Proficient Full-time				1.1000	
Limited and Non-English Proficient Three-quarters-time				.8250	
Limited and Non-English Proficient One-half-time				.6772	

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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	
At Risk of Abuse or Neglect Full-time				1.1000	
At Risk of Abuse or Neglect Three-quarters-time				.8250	
At Risk of Abuse or Neglect One-half-time				.6772	
Severely Disabled Full-time-plus				2.0237	
Severely Disabled Full-time				1.7150	
Severely Disabled Three-quarters-time				1.2863	
Severely Disabled One-half-time				.6772	
TOTAL DAYS OF ENROLLMENT				N/A	
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 Revenue Section on page 6.

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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	
Toddlers (18 up to 36 months) Full-time				1.6000	
Toddlers (18 up to 36 months) Three-quarters-time				1.2000	
Toddlers (18 up to 36 months) One-half-time				.6772	
Three Years and Older Full-time-plus				1.1800	
Three Years and Older Full-time				1.0000	
Three Years and Older Three-quarters-time				.7500	
Three Years and Older One-half-time				.6772	
Exceptional Needs Full-time-plus				1.6166	
Exceptional Needs Full-time				1.3700	
Exceptional Needs Three-quarters-time				1.0275	
Exceptional Needs One-half-time				.6772	

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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
Limited and Non-English Proficient Full-time-plus				1.2980	
Limited and Non-English Proficient Full-time				1.1000	
Limited and Non-English Proficient Three-quarters-time				.8250	
Limited and Non-English Proficient One-half-time				.6772	
At Risk of Abuse or Neglect Full-time-plus				1.2980	
At Risk of Abuse or Neglect Full-time				1.1000	
At Risk of Abuse or Neglect Three-quarters-time				.8250	
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Vendor Code	<input type="text"/>

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	
Severely Disabled Full-time				1.7150	
Severely Disabled Three-quarters-time				1.2863	
Severely Disabled One-half-time				.6772	
<b>TOTAL NON-CERTIFIED DAYS OF ENROLLMENT</b>				N/A	

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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			

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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)			
<b>Total Reimbursable Expenses</b>			
<b>Total Administrative Cost (included in section above)</b>			

Approved Indirect Cost Rate:

Comments:

No Supplemental Revenue check this box and omit Page 8.

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Fiscal Analyst	<input type="text"/>	County	<input type="text"/>
		Vendor Code	<input type="text"/>

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			



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Summary	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Total Certified Days of Enrollment			
Days of Operation			
Days of Attendance			
Total Non-Certified Days of Enrollment			
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

Total Non-Certified Adjusted Days of Enrollment

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