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# Board Cover Memorandum

**To** Board of Education

**From** Denise G Saddler, Interim-Superintendent  
Sondra Aguilera, Chief Academic Officer  
Jessica Cannon, Executive Director, Early Learning

**Meeting Date** January 14, 2026

**Subject** Continued Funding Application Fiscal Year 2026-2027 California Department of Education-California State Preschool Program (CSPP) & Pre-Kindergarten & Family Literacy Program (CPKS) Early Childhood Education.

**Ask of the Board** Adoption by the Board of Education of Resolution No 2526-0032, Approving Continued Funding Application for California State Preschool Program (CSPP) and Pre-Kindergarten & Family Literacy Program (CPKS) operated by the Early Childhood Education Department to automatically renew FY 2026-2027 in accordance with all applicable federal and state laws, pursuant to fund terms and conditions, for the period July 1, 2026 to June 30, 2027.

**Background** Continued Funding Application for OUSD Schools for the 2026-2027 fiscal year that benefits the Early Childhood Education Department are submitted for Board acceptance and approval. CFA Packets are available for review through the Board Secretary's Office and will be electronically available within one week of the Board meeting through Board of Education Legislative information Center under the file ID number stated at the top of this page.

**Discussion** The District created a Grant Face sheet process to review proposed grant projects at OUSD sites and assess their contribution to sustained student achievement. Identify OUSD resources for program success OUSD received a Grant Face Sheet and completed grant application for the program listed in the chart by the school.

**Fiscal Impact** Resource 6105 TBD

**Attachment(s)**

1. Board Memo CSPP Continued Funding Application FY 26-27
2. Board Resolution # 2526-0032
3. Grant Face Sheet CSPP Continued Funding Application FY 26-27
4. Continued Funding Application CSPP FY 26-27
5. CSPP-CPKS Program Calendar Full Day
6. CSPP-CPKS Program Calendar Part Day
7. Subcontract Certification

8. California Civil Rights Laws Certification
9. Contractor Certification Clauses
10. Federal Certifications
11. CFA FY 25-26 Board Resolution
12. CDMIS Agency Information Certification
13. California School Directory
14. Program Narrative Change

## OUSD Grants Management Face Sheet

<b>Title of Grant:</b> CSPP & CPKS Continued Funding Application General Child Care & Child Development Programs	<b>Funding Cycle Dates:</b> July 1, 2026 through June 30, 2027
<b>Grant's Fiscal Agent:</b> <b>(contact's name, address, phone number, email address)</b> Oakland Unified School District Early Childhood Education 1025 4 <sup>th</sup> Ave Oakland, CA 94606 510.273.8277	<b>Grant Amount for Full Funding Cycle:</b>  \$TBD
<b>Funding Agency:</b> California Department of Education	<b>Grant Focus:</b> California State Preschool Programs & CPKS
<b>List all School(s) or Department(s) to be Served:</b> All Child care and Development programs	

Information Needed	School or Department Response
How will this grant contribute to sustained student achievement or academic standards?	The grant will support the California State Preschool Program half and full day
How will this grant be evaluated for impact upon student achievement?  (Customized data design and technical support are provided at 1% of the grant award or at a negotiated fee for a community-based fiscal agent who is not including OUSD's indirect rate of 5.59% in the budget. The 1% or negotiated data fee will be charged according to an Agreement for Grant Administration Related Services payment schedule. This fee should be included in the grant's budget for evaluation.)	The Annual Agency plan will determine the effectiveness of the Program
Does the grant require any resources from the school(s) or district? If so, describe.	No
Are services being supported by an OUSD funded grant or by a contractor paid through an OUSD contract or MOU?  (If yes, include the district's indirect rate of 5.59% for all OUSD site services in the grant's budget for administrative support, evaluation data, or indirect services.)	Indirect cost is a part of the budget for this grant.
Will the proposed program take students out of the classroom for any portion of the school day? (OUSD reserves the right to limit service access to students during the school day to ensure academic attendance continuity.)	No

Who is the contact managing and assuring grant compliance? (Include contact's name, address, phone number, email address.)	Jessica Cannon Executive Director of Early Learning Oakland Unified School District 1025 4 <sup>th</sup> Ave, Oakland CA 94606 510-273-8277 <a href="mailto:Jessica.cannon@ousd.org">Jessica.cannon@ousd.org</a>
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**Applicant Obtained Approval Signatures:**

Entity	Name/s	Signature/s	Date
Executive Director of Early Learning	Jessica Cannon	<i>Jessica Cannon</i>	
Chief Academic Officer	Sondra Aguilera	<i>Sondra Aguilera</i>	12/12/2025

**Grant Office Obtained Approval Signatures:**

Entity	Name/s	Signature/s	Date
Fiscal Officer	Lisa Grant-Dawson		
Interim-Superintendent	Denise G Saddler		

**RESOLUTION**  
**OAKLAND UNIFIED SCHOOL DISTRICT**  
**No. 2526-0032**

This resolution must be adopted in order to certify the approval of the Governing Board to enter into this transaction with the California Department of Education for the purpose of providing childcare and development services and to authorize the designated personnel to sign contract documents for Fiscal Year 2026/2027.

