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| Children's Division Circuit Manager's Name,Title  • Address •  City, MO Zip Codewww.dss.mo.gov • Telephone • Fax number |
|       |

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| Call Number |       |
|       | RE: | *Parent(s)*     *Child(ren)*      |
| Dear: |       |
|  The purpose of this letter is to inform you that the Children’s Division has conducted an Investigation or Family Assessment in response to your call to the Child Abuse/Neglect Hotline on       regarding the above named family. Please see the finding below: |
|  |
|  | Sincerely, |
|  |  |
|  |       |
|  | *(Worker’s Name)* |