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

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-SC	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				0.7252	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				0.7252	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				0.7252	0

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-SC	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				0.7252	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				0.7252	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.

Fiscal Year Ending: June 30, 2019

Contract Number: CSPP

Vendor Code:

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-SC	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				0.7252	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				0.7252	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				0.7252	0

Fiscal Year Ending: June 30, 2019

Contract Number: CSPP

Vendor Code:

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-SC	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				0.7252	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				0.7252	0

Fiscal Year Ending: June 30, 2019

Contract Number: CSPP

Vendor Code:

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-SC	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				0.7252	0
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT With Mental Health Consultation Services Recipient(s)				N/A	**0**

Fiscal Year Ending: June 30, 2019

Contract Number: CSPP

Vendor Code:

Full Name of Contractor

Section 3 - Days of Enrollment Certified Children	Column A Cumulative CDNFS 8501-MHCS-SC	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				0.6752	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				0.6752	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				0.6752	0

Fiscal Year Ending: June 30, 2019

Contract Number: CSPP

Vendor Code:

Full Name of Contractor

Section 3 - Days of Enrollment Certified Children	Column A Cumulative CDNFS 8501-MHCS-SC	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				0.6752	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				0.6752	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.

Fiscal Year Ending: June 30, 2019

Contract Number: CSPP

Vendor Code:

Full Name of Contractor

Section 4 - Days of Enrollment Non-Certified Children	Column A Cumulative CDNFS 8501-MHCS-SC	Column B Audit Adjustments	Column C Cumulative Per Year	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				0.6752	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				0.6752	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				0.6752	0

Fiscal Year Ending: June 30, 2019

Contract Number: CSPP

Vendor Code:

Full Name of Contractor

Section 4 - Days of Enrollment Non-Certified Children	Column A Cumulative CDNFS 8501-MHCS-SC	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				0.6752	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				0.6752	0

Fiscal Year Ending: June 30, 2019

Contract Number: CSPP

Vendor Code:

Full Name of Contractor

Section 4 - Days of Enrollment Non-Certified Children	Column A Cumulative CDNFS 8501-MHCS-SC	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				0.6752	0
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT				N/A	**0**

Fiscal Year Ending June 30, 2019

Contract Number CSPP

Vendor Code

Full Name of Contractor

Section 5 - Revenue	Column A Cumulative CDNFS 8501-MHCS-SC	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

Vendor Code

Full Name of Contractor

Section 6 - Reimbursable Expenses	Column A Cumulative CDNFS 8501-MHCS-SC	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.

Fiscal Year Ending June 30, 2019

Contract Number CSPP

Vendor Code

Full Name of Contractor

Section 7 - Supplemental Revenue	Column A Cumulative CDNFS 8501-MHCS-SC	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-SC	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

Vendor Code:

Full Name of Contractor

Section 9 - Summary	Column A Cumulative CDNFS 8501-MHCS-SC	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 support (check YES or NO): ☐ Yes ☐ No

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

Page