

**CALIFORNIA DEPARTMENT OF EDUCATION
ATTENDANCE AND FISCAL REPORT
FOR CHILD DEVELOPMENT PROGRAMS**

CDNFS 9500 Pg. 1 of 4 (07/16)

CALIFORNIA DEPARTMENT OF EDUCATION
Child Development Fiscal Services
1430 N Street, Suite 2213

Please read instructions before completing report.

REPORTING PERIOD		CONTRACT NUMBER							
MONTH ENDING AUGUST	YEAR 2017	C	C	T	R	7	0	2	5
COUNTY				VENDOR CODE					
0				7 2 2 0 7					

FULL NAME OF CONTRACTOR CONTRA COSTA COUNTY COMMUNITY SERVICES BUREAU OF EMPLOYMENT & HUMAN SERVICES DEPARTMENT "BALBOA MODULAR BLDG A" Emergency Closure AUGUST 9-11	FISCAL ANALYST Kimberly Conover
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SECTION I -	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E
CERTIFIED CHILDREN DAYS OF ENROLLMENT	CUMULATIVE PRIOR PERIOD (Col. C Prior Report)	CURRENT PERIOD	CUMULATIVE FISCAL YEAR (Col. A + Col. B)	ADJUST-MENT FACTOR	ADJUSTED DAYS OF ENROLLMENT (Col. C x Col. D) (Do not round)
<i>Infants (up to 18 months)</i>					
Full-time-plus	0	0	0	2.006	0.0000
Full-time	0	15	15	1.7	25.5000
Three-quarters-time	0	3	3	1.275	3.8250
One-half-time	0	0	0	0.935	0.0000
<i>FCCH Infants (up to 18 months)</i>					
Full-time-plus					
Full-time					
Three-quarters-time					
One-half-time					
<i>Toddlers (18 up to 36 months)</i>					
Full-time-plus	0	0	0	1.652	0.0000
Full-time	0	33	33	1.4	46.2000
Three-quarters-time	0	3	3	1.05	3.1500
One-half-time	0	0	0	0.77	0.0000
<i>Three Years and Older</i>					
Full-time-plus	0	0	0	1.18	0.0000
Full-time	0	0	0	1	0.0000
Three-quarters-time	0	0	0	0.75	0.0000
One-half-time	0	0	0	0.55	0.0000
<i>Exceptional Needs</i>					
Full-time-plus	0	0	0	1.416	0.0000
Full-time	0	0	0	1.2	0.0000
Three-quarters-time	0	0	0	0.9	0.0000
One-half-time	0	0	0	0.66	0.0000
<i>Limited and Non-English Proficient</i>					
Full-time-plus	0	0	0	1.298	0.0000
Full-time	0	0	0	1.1	0.0000
Three-quarters-time	0	0	0	0.825	0.0000
One-half-time	0	0	0	0.605	0.0000
<i>At Risk of Abuse or Neglect</i>					
Full-time-plus	0	0	0	1.298	0.0000
Full-time	0	0	0	1.1	0.0000
Three-quarters-time	0	0	0	0.825	0.0000
One-half-time	0	0	0	0.605	0.0000
<i>Severely Disabled</i>					
Full-time-plus	0	0	0	1.77	0.0000
Full-time	0	0	0	1.5	0.0000
Three-quarters-time	0	0	0	1.125	0.0000
One-half-time	0	0	0	0.825	0.0000
TOTAL DAYS OF ENROLLMENT	0	54	54		78.6750
DAYS OF OPERATION	0	3	3		
DAYS OF ATTENDANCE	0	54	54		

NO NONCERTIFIED CHILDREN

Check this box and continue to Section III if no noncertified children are enrolled in the program.

