

CALIFORNIA DEPARTMENT OF EDUCATION
 ATTENDANCE AND FISCAL REPORT FOR
 CHILD DEVELOPMENT PROGRAMS
 CDNFS 9500MHCS EARLY CHILDHOOD
 MENTAL HEALTH CONSULTATION SERVICES
 Page 1 of 16 (07/19)

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 in Classrooms With Mental Health Consultant Services Recipient(s)	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
Infants (up to 18 months) Full-time-plus					
Infants (up to 18 months) Full-time					
Infants (up to 18 months) Three-quarters-time					
Infants (up to 18 months) One-half-time					
Toddlers (18 up to 36 months) Full-time-plus					
Toddlers (18 up to 36 months) Full-time					
Toddlers (18 up to 36 months) Three-quarters-time					
Toddlers (18 up to 36 months) One-half-time					
Three Years and Older Full-time-plus					
Three Years and Older Full-time					
Three Years and Older Three-quarters-time					
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Days of Enrollment Certified Children in Classrooms With Mental Health Consultant Services Recipient(s)	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
TOTAL DAYS OF ENROLLMENT					
DAYS OF OPERATION					
DAYS OF ATTENDANCE					

NO MENTAL HEALTH CONSULTATION SERVICES RECIPIENT NON-CERTIFIED CHILDREN
 Check this box (omit pages 4-6)

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Non-Certified Children With Mental Health Consultant Services Recipient(s)	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT					<input type="text"/>

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Days of Enrollment Certified Children	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
TOTAL DAYS OF ENROLLMENT					
DAYS OF OPERATION					
DAYS OF ATTENDANCE					

NO NON-CERTIFIED CHILDREN Check this box (omit pages 10-12) and continue to Revenue Section on page 13.

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Non-Certified Children	Cumulative Prior Period	Current Period	Cumulative Fiscal Year	Adjustment Factor	Adjusted Days of Enrollment
TOTAL NON-CERTIFIED DAYS OF ENROLLMENT					<input type="text"/>

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Revenue	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Child Nutrition Programs			
County Maintenance of Effort (EC Section 8279)			
Other:			
Subtotal			
Transfer From Reserve			
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)			
Total Reimbursable Expenses			
Total Administrative Cost (included in section above)			
Total Staff Training Cost (included in section above)			

Approved Indirect Cost Rate:

Comments:

No Supplemental Revenue check this box and omit Page 15.

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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			
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

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