

# Notice of Action (NOA) – Suspension and Expulsion

Note: This form must only be used when the child is suspended or expelled from the California State Preschool Program pursuant to *Education Code* Section 8489.1

Type of Dismissal (Select One):

Suspension from the program

Expulsion from the program

Effective Date of Action:

**If appealed, the appeal is due to the California Department of Education (CDE) by:**

Date Notice was Given, Emailed, or Mailed:

Distribution of Notice (Select One):

Notice Mailed First Class

Notice Emailed

Notice Given to Parent or Caretaker

Other

Tracking No. (If applicable):

## Family Identification

### Parent/Guardian A: Contact Information

First Name:

Last Name:

Phone Number:

Street Address:

City:

State:

Zip Code:

**Parent/Guardian B: Contact Information**

First Name:

Last Name:

Phone Number:

Street Address:

City:

State:

Zip Code:

**Changes Occurring to Certified Schedule:** Include the dates that the child was suspended from care or the dates the expulsion began:

**Reason for Action:** State the specific reason(s) the child was suspended or expelled:

**Provided Supports:** Select all the provided supports that apply:

Referral to applicable community agencies

Written Plan

Reached out to the Individualized Education Program (IEP)/ Individualized Family Service Plan (IFSP), Local Education Agency (LEA)

Other

## **Agency Information**

Agency Name:

Name/Title of Agency Representative:

Agency Representative Phone Number:

Agency Representative Email:

Agency Representative Signature:

## **Appeal Information**

If you do not agree with the agency's action as stated in the NOA, you may appeal the intended action directly to CDE. 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 an appeal to CDE:

Name of Parent/Caretaker:

Telephone Number:

Street Address:

City:

Zip Code:

In this section, explain why you disagree with the agency's action, attach additional pages if more space is needed.

**Step 2:** 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) this document with your written statement specifying the reasons you believe the agency's decision was incorrect (2) any supporting documentation to explain why you believe the agency's decision was incorrect. You may either fax your appeal to 916-323-6853, email your appeal to [EEDAPPEALS@cde.ca.gov](mailto:EEDAPPEALS@cde.ca.gov), 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 3:** 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 disenroll the child from preschool services immediately upon receipt of CDE's decision letter.*