

Division/County Letterhead

Mail Date

Parent Name
Parent Address,
Parent City, State, Zip Code
SCN:

Dear Child Care Parent,

This is your advance notice of an action that may terminate payments to your current child care provider, (Provider Name).

Our records indicate that the provider has more than four unrelated children in care. Child care services on behalf of your child (ren) are made to this provider by the Department of Social Services, Family Support Division and/or the Children's Division.

Missouri law, RsMO 210.211, subsection (1.) states that 'providers caring for more than four children, unrelated to the provider, must be licensed'.

If your children are related to the provider, please submit documentation (Birth, Marriage, Divorce or other certification) that proves the relationship of your child (ren) and the child care provider. We also requested this information from your child care provider. Submit these documents to us no later than Day, Month, Date, Year (ten business days in the future from the date you are sending this notice.)

The information that you and/or the child care provider supplies to us determines if your provider is eligible to receive future child care payments from the Department of Social Services, Family Support Division or Children's Division.

If we do not receive the requested information by (Day, Month, Date, and Year) we may interpret this to mean that your child(ren) and the provider are not related. Your provider's registration will close and no future child care payments from the Department of Social Services, Family Support Division or Children's Division can be made on behalf of your child (ren). You may be responsible for the entire cost of your child's (children's) care with (Provider Name).

You may be expected to select another provider, one that meets state requirements, in order for the Department of Social Services to make child care payments on your behalf. If you need help finding another provider, please contact your Child Care Resource and Referral Agency, (R/R Name), at (phone number).

The provider's failure to comply with Missouri law and DSS provider registration does not entitle you to an Administrative Appeal through the Department of Social Services, Division of Legal Services.

Please contact your local Family Support or Children's Division office if you have questions regarding this notice.

Sincerely,

Caseworker/SSCM/Supervisor