Contractor Name: Contract Number:

## **California State Preschool Program – Form 1 Certified Children Days of Enrollment and Attendance**

## **Service County:**

Enrollment Description	Column A Cumulative FY per CPARIS June Report	Column B Audit Adjustments	Column C Cumulative FY per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
Two Years Old and Three Years Old Full-time-plus				2.1240	
Two Years Old and Three Years Old Full-time				1.8000	
Two Years Old and Three Years Old Part-time					
Four Years and Older Full-time-plus				1.1800	
Four Years and Older Full-time				1.0000	
Four Years and Older Part-time					
Exceptional Needs Full-time-plus (Active IEP/IFSP Only)				2.8320	
Exceptional Needs Full-time (Active IEP/IFSP Only)				2.4000	
Exceptional Needs Part-time(Active IEP/IFSP Only)					
Dual Language Learner Full-time-plus				1.4160	
Dual Language Learner Full-time				1.2000	
Dual Language Learner Part-time					

Contractor Name: Contract Number:

Enrollment Description	Column A Cumulative FY per CPARIS June Report	Column B Audit Adjustments	Column C Cumulative FY per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
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 Part-time					
Severely Disabled Full-time-plus (Active IEP/IFSP Only)				2.8320	
Severely Disabled Full-time (Active IEP/IFSP Only)				2.4000	
Severely Disabled Part-time (Active IEP/IFSP Only)					
TOTAL CERTIFIED DAYS OF ENROLLMENT				N/A	

Attendance	Column A Cumulative FY per CPARIS June Report	Column B Audit Adjustments	Column C Cumulative FY per Audit	Column D Adjustment Factor	Column E Adjusted Days per Audit
DAYS OF ATTENDANCE				N/A	N/A

Enter the sum of Total Certified Days of Enrollment from all Form 1s in the Total Certified Days of Enrollment line of AUD 8501, Section 2.

Enter the sum of Days of Attendance from all Form 1s and Form 2s in the Days of Attendance line of AUD 8501, Section 2.