

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     | YEAR | C               | C | T           | R | 7 | 0 | 2 | 5 |
| AUGUST           | 2017 |                 |   |             |   |   |   |   |   |
| COUNTY           |      |                 |   | VENDOR CODE |   |   |   |   |   |
| 0                |      |                 |   | 7 2 2 0 7   |   |   |   |   |   |

|  |  |
|--|--|
| FULL NAME OF CONTRACTOR<br>CONTRA COSTA COUNTY COMMUNITY SERVICES BUREAU OF<br>EMPLOYMENT & HUMAN SERVICES DEPARTMENT<br>"LAS DELTAS - Rm 1" Emergency Closure AUGUST 31 | FISCAL ANALYST<br><br>Kimberly Conover |
|--|--|

| SECTION I -<br>CERTIFIED CHILDREN<br>DAYS OF ENROLLMENT | COLUMN A<br>CUMULATIVE<br>PRIOR PERIOD<br>(Col. C Prior<br>Report) | COLUMN B<br>CURRENT<br>PERIOD | COLUMN C<br>CUMULATIVE<br>FISCAL YEAR<br>(Col. A + Col. B) | COLUMN D<br>ADJUST-MENT<br>FACTOR | COLUMN E<br>ADJUSTED DAYS OF<br>ENROLLMENT<br>(Col. C x Col. D)<br>(Do not round) |
|---|--|-------------------------------|--|-----------------------------------|---|
| <i>Infants (up to 18 months)</i>                        |  |                               |  |                                   |   |
| Full-time-plus  | 0  | 0                             | 0  | 2.006                             | 0.0000  |
| Full-time   | 0  | 4                             | 4  | 1.7                               | 6.8000  |
| Three-quarters-time                                     | 0  | 1                             | 1  | 1.275                             | 1.2750  |
| 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  | 9                             | 9  | 1.4                               | 12.6000   |
| Three-quarters-time                                     | 0  | 0                             | 0  | 1.05                              | 0.0000  |
| 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  |
| <b>TOTAL DAYS OF ENROLLMENT</b>                         | 0  | 14                            | 14   |                                   | 20.6750   |
| <b>DAYS OF OPERATION</b>                                | 0  | 1                             | 1  |                                   |   |
| <b>DAYS OF ATTENDANCE</b>                               | 0  | 14                            | 14   |                                   |   |

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 |
|---|-----------|-----------|---------------------|----------|--------------|
| Las Deltas  | Room 1    | 8/21/2017 | 14                  | CCTR     | 8/31/2017    |
| Las Deltas  | Room 1    | 8/22/2017 | 14                  | CCTR     | 8/31/2017    |
| Las Deltas  | Room 1    | 8/23/2017 | 14                  | CCTR     | 8/31/2017    |
| Las Deltas  | Room 1    | 8/24/2017 | 14                  | CCTR     | 8/31/2017    |
| Las Deltas  | Room 1    | 8/25/2017 | 14                  | CCTR     | 8/31/2017    |
| Las Deltas  | Room 1    | 8/28/2017 | 14                  | CCTR     | 8/31/2017    |
| Las Deltas  | Room 1    | 8/29/2017 | 14                  | CCTR     | 8/31/2017    |
| Las Deltas CCTR TOTAL ENROLLED WEEK 8/21/2017 to 8/30/2017 before the Emergency Closure |           |           |                     |          | 14           |

**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<br><b>Las Deltas</b> | FACILITY FILE NUMBER<br><b>070213144/ 073404675</b>   | TELEPHONE NUMBER<br><b>( 510 ) 374-3444</b> |
| ADDRESS<br><b>135 West Grove Ave.</b> | CITY, STATE, ZIP<br><b>Richmond, California 94801</b> |   |

| CLIENTS/RESIDENTS INVOLVED          | DATE OCCURRED | AGE | SEX | DATE OF ADMISSION |
|-------------------------------------|---------------|-----|-----|-------------------|
| Contra Costa County Las Deltas Site | 8/31/2017     |     |     |                   |
|                                     |               |     |     |                   |
|                                     |               |     |     |                   |
|                                     |               |     |     |                   |

**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 type="checkbox"/> Property Damage            |
| <input type="checkbox"/> Alleged Violation of Rights     | <input type="checkbox"/> Neglect              |  | <input type="checkbox"/> Hospitalization              | <input checked="" type="checkbox"/> Other (explain) |

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:

The Housing notified Ruth Hunter today 8/29/17 at 3:00pm at Las Deltas, that the water will be turned off all day on Thursday 8/31/2017.

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

Ruth Hunter, Site Supervisor, Spoke with the maintenance lead (Robert) of housing.

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

Ruth had informed all the parents in person and followed up with a phone call.

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

N/A

WHERE ADMINISTERED:

ADMINISTERED BY:

FOLLOW-UP TREATMENT, IF ANY:

N/A

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

All families were notified by the Toddler Teacher and Site Supervisor on Tuesday 8/29/2017 and follow up calls on 8/30/2017.

LICENSEE/SUPERVISOR COMMENTS:

None

NAME OF ATTENDING PHYSICIAN

N/A

|                              | NAME AND TITLE                          | DATE     |
|------------------------------|---|----------|
| REPORT SUBMITTED BY:         | Ruth Hunter, Site Supervisor            | 9/5/2017 |
| REPORT REVIEWED/APPROVED BY: | Isabel Renggenathen, Assistant Director | 9/5/2017 |

AGENCIES/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

- LICENSING Susan Neeson (510-622-2600)  ADULT/CHILD PROTECTIVE SERVICES \_\_\_\_\_
- LONG TERM CARE OMBUDSMAN \_\_\_\_\_  PARENT/GUARDIAN/CONSERVATOR \_\_\_\_\_
- LAW ENFORCEMENT \_\_\_\_\_  PLACEMENT AGENCY \_\_\_\_\_