

NOTICE OF ACTION

1. NOTICE OF ACTION (COMPLETE EITHER 1.A. OR 1.B.)

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|--|--|
| <p>1.A. Application for Services</p> <p><input type="checkbox"/> Services Approved to Begin : _____ Date</p> <p><input type="checkbox"/> Services Denied If appealed, appeal is due by: _____ Date</p> <p><i>(Note: Appeal Instructions are on page 3.)</i></p> | <p>1.B. Recipient of Services</p> <p><input type="checkbox"/> Change in Service</p> <p><input type="checkbox"/> Disenrollment of Service</p> <p><input type="checkbox"/> Disenrollment of Service for Delinquent Fees</p> <p>Effective Date of Action: _____</p> <p>If appealed, date appeal is due by: _____</p> |
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2. DISTRIBUTION OF NOTICE

| | | | |
|---|---|------------------------------|--------------|
| <input type="checkbox"/> Notice Given to Parent/ Caretaker | Notice Mailed: <input type="checkbox"/> First Class <input type="checkbox"/> Other: _____ | Date Notice Given or Mailed: | Tracking No. |
| Recipient's Initials: _____ | | | |

3. PARENT/CARETAKER INFORMATION

| | | | |
|--------------------|------|--------------------|-----------|
| Parent/Caretaker A | | Parent/Caretaker B | |
| Address | City | Zip | Phone no. |

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. | Thur. | Fri. | Sat. |
| | | School | | | | | | | |
| | | Vacation | | | | | | | |
| | | School | | | | | | | |
| | | Vacation | | | | | | | |
| | | School | | | | | | | |
| | | Vacation | | | | | | | |
| | | School | | | | | | | |
| | | Vacation | | | | | | | |

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
- Means-Tested Government Programs (Reference Welfare Institution Code Section 10271(a)(1)(A) and Child Care Bulletin 23-04 for Means-Tested Government Programs)

6. BASIS FOR FAMILY NEED FOR SERVICES

- 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)
- Documentation of Child's Exceptional Needs
- Homelessness

7. REASON FOR ACTION: *State the specific reason(s) services were denied, changed, or disenrolled.*

8. AGENCY NAME

9. NAME/TITLE OF AGENCY REPRESENTATIVE

10. SIGNATURE OF AGENCY REPRESENTATIVE

x

The agency must complete the information on page 3 before the Notice of Action is issued.

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 | | Phone 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: This section must be completed by the agency before the notice is served

- A. Agency Name: _____
- B. Agency Address: _____
- C. City/State/Zip: _____
- D. Name of Agency Contact: _____
- E. Agency Telephone Number: _____

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 Child Care and Development Division (CCDD). Your appeal to the CCDD 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 or mail your appeal to the contact information below:

California Department of Social Services
 Child Care and Development Division
 Attn: Appeals Coordinator
 744 P Street, MS 9-8-351
 Sacramento, CA 95814
 Phone: 1(833) 559-2417
 Fax: (916) 654-1048
 Email: CCDDAppeals@dss.ca.gov

STEP 6: Within 30 calendar days after the receipt of your appeal, the CCDD 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 California Department of Social Services’ decision letter.*