

NOTICE OF ACTION

Form CD-7617, (Rev 6/14)

1. Notice of Action (Complete Either 1.A. or 1.B.)

1.A. Application for Services

Services Approved to Begin: _____
Date

Services Denied

If appealed, appeal is due by: _____
Date

(Note: Appeal Instructions are on reverse side.)

1.B. Recipient of Services

Change in Service

Termination of Service

Termination of Service for Delinquent Fees

Effective Date of Action: _____

If appealed, date appeal is due by: _____

2. Distribution of Notice

Notice Given to Parent/Caretaker

Notice Mailed:

First Class

Other: _____

Recipient's Initials: _____

Date Notice Given or Mailed: _____

Tracking No. _____

*3. Parent/Caretaker Information

Parent/Caretaker A _____ Address _____

Parent/Caretaker B _____ City _____ Zip _____ Telephone _____

*4. Approved Child Care Services (Complete all information for each child approved for services.)

Name(s) of Child(ren) Receiving Services	Program Code		Enter Approved Hours of Enrollment							
			Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
		School	X	4	4	4	4	4	4	X
		Vacation	X	X	X	X	X	X	X	X
		School	X	4	4	4	4	4	4	X
		Vacation	X	X	X	X	X	X	X	X
		School	X	4	4	4	4	4	4	X
		Vacation	X	X	X	X	X	X	X	X
		School	X	4	4	4	4	4	4	X
		Vacation	X	X	X	X	X	X	X	X

Monthly Family Fee _____ Part-time \$ _____ Full-time \$ _____

5. Basis for Family Eligibility for Services

Recipient of Child Protective Services

Current Aid Recipient

Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited

Income Eligible (Reference Family Fee Schedule or Income Ceiling for Admission to State Preschool Programs.)

Homeless

6. Basis for Family Need for Services

(This section does not apply to State Preschool Programs [CSPP])

Recipient of Child Protective Services

Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited

Seeking Permanent Housing

Engaged in Vocational Training/Education

Employed or Seeking Employment

Incapacitated Parent(s)

7. Reason for Action: State the specific reason(s) services were denied, changed, or terminated.

8. Agency Name

PACIFIC PRESCHOOL

9. Name/Title of Agency Representative

ERIC GROSS, DIRECTOR

10. Signature of Agency Representative _____

The agency must complete the information on the reverse side before the Notice of Action is issued.

NOTICE OF ACTION

CD-7617 (Rev.6/14) (REVERSE)

Appeal Information: If you do not agree with the agency's action as stated in the Notice of Action, you may appeal the intended action. To protect your appeal rights, you must follow the instructions described in each step listed below. If you do not respond by the required due dates or fail to submit the required appeal information with your appeal request, your appeal may be considered abandoned.

STEP 1: Complete the following appeal information to request a local hearing:

Name of Parent/Caretaker		Telephone No.	
Address		City	Zip
In this section, please explain why you disagree with the agency's action.			
Check Box If an Interpreter is Needed at the Local Hearing: <input type="checkbox"/>	Signature of Person Requesting a Local Hearing		Date

STEP 2: Mail or deliver your local hearing request within 14 days of receipt of this notice to:

<u>This section must be completed by the agency before the notice is served</u>	
A. Agency Name	PACIFIC PRESCHOOL
B. Agency Address	50 OCEAN ST
C. City/State/Zip	DAVENPORT, CA 95017
D. Name of Agency Contact	ERIC GROSS, DIRECTOR
E. Agency Telephone Number	831-425-7002

STEP 3: Within ten (10) calendar days following the agency's receipt of your appeal request, the agency will notify you of the time and place of the hearing. You or your authorized representative are required to attend the hearing. If you or your representative do not attend the hearing, you abandon your rights to an appeal, and the action of the agency will be implemented.

STEP 4: Within ten (10) calendar days following the hearing, the agency shall mail or deliver to you a written decision.

STEP 5: **If you disagree with the written decision of the agency, you have 14 calendar days in which to appeal to the Early Education and Support Division (EESD). Your appeal to the EESD must include the following documents and information: (1) a written statement specifying the reasons you believe the agency's decision was incorrect, (2) a copy of the agency's decision letter, and (3) a copy of both sides of this notice. You may either fax your appeal to 916-323-6853, or mail your appeal to the following address:**

California Department of Education
 Early Education and Support Division
 1430 N Street, Suite 3410
 Sacramento, CA 95814-5901
 Attn: Appeals Coordinator
 Phone: 916-322-6233

STEP 6: Within 30 calendar days after the receipt of your appeal, the EESD will issue a written decision to you and the agency. *If your appeal is denied, the agency will stop providing child care and development services immediately upon receipt of CDE's decision letter.*