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**RESOLUTION**

BE IT RESOLVED that the Governing Board of Oakland Unified School District

authorizes entering into local agreement number/s CSPP CFA FY 26-27 and that the person/s who is/are listed below, is/are authorized to sign the transaction for the Governing Board.

<u>NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>
Jennifer Brouhard	President, Board of Education	
Denise G. Saddler	Interim, Secretary Board of Education	
Sondra Aguilera	Chief Academic Officer	

PASSED AND ADOPTED THIS \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by the  
Governing Board of Oakland Unified School District  
of Alameda County, California.


I, Denise G. Saddler, Clerk of the Governing Board of Oakland Unified School District of  
Alameda County,

California, certify that the foregoing is a full, true and correct copy of a resolution adopted by the said Board at a regular meeting thereof held at a regular public place of meeting and the resolution is on file in the office of said Board.

\_\_\_\_\_  
(Clerk's signature)

\_\_\_\_\_  
(Date)

Approved As To Form by OUSD Legal Department:

 12/5/25  
\_\_\_\_\_  
Roxanne De La Rocha, Staff Attorney

## RESOLUTION AUTHORIZING CONTINUED FUNDING APPLICATION

This resolution is adopted to certify approval of the Governing Board to submit the Continued Funding Application (CFA) to the California Department of Education (CDE). If the CFA is approved by the CDE, the agency's current California State Preschool Program contract and Prekindergarten and Family Literacy Support contract, if applicable, will be automatically renewed for fiscal year (FY) 2026–27. This resolution further authorizes the designated representative(s) below to sign the CFA and all related FY 2026–27 contract documents.

### RESOLUTION

BE IT RESOLVED that the Governing Board of Oakland Unified School District authorizes the person/s listed below to sign the FY 2026–27 CFA and all related contract documents for the Governing Board.

NAME/S OF AUTHORIZED REPRESENTATIVE/S	TITLE/S
Jennifer Brouhard	President Board of Education
Denise G. Saddler	Interim, Secreary Board of Education
Jessica Cannon	Executive Director of Early Learning

PASSED AND ADOPTED THIS DATE, \_\_\_\_\_, by the Governing Board of Oakland Unified School District of Alameda County, in the State of California.

I, Denise G. Saddler, Clerk of the Governing Board, certify that the foregoing is a full, true, and correct copy of a resolution adopted by the said Board at a meeting thereof held at a regular public place of meeting and the resolution is on file in the office of said Board.

(Clerk's Signature)

(Date)

Fiscal Year 2026–27

## Program Narrative Change

**Change Requested for Fiscal Year:** 2025-26 & 2026-27

**Contractor Legal Name:** *(Full legal name required. Acronyms or site names not accepted)*  
OAKLAND UNIFIED SCHOOL DISTRICT

**Vendor Number:** 6125

**County:** ALAMEDA

**Program Type:** California State Preschool Program (CSPP)

**Change Type(s):** *Please select the type(s) of change(s)*



Minimum Days of Operation (MDO) Change



Programmatic Change

**Please include responses to the questions below:**

1. If requesting an MDO change, what is the program's current MDO?

Currently 11 single CSPP full-day full-year programs operate at 11 OUSD elementary schools with 237 service days/year. Site affected are Allendale, Bridges, Brookfield, (Burbank), Fruitvale, Garfield, Lockwood STEAM, MLK, OAK, Prescott, Reach, Sankofa (and 12th Burbank Jan 2026).

2. If requesting a programmatic change, how is the program currently operating without the requested change?

N/A

3. Describe and justify the proposed change(s) including how services to children and families will be impacted if the change(s) is(are) implemented?

This proposed change to operate these 12 classrooms at 180 days per year reflects OUSD's efforts to abalance the needs of families with teh operational realities and staffing chalenges at these single-classroom preschool sites located within OUSD elementary schools. We have administered a PK Enrollment & Summer Care Survey to assess care needs. We created and will distribute a Summer Child Care Resource Guide (updated annually) including free and low-cost summer programs, along with contact infomration for BANANAS, our local Child Care Resource and Referral Agency. We believe this change to full-day part-year will: improve safety for children and staff, align preschool staffing with Disrict schedules and union agreemnts, reflect actual family usage and attendance trends, and provide sustainable, high-quality programming without compromising family support.

This proposed change shifts our days of service from 237 to 180.

Under penalty of perjury, I certify as the authorized contractor representative, that all applicable State and federal statutes and regulations will be observed.