COMMUNITY SERVICE BUREAU
 ENROLLMENT PRIOR TO EMERGENCY CLOSURE
 FY 2017-2018

Site	Classroom	Date	# children Enrolled	Contract	Closure Date
Balboa	Modular A-1	7/31/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-1	8/1/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-1	8/2/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-1	8/3/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-1	8/4/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-1	8/7/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-1	8/8/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-2	7/31/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-2	8/1/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-2	8/2/2017	5	CCTR	8/9/17-8/11/17
Balboa	Modular A-2	8/3/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-2	8/4/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-2	8/7/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-2	8/8/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-3	7/31/2017	5	CCTR	8/9/17-8/11/17
Balboa	Modular A-3	8/1/2017	5	CCTR	8/9/17-8/11/17
Balboa	Modular A-3	8/2/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-3	8/3/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-3	8/4/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-3	8/7/2017	6	CCTR	8/9/17-8/11/17
Balboa	Modular A-3	8/8/2017	6	CCTR	8/9/17-8/11/17
Balboa CCTR TOTAL ENROLLED WEEK 7/31/2017 to 8/8/2017 before the Emergency Closure					
					18

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.
RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY BALBOA CHILDREN'S CENTER		FACILITY FILE NUMBER 073402613	TELEPHONE NUMBER (707) 374-7025
ADDRESS 1001 SOUTH 57TH STREET		CITY, STATE, ZIP RICHMOND, CALIFORNIA 94804	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION
Infants & Toddlers in Building A	August 9, 2017	varied	M/F	

TYPE OF INCIDENT

<input type="checkbox"/> Unauthorized Absence	<input type="checkbox"/> Alleged Client Abuse	<input type="checkbox"/> Rape	<input type="checkbox"/> Injury-Accident	<input type="checkbox"/> Medical Emergency
<input type="checkbox"/> Aggressive Act/Self	<input type="checkbox"/> Sexual	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Injury-Unknown Origin	<input type="checkbox"/> Other Sexual Incident
<input type="checkbox"/> Aggressive Act/Another Client	<input type="checkbox"/> Physical	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Injury-From another Client	<input type="checkbox"/> Theft
<input type="checkbox"/> Aggressive Act/Staff	<input type="checkbox"/> Psychological	<input type="checkbox"/> Other	<input type="checkbox"/> Injury-From behavior episode	<input type="checkbox"/> Fire
<input type="checkbox"/> Aggressive Act/Family, Visitors	<input type="checkbox"/> Financial	<input type="checkbox"/> Epidemic Outbreak	<input checked="" type="checkbox"/> Property Damage	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Alleged Violation of Rights	<input type="checkbox"/> Neglect	<input type="checkbox"/> Hospitalization		

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

On Wednesday, August 8, 2017, teachers arrived to find a flood in Building A , caused by a burst water pipe in adult restroom.
Building was closed to families for safety reasons.

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:
Gwendolyn McKneely, teacher and Katherine Rhames, Site Supervisor

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):
Families were contacted, or met in the parking area, and asked to keep children home until repairs, or alternate care was arranged. Supervisors were contacted to assess damage and begin repairs.

MEDICAL TREATMENT NECESSARY? YES NO IF YES, GIVE NATURE OF TREATMENT:

WHERE ADMINISTERED:

ADMINISTERED BY:

FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS):

Agency arranged clean up, removal of furniture, and implementation of repairs. Staff at Balboa worked to make alternate arrangements for children in other classrooms.

LICENSEE/SUPERVISOR COMMENTS:

All children will return to center on Monday, August 14, 2017, to alternate classroom. Once repairs are completed, children will return to original classrooms.

NAME OF ATTENDING PHYSICIAN

REPORT SUBMITTED BY:	NAME AND TITLE Katherine A. Rhames, Site Supervisor, III	DATE August 10, 2017
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE Pamela Arrington, Assistant Director	DATE

AGENCIES/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

- LICENSING Belinda/(510)622-2602 ADULT/CHILD PROTECTIVE SERVICES _____
- LONG TERM CARE OMBUDSMAN _____ PARENT/GUARDIAN/CONSERVATOR _____
- LAW ENFORCEMENT _____ PLACEMENT AGENCY _____