

NOTICE OF ACTION-APPROVAL

URGENT INFORMATION FOR PARENTS

If you do not agree with the decision below, you may file an appeal. Instructions for filing an appeal are provided on the reverse side of this Notice of Action (NOA). Your appeal request must be received by the agency on or before the deadline: _____. **If you do NOT appeal by the deadline, the agency will proceed with the action as described below.**

Please keep a copy of this notice for your records.

1. PARENT INFORMATION

Parent A Name _____

Parent B Name _____

Address _____

City, State, Zip _____

Phone Number _____

2. AGENCY INFORMATION

Agency Authorized Representative Name _____

Agency Authorized Representative Signature _____ Date _____
(530) 241-1036

Agency Phone Number _____

Shasta Head Start Child Development, Inc. _____

Agency Name _____

375 Lake Blvd. Ste 100 Redding, CA 96003 _____

Agency Address _____

Zip _____

3. ACTION:

Your application dated _____ for child care services for the children on the **attached schedule**

Date

has been approved. Your program services will begin on the following date(s):

☐ California State Preschool (CSPP) _____

Date

☐ Alternative Payment (CAPP) _____

Date

☐ CalWORKs Stage 3 (C3AP) _____

Date

☐ General Child Care (CCTR) _____

Date

☐ CalWORKs Stage 2 (C2AP) _____

Date

☐ OTHER _____

You have a monthly family fee of \$ _____ based on a family size of _____ and family income of _____.

Part-time or Full-time fee

Family Size

Monthly Income

Your first family fee payment in the amount of \$ _____ is due on the first of _____. Thereafter, your fees

Payment

Month

are due according to the agency's policy for collection of fees: Due on 1st of month, late on 7th, 3rd Notice of Action for Delinquent Fees is final.

4. REASON FOR APPROVAL:

Family Eligibility EC 8263(a)(1):

- ☐ Current CalWORKs Cash Aid Recipient
- ☐ Income Eligible (Reference Family Fee Schedule or Income Ceiling for Admission to State Preschool Programs.)
- ☐ Homeless
- ☐ Recipient of Child Protective Services
- ☐ Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited
- ☐ Other

Family Need EC 8263(a)(2): (Does not apply to part-day CSPP)

- ☐ Recipient of Child Protective Services
- ☐ Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited
- ☐ Engaged in Vocational Training/Education
- ☐ Employed or Seeking Employment
- ☐ Seeking Permanent Housing
- ☐ Incapacitated Parent(s)
- ☐ Other

5. ADDITIONAL INFORMATION, REASONS FOR TIME FRAME/LIMITATIONS: _____ Please notify staff of any changes within 5 calendar days. Part time fee assessed for months with less than 130 hours provided, for example, December. Please see school calendar for days. **Estimated Recertification Date:** _____

6. ISSUANCE:

☐ Given to Parent: _____
Date Parent Initials Agency Initials

☐ Mailed to Parent: : _____
Date Tracking No. (If Applicable) Agency Initials

INSTRUCTIONS FOR FILING AN APPEAL

If you disagree with the action set forth on the reverse side of this NOA, you may appeal it to a hearing officer, who shall be higher I authority than the person issuing this NOA. Your request for a local appeal hearing must be received by the agency on or before the **DEADLINE**: _____. If you file an appeal, the intended action will be suspended and any services you currently receive will continue until the review process has been completed. ****If you do no submit an appeal request before the deadline listed above, you will lose your appeal rights and the action will become effective on the date listed on the reverse side of this NOA.****

STEP 1: To request a local appeal hearing, please fill in the boxes:

Parents Name:		Phone Number:
Address	City/State	Zip Code
Optional- Explain why you believe the action indicated on the reverse of this NOA is incorrect (you may attach additional pages if necessary):		
<input type="checkbox"/> Check box if you have an authorized representative (another person who will attend the hearing on your behalf).		<input type="checkbox"/> Check box if you need an interpreter at the hearing. Language needed:
Name of authorized representative:		Parent Signature _____ Date _____

STEP 2: Make a copy of this page and fax, mail or hand deliver to the agency as follows:

FOR AGENCY USE ONLY

Agency Name Shasta Head Start Child Development, Inc			
Mailing Address	375 Lake Blvd. Ste. 100	City/State: Redding, CA	Zip Code: 96003
Agency Contact (name): Hearing Officer		Contact E-mail: N/A	
Contact Telephone # (530) 241-1036		Fax (530) 241-2703	

If you prefer, you may provide the appeal information to the agency in a separate document or by telephone. You may also request that your hearing be recorded. **** Please keep a copy of both sides of this form for your records.****

STEP 3: The agency will notify you of the time, and location of your hearing within 10 days of your request. If the time and place of the hearing are not convenient for you, please contact the agency immediately to reschedule. ****If you do not get written notification of the date, time and location of your appeal hearing within 10 calendar days of submitting your request, please contact the local agency listed above immediately.****

STEP 4: Arrive at the scheduled hearing at least 10 minutes in advance. You shall have an opportunity to explain the reason(s) you believe the NOA was incorrect. ****If neither you nor your authorized representative appear at the time and location of the scheduled hearing, you will be deemed to have abandoned your appeal, the intended action on the NOA will no longer be suspended and the action will become effective.****

STEP 5: Within 10 calendar days after your local appeal hearing, you will be issued a local hearing decision letter. ****If you do not receive the decision letter, please contact the local agency listed above immediately.****

STEP 6: If, after your local hearing, you disagree with the local hearing decision letter, you may ask for a review by the Early Education and Support Division (EESD). To request a review, write a letter explaining why you believe the local agency's decision letter is incorrect. Your request must include: 1) your letter, 2) a copy of this NOA, and 3) a copy of the agency's decision letter. **The EESD must receive the request within 14 calendar days from the date on the written decision letter.**
Mail or fax your appeal to:

California Department of Education
Early Education and Support Division
1430 N Street, Suite 3410
Sacramento, CA 95814
Attn: Appeals Coordinator
FAX 916-323-6853

You may contact the EESD at 916-322-6233 for additional assistance.

NOTICE OF ACTION-APPROVAL

Family's Approved Child Care Schedule For: _____
Name of Parent(s)

For Notice of Action Issued: _____
Date of NOA

Approved Child Care Schedule (Complete all information for each child approved for services.)									
Name(s) of Child(ren) Receiving Services	Date of Birth		Enter Approved Hours of Enrollment						
			Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
		School							
		Vacation							
		School							
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		Vacation							

Welcome to: _____

- Morning (AM) hours are: **7:30am – 1:30pm Mon – Fri.**
- Afternoon (PM) hours are based upon work/school/need for care hours:
Your pickup hours are scheduled for:

Mon __:__ Tues __:__ Wed __:__ Thur __:__ Fri __:__
am/pm am/pm am/pm am/pm am/pm

If you are approved for variable hours, pick up is based on:

- End of work day or by close of center
- 2 parent/guardian households pickup based on earliest end of work day; i.e.
 - If Parent 1 ends work at 4pm and Parent 2 ends work at 1pm – Parent 2 picks up at end of work (1pm)
- **1:30pm on all days any parent/guardian is not working or approved pm hours**
- **Monthly schedule and paystubs due by 2nd business day after end of every month.**

Thank you, Shasta Head Start Child Development, Inc.

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For Notice of Action Issued: _____

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		Vacation							

Date of NOA

Welcome to: _____

- Center hours are: **7:30am – 4:30pm Mon – Fri.**
- Afternoon (PM) hours are based upon work/school/need for care hours.

If you are approved for variable hours:

- **Monthly schedule and paystubs due by 2nd business day after end of every month.**

If you are approved for vocational training:

- **Grades are due by 10th day after release of grades**
- **Registration due prior to starting next semester**
- **Education plan must contain classes care is requested for**

Thank you, Shasta Head Start Child Development, Inc.

NOTICE OF ACTION-APPROVAL

Family's Approved Child Care Schedule For: _____
Name of Parent(s)

For Notice of Action Issued: _____

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Name(s) of Child(ren) Receiving Services	Date of Birth		Enter Approved Hours of Enrollment						
			Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
		School							
		Vacation							
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		Vacation							

Date of NOA

Welcome to: _____

- Center hours are: **8:00am – 2:30pm Mon – Fri.**

Thank you, Shasta Head Start Child Development, Inc.