**Name of Authorized Representative:**

Caroline Jones

**Title of Authorized Representative:**

Director, Early Childhood Education OUSD

**Signature of Authorized Representative:**



**Date:**

11/12/2025



## California State Preschool Program Fiscal Year 2026–27 Program Calendar

Contractor Name: OAKLAND UNIFIED SCHOOL DISTRICT

County: Alameda

Vendor Number: 6125

Contract Type: CSPP

Program Type: Part-day/Part-year

Instructions: Check the box on each date your program will operate. Total days of operation will automatically calculate.

### July 2026 Days of Operation 0

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	N/A

### August 2026 Days of Operation 16

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	N/A	N/A	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	N/A	N/A	N/A	N/A	N/A

### September 2026 Days of Operation 20

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	N/A	N/A	N/A

### October 2026 Days of Operation 21

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

### November 2026 Days of Operation 15

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	N/A	N/A	N/A	N/A	N/A

### December 2026 Days of Operation 14

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	N/A	N/A

### January 2027 Days of Operation 17

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	N/A	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	N/A	N/A	N/A	N/A	N/A	N/A

### February 2027 Days of Operation 19

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	N/A	N/A	N/A	N/A	N/A	N/A

### March 2027 Days of Operation 19

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	N/A	N/A	N/A

### April 2027 Days of Operation 20

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	N/A

### May 2027 Days of Operation 19

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	N/A	N/A	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	N/A	N/A	N/A	N/A	N/A

### June 2027 Days of Operation 0

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	N/A	N/A	N/A

**Total Days of Operation: 180**

## California State Preschool Program Fiscal Year 2026–27 Program Calendar

Contractor Name: OAKLAND UNIFIED SCHOOL DISTRICT

County: Alameda

Vendor Number: 6125

Contract Type: CSPP

Program Type: Full-day/Part-year

Instructions: Check the box on each date your program will operate. Total days of operation will automatically calculate.

### July 2026 Days of Operation 0

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>
26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>	N/A

### August 2026 Days of Operation 16

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	N/A	N/A	1 <input type="checkbox"/>
2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input type="checkbox"/>
16 <input type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input type="checkbox"/>
23 <input type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input type="checkbox"/>
30 <input type="checkbox"/>	31 <input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	N/A

### September 2026 Days of Operation 20

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>
20 <input type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input type="checkbox"/>
27 <input type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	N/A	N/A	N/A

### October 2026 Days of Operation 21

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input type="checkbox"/>
11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input type="checkbox"/>
18 <input type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input type="checkbox"/>
25 <input type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	31 <input type="checkbox"/>

### November 2026 Days of Operation 15

SUN	MON	TUE	WED	THU	FRI	SAT
1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input type="checkbox"/>
15 <input type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input type="checkbox"/>
22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>
29 <input type="checkbox"/>	30 <input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	N/A

### December 2026 Days of Operation 14

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input type="checkbox"/>
20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>
27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>	N/A	N/A

### January 2027 Days of Operation 17

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	N/A	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>
10 <input type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input type="checkbox"/>
17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input type="checkbox"/>
24 <input type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input type="checkbox"/>
31 <input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A

### February 2027 Days of Operation 19

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input type="checkbox"/>
14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input type="checkbox"/>
21 <input type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input type="checkbox"/>
28 <input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A

### March 2027 Days of Operation 19

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input type="checkbox"/>
14 <input type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input type="checkbox"/>
21 <input type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>
28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>	N/A	N/A	N/A

### April 2027 Days of Operation 20

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input type="checkbox"/>
11 <input type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input type="checkbox"/>
18 <input type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input type="checkbox"/>
25 <input type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	N/A

### May 2027 Days of Operation 19

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	N/A	N/A	1 <input type="checkbox"/>
2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input type="checkbox"/>
16 <input type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input type="checkbox"/>
23 <input type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>
30 <input type="checkbox"/>	31 <input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A

### June 2027 Days of Operation 0

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>
20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>
27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	N/A	N/A	N/A

**Total Days of Operation: 180**

## California State Preschool Program Fiscal Year 2026–27 Program Calendar

Contractor Name: OAKLAND UNIFIED SCHOOL DISTRICT

County: Alameda

Vendor Number: 6125

Contract Type: CSPP

Program Type: Full-Day/Full-Year

Instructions: Check the box on each date your program will operate. Total days of operation will automatically calculate.

