

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					1.B. Recipient of Services				
<input type="checkbox"/> Services Approved to Begin: _____ Date					<input type="checkbox"/> Change in Service				
<input type="checkbox"/> Services Denied If appealed, appeal is due by: _____ Date <i>(Note: Appeal Instructions are on reverse side.)</i>					<input type="checkbox"/> Termination of Service <input type="checkbox"/> Termination of Service for Delinquent Fees Effective Date of Action: _____ If appealed, date appeal is due by: _____				
2. Distribution of Notice								Date Notice Given or Mailed:	
<input type="checkbox"/> Notice Given to Parent/Caretaker Recipient's Initials: _____				Notice Mailed: <input type="checkbox"/> First Class <input type="checkbox"/> Other: _____				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							
		Vacation							
		School							
		Vacation							
		School							
		Vacation							
		School							
		Vacation							
Monthly Family Fee		Part-time \$		Full-time \$					
5. Basis for Family Eligibility for Services					6. Basis for Family Need for Services				
<input type="checkbox"/> Recipient of Child Protective Services <input type="checkbox"/> Current Aid Recipient <input type="checkbox"/> Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited <input type="checkbox"/> Income Eligible (Reference Family Fee Schedule or Income Ceiling for Admission to State Preschool Programs.) <input type="checkbox"/> Homeless					(This section does not apply to State Preschool Programs [CSPP]) <input type="checkbox"/> Recipient of Child Protective Services <input type="checkbox"/> Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited <input type="checkbox"/> Seeking Permanent Housing <input type="checkbox"/> Engaged in Vocational Training/Education <input type="checkbox"/> Employed or Seeking Employment <input type="checkbox"/> Incapacitated Parent(s)				
7. Reason for Action: State the specific reason(s) services were denied, changed, or terminated.									

8. Agency Name Hoover Intergeneration Child Care

9. Name/Title of Agency Representative _____

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:

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 Early Education Division (EED). Your appeal to the EED 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 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 EED 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.