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

Fiscal Year Ending: June 30, 2019

Contract Number: CSPP

Vendor Code:

Full Name of Contractor

Section 1 - Days of Enrollment Certified Children in Classrooms With Mental Health Consultation Services Recipient(s)	Column A Cumulative CDNFS 8501-MHCS	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				1.2300	0
Three Years and Older Full-time				1.0500	0
Three Years and Older Three-quarters-time				0.8000	0
Three Years and Older One-half-time				0.6693	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				0.6693	0
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				0.8750	0
Limited and Non-English Proficient One-half-time				0.6693	0

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Section 1 - Days of Enrollment Certified Children in Classrooms With Mental Health Consultation Services Recipient(s)	Column A Cumulative CDNFS 8501-MHCS	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				1.3480	0
At Risk of Abuse or Neglect Full-time				1.1500	0
At Risk of Abuse or Neglect Three-quarters-time				0.8750	0
At Risk of Abuse or Neglect One-half-time				0.6693	0
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				0.6693	0
TOTAL CERTIFIED DAYS OF ENROLLMENT with Mental Health Consultation Services Recipient(s)				N/A	**0**
DAYS OF OPERATION				N/A	N/A
DAYS OF ATTENDANCE				N/A	N/A

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

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Section 2 - Days of Enrollment Non-Certified Children With Mental Health Consultation Services Recipient(s)	Column A Cumulative CDNFS 8501-MHCS	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				1.9380	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				0.6693	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				0.8000	0
Three Years and Older One-half-time				0.6693	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				0.6693	0

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Full Name of Contractor

Section 2 - Days of Enrollment Non-Certified Children With Mental Health Consultation Services Recipient(s)	Column A Cumulative CDNFS 8501-MHCS	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				1.3480	0
Limited and Non-English Proficient Full-time				1.1500	0
Limited and Non-English Proficient Three-quarters-time				0.8750	0
Limited and Non-English Proficient One-half-time				0.6693	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				0.8750	0
At Risk of Abuse or Neglect One-half-time				0.6693	0

Fiscal Year Ending: June 30, 2019

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Section 2 - Days of Enrollment Non-Certified Children With Mental Health Consultation Services Recipient(s)	Column A Cumulative CDNFS 8501-MHCS	Column B Audit Adjustments	Column C Cumulative Per Audit	Column D Adjustment Factor	Column E Adjusted Days Per Audit
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				0.6693	0
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT With Mental Health Consultation Services Recipient(s)				N/A	**0**

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Section 3 - Days of Enrollment Certified Children	Column A Cumulative CDNFS 8501-MHCS	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				1.6166	0
Exceptional Needs Full-time				1.3700	0
Exceptional Needs Three-quarters-time				1.0275	0
Exceptional Needs One-half-time				0.6193	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				0.8250	0
Limited and Non-English Proficient One-half-time				0.6193	0

Fiscal Year Ending: June 30, 2019

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Full Name of Contractor

Section 3 - Days of Enrollment Certified Children	Column A Cumulative CDNFS 8501-MHCS	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				2.0237	0
Severely Disabled Full-time				1.7150	0
Severely Disabled Three-quarters-time				1.2863	0
Severely Disabled One-half-time				0.6193	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.

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Full Name of Contractor

Section 4 - Days of Enrollment Non-Certified Children	Column A Cumulative CDNFS 8501-MHCS	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				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				0.6193	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				0.7500	0
Three Years and Older One-half-time				0.6193	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				0.6193	0

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Full Name of Contractor

Section 4 - Days of Enrollment Non-Certified Children	Column A Cumulative CDNFS 8501-MHCS	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

Fiscal Year Ending: June 30, 2019

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Full Name of Contractor

Section 4 - Days of Enrollment Non-Certified Children	Column A Cumulative CDNFS 8501-MHCS	Column B Audit Adjustments	Column C Cumulative Per Audit	Column D Adjustment Factor	Column E Adjusted Days Per Audit
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				0.6193	0
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT				N/A	**0**

Fiscal Year Ending June 30, 2019

Contract Number CSPP

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Section 5 - Revenue	Column A Cumulative CDNFS 8501-MHCS	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			

Fiscal Year Ending June 30, 2019

Contract Number CSPP

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Section 6 - Reimbursable Expenses	Column A Cumulative CDNFS 8501-MHCS	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 Administrative Cost)			
Non-Reimbursable (State Use Only)			
Total Reimbursable Expenses			
Total Administrative Cost (included in section 6 above)			

Approved Indirect Cost Rate:

Comments:

☐ NO SUPPLEMENTAL REVENUE Check this box and omit Page 13.

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Fiscal Year Ending June 30, 2019

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Section 7 - Supplemental Revenue	Column A Cumulative CDNFS 8501-MHCS	Column B Audit Adjustments	Column C Cumulative Per Audit
Enhancement Funding			
Other:			
Other:			
Total Supplemental Revenue			

Section 8 - Supplemental Expenses	Column A Cumulative CDNFS 8501-MHCS	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 Expenses 6100-6500 Non-reimbursable Capital Outlay			
Total Supplemental Expenses			

Fiscal Year Ending June 30, 2019

Contract Number CSPP

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Section 9 - Summary	Column A Cumulative CDNFS 8501-MHCS	Column B Audit Adjustments	Column C Cumulative Per Audit
Total Certified Days of Enrollment (incl. MHCS)			
Days of Operation			
Days of Attendance (incl. MHCS)			
Total Non-Certified Days of Enrollment (incl. MHCS)			
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 (Includes MHCS): 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 (check YES or NO): ☐ Yes ☐ No

Reimbursable expenses claimed on page 12 are eligible for reimbursement, reasonable, necessary, and adequately supported (check YES or NO): ☐ Yes ☐ No

Include any comments in the Comments box on page 12. If necessary, attach additional sheets to explain adjustments.