### July 2026 Days of Operation 22

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input type="checkbox"/>
12 <input type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input type="checkbox"/>
19 <input type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input type="checkbox"/>
26 <input type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	31 <input checked="" type="checkbox"/>	N/A

### August 2026 Days of Operation 18

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	N/A	N/A	1 <input type="checkbox"/>
2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input type="checkbox"/>
16 <input type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input type="checkbox"/>
23 <input type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input type="checkbox"/>
30 <input type="checkbox"/>	31 <input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	N/A

### September 2026 Days of Operation 20

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>
20 <input type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input type="checkbox"/>
27 <input type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	N/A	N/A	N/A

### October 2026 Days of Operation 21

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input type="checkbox"/>
11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input type="checkbox"/>
18 <input type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input type="checkbox"/>
25 <input type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	31 <input type="checkbox"/>

### November 2026 Days of Operation 18

SUN	MON	TUE	WED	THU	FRI	SAT
1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input type="checkbox"/>
15 <input type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input type="checkbox"/>
22 <input type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>
29 <input type="checkbox"/>	30 <input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	N/A

### December 2026 Days of Operation 17

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input type="checkbox"/>
20 <input type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>
27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>	N/A	N/A

### January 2027 Days of Operation 17

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	N/A	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>
10 <input type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input type="checkbox"/>
17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input type="checkbox"/>
24 <input type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input type="checkbox"/>
31 <input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A

### February 2027 Days of Operation 19

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input type="checkbox"/>
14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input type="checkbox"/>
21 <input type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input type="checkbox"/>
28 <input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A

### March 2027 Days of Operation 22

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input type="checkbox"/>
14 <input type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input type="checkbox"/>
21 <input type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>
28 <input type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	31 <input checked="" type="checkbox"/>	N/A	N/A	N/A

### April 2027 Days of Operation 22

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input type="checkbox"/>
11 <input type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input type="checkbox"/>
18 <input type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input type="checkbox"/>
25 <input type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	N/A

### May 2027 Days of Operation 20

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	N/A	N/A	N/A	N/A	1 <input type="checkbox"/>
2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input checked="" type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input type="checkbox"/>
16 <input type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>	20 <input checked="" type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input type="checkbox"/>
23 <input type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input type="checkbox"/>
30 <input type="checkbox"/>	31 <input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A

### June 2027 Days of Operation 21

SUN	MON	TUE	WED	THU	FRI	SAT
N/A	N/A	1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>	11 <input checked="" type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>
20 <input type="checkbox"/>	21 <input checked="" type="checkbox"/>	22 <input checked="" type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input type="checkbox"/>
27 <input type="checkbox"/>	28 <input checked="" type="checkbox"/>	29 <input checked="" type="checkbox"/>	30 <input checked="" type="checkbox"/>	N/A	N/A	N/A

**Total Days of Operation: 237**

Contractor Name	Vendor #	County
Oakland Unified School District	6125	Alameda

### California State Preschool Program (CSPP) Program Narrative Change

A. Please select the box below if the contractor **does not** have program **or** minimum days of operation (MDO) changes.

☐ No changes

B. If the contractor **does** have program and/or MDO changes, please select the type(s) of change and answer the questions below. **NOTE:** Making changes to the MDO does not change the contract Maximum Reimbursable Amount (MRA).

☐ Program change      ☒ MDO change

1) Identify the program component(s) for which you are requesting a change.  
CSPP FY 24-25 Program Calendar Change

2) Describe how the program currently provides services to children and families in relation to the above-identified program component(s).  
CSPP -OUSD Early Childhood Education Department

3) Describe the proposed change(s), and how services will be improved if the change(s) is/are implemented.  
OUSD CSPP Program Calendar MDO is 239 but will be 237 for FY 24-25.  
We will be using ARPA Funds to offset the 2 day closure which will lead to increased quality; those 2 days will be used towards staff development.

Signature of the Contractor's Authorized Representative:



Printed Name and Title of the Contractor's Authorized Representative:

Andrew Giles

Date of Signature:

Apr 3, 2024

## Program Narrative Change

**Change Requested for Fiscal Year:**

**Contractor Legal Name:** *(Full legal name required. Acronyms or site names not accepted)*

**Vendor Number:**

**County:**

**Program Type:** California State Preschool Program (CSPP)

**Change Type(s):** *Please select the type(s) of change(s)*

Minimum Days of Operation (MDO) Change

Programmatic Change

**Please include responses to the questions below:**

1. If requesting an MDO change, what is the program's current MDO?
2. If requesting a programmatic change, how is the program currently operating without the requested change?
3. Describe and justify the proposed change(s) including how services to children and families will be impacted if the change(s) is(are) implemented?

Under penalty of perjury, I certify as the authorized contractor representative, that all applicable State and federal statutes and regulations will be observed.

**Name of Authorized Representative:**

**Title of Authorized Representative:**

**Signature of Authorized Representative:**

**Date:**

## Program Narrative Change

Fiscal Year 2024–25

**Contractor Legal Name** (Full spelling of legal name required. Acronyms or site names not accepted):

OAKLAND UNIFIED SCHOOL DISTRICT

**Four-Digit Vendor Number:** 6125

**County:** 01 Alameda

**Program Type:** California State Preschool Program (CSPP)

**Change Type** (Check one):

☒ Calendar (MDO) Change

☐ Programmatic Change

**Please include responses to the following (3) questions below:**

1. Identify the program component for which you are requesting a change.

CSPP FULL-DAY FULL-YEAR; PROGRAM YEAR 25-26

2. Describe how the program currently provides services to children and families in relation to the above-identified program component.

