# California Department of Education
# Audited Attendance and Fiscal Report for
# California State Preschool Programs



**Fiscal Year Ending** June 30, 2020

**Contract Number** CSPP

**Vendor Code**

**Full Name of Contractor**

**Section 1 - Days of Enrollment Certified Children**

| | Column A Cumulative CDNFS 8501 | 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 | | | | 1.1800 | 0 |
| Three Years and Older Full-time | | | | 1.0000 | 0 |
| Three Years and Older Three-quarters-time | | | | 0.7500 | 0 |
| Three Years and Older One-half-time | | | | 0.6193 | 0 |
| Exceptional Needs Full-time-plus | | | | 1.8172 | 0 |
| Exceptional Needs Full-time | | | | 1.5400 | 0 |
| Exceptional Needs Three-quarters-time | | | | 1.1550 | 0 |
| Exceptional Needs One-half-time | | | | 0.9537 | 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 | | | | 0.8250 | 0 |
| Limited and Non-English Proficient One-half-time | | | | 0.6193 | 0 |

**Contract Number** CSPP

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**Section 1 - Days of Enrollment Certified Children (continued)**

| | Column A Cumulative CDNFS 8501 | 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 | | | | 1.2980 | 0 |
| At Risk of Abuse or Neglect Full-time | | | | 1.1000 | 0 |
| At Risk of Abuse or Neglect Three-quarters-time | | | | 0.8250 | 0 |
| At Risk of Abuse or Neglect One-half-time | | | | 0.6193 | 0 |
| Severely Disabled Full-time-plus | | | | 2.2774 | 0 |
| Severely Disabled Full-time | | | | 1.9300 | 0 |
| Severely Disabled Three-quarters-time | | | | 1.4475 | 0 |
| Severely Disabled One-half-time | | | | 1.1952 | 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 and 4) and continue to Revenue Section on page 5.

**Contract Number** CSPP

**Full Name of Contractor**

**Section 2 - Days of Enrollment Non-Certified Children**

| | Column A Cumulative CDNFS 8501 | 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 | | | | 2.1240 | 0 |
| Toddlers (18 up to 36 months) Full-time | | | | 1.8000 | 0 |
| Toddlers (18 up to 36 months) Three-quarters-time | | | | 1.3500 | 0 |
| Toddlers (18 up to 36 months) One-half-time | | | | 0.9900 | 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 | | | | 0.7500 | 0 |
| Three Years and Older One-half-time | | | | 0.6193 | 0 |
| Exceptional Needs Full-time-plus | | | | 1.8172 | 0 |
| Exceptional Needs Full-time | | | | 1.5400 | 0 |
| Exceptional Needs Three-quarters-time | | | | 1.1550 | 0 |
| Exceptional Needs One-half-time | | | | 0.9537 | 0 |

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**Section 2 - Days of Enrollment Non-Certified Children (continued)**

| | Column A Cumulative CDNFS 8501 | 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 | | | | 1.2980 | 0 |
| Limited and Non-English Proficient Full-time | | | | 1.1000 | 0 |
| Limited and Non-English Proficient Three-quarters-time | | | | 0.8250 | 0 |
| Limited and Non-English Proficient One-half-time | | | | 0.6193 | 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 | | | | 0.8250 | 0 |
| At Risk of Abuse or Neglect One-half-time | | | | 0.6193 | 0 |
| Severely Disabled Full-time-plus | | | | 2.2774 | 0 |
| Severely Disabled Full-time | | | | 1.9300 | 0 |
| Severely Disabled Three-quarters-time | | | | 1.4475 | 0 |
| Severely Disabled One-half-time | | | | 1.1952 | 0 |
| **TOTAL NON-CERTIFIED DAYS OF ENROLLMENT** | | | | **N/A** | **0** |

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**Full Name of Contractor**

**Section 3 - Revenue**

| | Column A Cumulative CDNFS 8501 | 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** | | | |
| 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** | | | |

Comments:

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**Full Name of Contractor**

**Section 4 - Reimbursable Expenses**

| | Column A Cumulative CDNFS 8501 | 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 4 above) | | | |
| Total Staff Training Cost (included in Section 4 above) | | | |

Approved Indirect Cost Rate:

☐ NO SUPPLEMENTAL REVENUE / EXPENSES Check this box and omit page 7.

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## Section 5 - Supplemental Revenue

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

## Section 6 - Supplemental Expenses

| | Column A Cumulative CDNFS 8501 | 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** | | | |

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## Section 7 - Summary

| | Column A Cumulative CDNFS 8501 | Column B Audit Adjustments | Column C Cumulative per Audit |
|---|---|---|---|
| Total Certified Days of Enrollment | | | |
| Days of Operation | | | |
| Days of Attendance | | | |
| 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 Staff Training Cost | | | |

Total Certified Adjusted Days of Enrollment 0

Total Non-Certified Adjusted Days of Enrollment 0

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 6 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 5. If necessary, attach additional sheets to explain adjustments.