CSPP OUSD EARLY CHILDHOOD EDUCATION DEPARTMENT;  
STAND-ALONE PRESCHOOL CENTER-BASED PROGRAMS

3. Describe the proposed change, and how services will be improved if the change is implemented.

SHIFTING PROGRAM YEAR FROM 239 TO 237 ALLOWS TWO ADDITIONAL DAYS OF STAFF DEVELOPMENT TO INCREASE QUALITY PROGRAMMING TO CSPP STUDENTS AND FAMILIES; CALENDAR ALIGNS WITH OPENING OF SCHOOL YEAR FOR REST OF OAKLAND UNIFIED AND MEETS UNION REQUIREMENTS

Under penalty of perjury, I certify as the authorized contractor representative, that all applicable State and federal statutes and regulations will be observed.

**Name and Title of Authorized Representative:**

CAROLINE JONES

**Telephone:**

510-919-1369

**Signature of Authorized Representative:**

**Date:**

07/15/2025

# FEDERAL CERTIFICATIONS

CO.8 (REV. 06/20)

California Department of Education

## CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 45 Code of Federal Regulations (CFR) Part 93, "New restrictions on Lobbying," and 45 CFR Part 76, "Government-wide Debarment and Suspension (Non procurement) and Government-wide requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

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### 1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 45 CFR Part 93, for persons entering into a grant or cooperative agreement over \$100,000 as defined at 45 CFR Part 93, Sections 93.105 and 93.110, the applicant certifies that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement;
- (b) If any funds other than federal appropriated funds have been or will be paid to any person for influencing or attempting to influence an employee of Congress, or any employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," in accordance with this instruction;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

### 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by executive Order 12549, Debarment and Suspension, and other responsibilities implemented at 45 CFR Part 76, for prospective participants in primary or a lower tier covered transactions, as defined at 45 CFR Part 76, Sections 76.105 and 76.110.

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction violation of federal or State antitrust statutes or commission of embezzlement,

theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period proceeding this application had one or more public transactions (federal, state, or local) terminated for cause or default; and

B. Where the applicant is unable to certify any of the statements in this certification, he or she shall attach an explanation to this application.

### 3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 76, Subpart F, for grantees, as defined at 45 CFR Part 76, Sections 76.605 and 76.610-

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

(b) Establishing an on-going drug-free awareness program to inform employees about-

(1) The danger of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants, and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W., (Room 3124, GSA Regional Office Building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).



B. The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

#### DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 76, Subpart F, for grantees, as defined at 45 CFR Part 76, Sections 76.605 and 76.610-

- a. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant, and
- b. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and contracts Service, U.S. department of Education, 400 Maryland Avenue, S.W. (Room 3124, GSA Regional Office Building No. 3) Washington, DC 20202-4571. Notice shall include the identification numbers(s) of each affected grant.

#### ENVIRONMENTAL TOBACCO SMOKE ACT

As required by the Pro-Children Act of 1994, (also known as Environmental Tobacco Smoke), and implemented at Public Law 103-277, Part C requires that:

The applicant certifies that smoking is not permitted in any portion of any indoor facility owned or leased or contracted and used routinely or regularly for the provision of health care services, day care, and education to children under the age of 18. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day. (The law does not apply to children's services provided in private residence, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for in- patient drug and alcohol treatment.)

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As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

FISCAL YEAR 2026-27

CONTRACTOR NAME

VENDOR ID NUMBER

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

# Contractor Certification Clauses

CCC 04/2017

## CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed)	Federal ID Number
---------------------------------------	-------------------

By (Authorized Signature)

Printed Name and Title of Person Signing

Date Executed	Executed in the County of
---------------	---------------------------

## CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

## **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

## **CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION**

Pursuant to Public Contract Code section 2010, if a bidder or proposer executes or renews a contract in the amount of \$100,000 or more on or after January 1, 2017, the bidder or proposer hereby certifies compliance with the following:

1. **CALIFORNIA CIVIL RIGHTS LAWS:** For contracts \$100,000 or more, executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY POLICIES:** For contracts \$100,000 or more, executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

## **CERTIFICATION**

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

1. Proposer/Bidder Firm Name (Printed):
2. Federal ID Number:
3. By (Authorized Signature):
4. Printed Name and Title of Person Signing:
5. Date Executed:
6. Executed in the County and State of:

## Form EED-3704B: Subcontract Certification

**Contractor Name:**

**Vendor Number:**

**County:**

**Contract Type:**

**Contract Maximum Reimbursable Amount (MRA):**

**Total Percentage of MRA Subcontracted:**

### Subcontractor #1

**Subcontractor Legal Name:**

Does this subcontractor also contract with EED? Yes No

Has your agency subcontracted with this agency before? Yes No

If yes, please list the name of the site in which subcontracted services will occur, including site address, service county, and the percentage of the contract MRA that will be subcontracted.

If no, please submit a Program Narrative Change to indicate this change. Refer to 5 CCR Section 17800 for subcontractor approval requirements.

Site No.	Site Name	Site Address	Service County	Percentage of MRA Subcontracted
1				
2				
3				
4				

## Subcontractor #2

### Subcontractor Legal Name:

Does this subcontractor also contract with EED? Yes No

Has your agency subcontracted with this agency before? Yes No

If yes, please list the name of the site in which subcontracted services will occur, including site address, service county, and the percentage of the contract MRA that will be subcontracted.

If no, please submit a Program Narrative Change to indicate this change. Refer to 5 CCR Section 17800 for subcontractor approval requirements.

Site No.	Site Name	Site Address	Service County	Percentage of MRA Subcontracted
1				
2				
3				
4				



CERTIFICATION: By signing this certification, I, the authorized contractor representative, hereby certify, that all applicable state and federal rules and regulations with respect to the subcontracting of contract funds will be observed, that the information contained in this form is correct and complete to the best of my knowledge, and that all records related to subcontracting will be retained as required by applicable law.

Signature

Date



# Oakland Unified

County	Alameda
District	Oakland Unified <a href="#">List of active district's schools</a>
CDS Code	01 61259 0000000
District Address	1011 Union St Oakland, CA 94607-4099 <a href="#">Google Map</a> 
Mailing Address	1011 Union St Oakland, CA 94607-4099
Phone Number	(510) 879-8000
Fax Number	Information Not Available
Email	Information Not Available
Web Address	<a href="http://www.ousd.org">www.ousd.org</a> 
Superintendent	Dr. Denise Saddler Interim Superintendent <a href="mailto:denise.saddler@ousd.org">denise.saddler@ousd.org</a>
Chief Business Official	Lisa Grant-Dawson Chief Business Officer (510) 879-8611 <a href="mailto:lisa.grantdawson@ousd.org">lisa.grantdawson@ousd.org</a>
Status	Active
District Type	Unified School District
Low Grade	P
High Grade	Adult
NCES/Federal District ID	0628050
CDS Coordinator (Contact for Data Updates)	Juan Du (510) 879-5703 <a href="#">Request Data Update(s)</a>
Last Updated	July 2, 2025

## Directory Disclaimer

The California School Directory and related public school and district data files (collectively referred to as the 'Directory'), contain information about California schools, districts, and school/district administrators that is voluntarily self-reported by local education agencies (LEAs)\* to the California Department of Education (CDE) as a public convenience. Because the information is voluntarily self-reported and unverified, the Directory does not contain information for every LEA or school and the information that is in the Directory may be outdated or have errors, omissions, typos, and other inaccuracies. Therefore, information, or the absence of information, in the Directory should not be relied upon for any purpose and should be used only to contact the LEA or school. The CDE makes no representation or warranty, express or implied, with respect to Directory information.

\* Private school data are self-reported by private school owners/heads.

\* Charter school data are self-reported by their authorizing agency and/or the charter school.

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## California State Preschool Program Agency Information Certification

I certify, as the authorized representative of the agency listed below, I have reviewed all the information for and updates, additions, or deletions have been submitted as needed for information in all of the areas below:

Executive Director/Superintendent information  
Program Director information  
Sites and Licenses and/or Office information  
Family Childcare Home summary information

To the best of my knowledge, the information on the CDMIS Web site reflects accurate information for as of the date this certification was signed.

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Program Director/Authorized Representative Signature

Date Signed

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Printed Name of Program Director/Authorized Representative

**Name of Agency User Generating Certification:** Julie Manis

**Date Generated:** 10/1/2025

**Assigned Program Quality Implementation Consultant:** Cassandra Lewis

**Fiscal Year 2026–27 Continued Funding Application**  
**DUE DATE: 5:00p.m. November 14, 2025**

Contractors holding a current California State Preschool Program (CSPP) contract, and if applicable a Prekindergarten and Family Literacy Support (CPKS) contract, who wish to be considered for continued funding, for fiscal year (FY) 2026–27 must complete this application for continued funding. The FY 2026–27 CFA Overview and Instructions may be accessed on the [CFA web page](#). Contractors are strongly encouraged to review the CFA Overview and Instructions before and after completion of the CFA and associated documents to confirm that the application and forms submitted for their agency have been completed in accordance with all applicable instructions.

Contractors who apply for and are approved for continued funding do not need to sign a contract with the California Department of Education (CDE) to provide CSPP and CPKS services for FY 2026–27. Contracts will be automatically renewed in accordance with all applicable federal and state laws and contract terms and conditions (CT&C). By signing this CFA, the contractor is indicating that it wishes to automatically renew its contract(s) for FY 2026–27 and accepts all of the terms and conditions of the 2026–27 CSPP contract, and if applicable the 2026–27 CPKS contract, which will be provided to the contractor no later than June 1, 2026.

Upon completion of this CFA, the CDE will review the application and may contact your agency seeking additional information. If the CFA is returned to the CDE in a timely manner but is not fully and accurately completed, funding for FY 2026–27, if approved, may be delayed.

Please also note that contractors have no vested right to a subsequent contract. Completion of this CFA does not guarantee a renewal of funding. If the CDE determines your agency will not be renewed for a subsequent contract year, you will be notified in writing no later than April 7, 2026, pursuant to the *California Code of Regulations*, Title 5 (5 CCR) Section 17828.

Contractors that wish to reject the terms of the FY 2026–27 CSPP and/or CPKS contract must provide the CDE with written notice that the terms of the contract(s) are rejected by emailing [EarlyEducationContracts@cde.ca.gov](mailto:EarlyEducationContracts@cde.ca.gov) on or before June 30, 2026. The email should come from the Executive Director/Superintendent of the contracting entity or their authorized representative and state that the terms of the FY 2026–27 CSPP and, as applicable, the CPKS contract are rejected. Contractors providing such notice to the CDE of the rejection of the terms of the contract will not have contract(s) in effect for FY 2026–27. Contractors cannot reject their CSPP contract and still receive funding under a CPKS contract since CPKS funding is tied to having a CSPP contract. If no notice of rejection is sent to the CDE and the CFA is approved, the contract will be automatically renewed, and no further action will be required from the contractor.

If a contractor wishes to terminate the contract for any reason during the FY 2026–27 contract term, the contractor shall notify the CDE of its intent to terminate the contract at least 90 calendar days in advance of contract termination and shall follow 5 CCR 17795.

If you have any questions regarding the CFA, please contact [CFA@cde.ca.gov](mailto:CFA@cde.ca.gov).

<b>Section I – Contractor Information</b>
<b>Contractor Legal Name:</b> Oakland Unified School District
<b>Contractor “Doing Business As” (DBA) Name:</b>
<b>Vendor Number:</b> 6125
<b>Headquartered County:</b> Alameda
<b>Legal Business Address:</b> 1011 Union Street, Oakland, 94607
<b>Mailing Address</b> (if different from above):
<b>Executive Director Name:</b>
<b>Executive Director Telephone:</b>
<b>Executive Director Email Address:</b>

To update Contractor Information above, [log in to the Child Development Management Information System \(CDMIS\)](#) and follow these instructions: [Update Agency Information](#).

<b>Section II – Contract and Program Type</b>
Contractor agrees to continue to administer the following programs with funds provided by the California Department of Education (CDE) for Fiscal Year 2026–27.
<b>Contract Type(s):</b> CSPP CPKS
<b>Program Type(s):</b> Full-Day/Full-Year, Part-Day/Part-Year, Full-Day/Part-Year
<b>Minimum Days of Operation (MDO):</b> 239
<b>Subcontractor(s):</b> Yes
<b>License Exemption:</b> No

To request a change to Program Type(s), MDO, or other programmatic details, download and complete the [Program Narrative Change](#) form and return it with this CFA.

Subcontractors and License Exemption must be renewed annually, if applicable.

### Section III – Contractor Certification

Under penalty of perjury, I certify the following statements as true and correct to the best of my knowledge:

- I have read and understand the staffing requirements for Program Director, Site Supervisor, and Teacher. All staff employed by the contractor for the provision of preschool services are fully qualified for their respective positions. The exception to this certification is a person employed as Program Director or Site Supervisor who possesses a current Staffing Qualifications Waiver approved by the Early Education Division.
- I am authorized by the contractor's Board of Directors or other governing authority to execute this CFA, signifying their intent to automatically renew the current CSPP contract, and CPKS contract if applicable, for FY 2026–27, under new terms and conditions to be established by the CDE, unless rejected in writing prior to the effective date of the new contract(s) on June 30, 2026.
- On behalf of the contractor and its governing authority, I understand that some information requested in this CFA is intended for use by CDE auditors in connection with future audit work and performance reviews and may not be used, reviewed, or considered by the CDE until after the contract has expired, if ever. Therefore, the contractor further understands that the information (and any underlying transactions) disclosed by this CFA shall not be considered properly noticed to the CDE, nor approved, accepted, or authorized by the CDE, even if the contractor's request for continued funding by the CDE is subsequently approved.
- The governing board members or persons with governing authority have been trained in understanding conflict of interest requirements associated with their positions on the board and have reported all known conflicts of interest.
- As the signer of this CFA, I have supervisory authority over the CSPP and have knowledge of the information provided in this CFA. I am familiar with and will ensure that the contractor complies with all applicable program statutes and regulations in effect for FY 2026–27, including but not limited to:
  - Subcontracting requirements, including competitive bidding, CDE approval, and audit requirements in 5 CCR. I certify that any contractual arrangement(s) with subcontractors are made in adherence to the required subcontract provisions contained in the *California Education Code (EC)*, 5 CCR, and the CT&C. As the contractor, it is my responsibility to monitor the performance of the subcontractor to ensure services are provided appropriately through the entire contract term and that the contractor is ultimately responsible for the actions of any subcontractor.
  - Prohibitions on conflicts of interests, including (i) the assurances required to establish that transactions with officers, directors and other related party transactions are conducted at arm's length, and (ii) employment limitations stated in *EC*.
  - Cost reimbursement requirements, including reimbursable and non-reimbursable costs, documentation requirements, the provisions for determining the reimbursable amount

<p>and other provisions in 5 CCR, and accounting and reporting requirements in 5 CCR.</p> <ul style="list-style-type: none"> <li>○ Operational and programmatic requirements.</li> <li>○ Personnel requirements as stipulated in EC 5 CCR, and the CT&amp;C.</li> </ul> <ul style="list-style-type: none"> <li>● As the authorized representative of the CSPP contractor named in this application, I certify that: <ul style="list-style-type: none"> <li>○ I have reviewed all information for my agency and, to the best of my knowledge, the information on the CDMIS website reflects accurate information for my agency as of the date this certification is signed.</li> <li>○ I understand my obligation as a CSPP contractor to ensure the accuracy of information in CDMIS on an ongoing basis and will update the information in CDMIS as needed throughout the contract period.</li> </ul> </li> </ul>	
<p>By signing this CFA, the contractor is indicating that it wishes to automatically renew the current contract for FY 2026–27 and, if approved, is willing to, and does accept, all terms and conditions of the CSPP contract, which will be provided to the contractor no later than June 1, 2026.</p> <p>The contractor may reject the FY 2026–27 contract by providing the CDE with a written notice of rejection no later than June 30, 2026. Contractors that wish to reject the terms of the FY 2026–27 contract must provide written notice that the terms of the contract are rejected by emailing <a href="mailto:EarlyEducationContracts@cde.ca.gov">EarlyEducationContracts@cde.ca.gov</a> on or before June 30, 2026. The email should come from the Executive Director/Superintendent of the contracting entity or their authorized representative and state that the terms of the FY 2026–27 CSPP contract, and CPKS contract if applicable, are rejected. Contractors providing such notice to the CDE of the rejection of the terms of the contract(s) will not have a contract(s) in effect for FY 2026–27. I understand that failure to timely reject the terms of the contract means that the contract may be automatically renewed for FY 2026–27 starting on July 1, 2026.</p> <p>As the authorized representative of the contractor named in this application, I certify that I have reviewed all the information provided in this application, and in all accompanying forms, and I hereby attest that the information provided is true and correct to the best of my knowledge as of the date this certification is signed.</p>	
<b>Printed Name of the Contractor's Authorized Representative:</b>	
<b>Title of the Contractor's Authorized Representative:</b>	
<b>Signature of the Contractor's Authorized Representative:</b>	
<b>Date of Signature:</b>	

Required Attachments	Public Agency	Non-Public Agency	Check if Included
CSPP Program Calendar(s) (EED 9730)	Yes	Yes	<input type="checkbox"/>
California Civil Rights Laws Certification (CO-005)	Yes	Yes	<input type="checkbox"/>
Contractor Certification Clauses (CCC)	Yes	Yes	<input type="checkbox"/>
Federal Certification (CO.8)	Yes	Yes	<input type="checkbox"/>
CDMIS Agency Information Certification	Yes	Yes	<input type="checkbox"/>
State of California, Payee Data Record (STD. 204)	No	Yes	<input type="checkbox"/>
Payee Data Record Supplement (STD. 205)	No	Required only if payment address differs from mailing address on STD. 204	<input type="checkbox"/>
Secretary of State certification or search results	No	Yes	<input type="checkbox"/>
Verification of LEA Name and Address: Information page printed from California School Directory web page or California Community College Chancellor's web page, as applicable	LEAs only	No	<input type="checkbox"/>
Program Narrative Change (EED 3704A)	Required only if requesting changes	Required only if requesting changes	<input type="checkbox"/>
Subcontract Certification (EED 3704B)	Required only if subcontracting	Required only if subcontracting	<input type="checkbox"/>
Contractor's Officers and Board of Directors Information	No	Yes	<input type="checkbox"/>
Authorizing Board Resolution	Yes	As applicable	<input type="checkbox"/>
Application for License Exemption	Required only from LEAs applying to renew exemption from licensure pursuant to <i>Health &amp; Safety Code</i> Section 1596.792(o).	No	<input type="checkbox"/>