

Child Care Subsidy Orientation

Requirements to be a Licensed or Licensed Exempt Child Care Provider

- All legal child care providers can receive payments from the Department of Social Services (DSS) for the care of eligible subsidy children.
- All legal childcare providers are categorized as either licensed or license exempt.

Licensed Providers

- You must be licensed if you care for five or more children who are not related to you.
- You must have a contract with DSS to be paid for child care services.
- In order for you to become a licensed child care provider, a Child Care Facility Specialist from the Department of Health and Senior Services, Section for Child Care Regulation will visit the facility where you provide care. During the visit, the Facility Specialist will inspect your facility to make sure you provide a safe and healthy place for children.

License Exempt

- If you are a license exempt child care provider or if you care for four or less children who are not related to you, you must register with DSS as a child care provider in order to receive payment from DSS. A Child Care Facility Specialist will not visit you. You must have a registration agreement with DSS to be paid for child care services.

A Registration Agreement is required every year for registered providers.

You must agree to:

- You will let parents see and be with their child, show them any papers you keep on their child, and have access to a phone so the parents can contact you about their child.
- You are able to care for children. If someone says that you do not care for children appropriately, the State will examine the way you provide care to children.
- You meet health and safety rules.

- You will have a background check completed on all members of your household who are 17 years of age or older.
- You agree to make your paperwork available to the State for review for 5 years after providing care.

What does contracted and registered mean?

Contracted or Registered describes the type of agreement providers must enter into with Department of Social Services, depending whether the provider is a Licensed or a Licensed Exempt provider. Regardless, if you are Contracted or Registered you must care for children in the age range you have been approved for care.

- Infant - birth up to 2nd birthday,
- Pre-School - age 2 up to 5th birthday, and
- School Age - age 5 up to the 13th birthday

Contracted

A contracted child care provider is a provider who is licensed to provide child care by the Department of Health and Senior Services, Section for Child Care Regulation and has a contract with the Department of Social Services to provide child care subsidy to eligible children.

Registered

A registered child care provider is a provider that has successfully completed a Child Care Provider Registration Application and Agreement and meets all the requirements with the Department of Social Services to provide child care to subsidy eligible children. A registered provider would include those license exempt providers. Registrations must be renewed annually and providers must update their registration if they have moved. These requirements must be met and in place before a child is authorized.

Protective Services (PS)

- **Protective Services (PS) Childcare** – PS Children are children that receive services for the treatment or prevention of child abuse and/or neglect through the Children’s Division (CD). PS children include, but are not limited to, children receiving Adoption Services, Alternative Care (Foster Care), Family Centered Services, Legal Guardianship and Intensive in Home Services.

- Providers serving PS children receive a child specific special needs rate enhancement, of twenty-five (25%) over their base rate.
- Providers cannot charge registration fees, co-payments, field trip fees, or transportation fees for Protective Services Children.

Income Maintenance (IM)

- **Income Maintenance (IM) Childcare** - Families who apply for child care services through the Family Support Division (FSD) are often referred to as Income Maintenance households. These families have their child care eligibility determined and approved through a local FSD office and are not considered PS children.
- All CD and FSD children appear on one (1) invoice.
- The Children's Division only pays for direct child care services.
- The daily attendance requirements apply to all Children.

These Requirements must be met and in place before a payment can be authorized to a provider.

There are things that you, the parent, and DSS **must** do:

- The Parent **must** be eligible for child care subsidy, and
- The Parent **must** choose you as a provider, and
- The Provider **must** sign a Payment Agreement with the State of Missouri/DSS, and
- The child **must** be authorized for child care by the parent's DSS, case worker, and
- The Provider **must** receive an Authorization Letter from DSS authorizing you to provide child care.

NOTE: While a parent maybe eligible for services, you are not guaranteed payment until you receive notice from DSS that the child has been authorized to you.

To view the Child Care Income Guidelines see attachment at end of this document.

To view an example of a Parental Authorization Letter see attachment at end of this document.

To view an example of a Provider Authorization Letter see attachment at end of this document.

Parent Responsibility

The parent **must**:

- Pay the required sliding fee to provider.
- Renew their childcare application yearly.
- Write down and initial next to the time they drop off and pick up their child each day on the Child Care Attendance Sheet.
- Review and sign the Child Care Attendance Sheet each month.
- Connect with caseworker regarding any changes that would affect childcare authorization, including schedule changes.

Child Care Provider Responsibility

As a DSS Child Care Provider you **must**:

- Make sure **you and** the parent signs the Child Care Attendance Sheet at the end of every month.
- Collect the part of the child care payment (the sliding fee) that the parent is responsible for from the parent, if applicable.
- Fill out the Invoice when the month is complete to indicate how much time you care for a child in the month.
- For paper invoices, attach the original attendance records to the paper Invoice. Mail the paper Invoice and the attendance records to the CCPRU serving your county. The correct return address will be in the upper left-hand corner of the Invoice.
- Make copies of all documents and maintain your records for a minimum of 5 years.

To view an example of a filled attendance sheet see attachment at end of this document.

To view an example of an invoice see attachment at end of this document.

Child Care Online Invoice System

The Child Care Online Invoice System (CCOIS) is available for all child care providers who do business with the Department of Social Services. By registering for this service, you would receive your monthly invoices online and you would submit child care attendance through the

internet each month. The online invoice is available on the first of the month following the service month. The benefits of using the CCOIS are as follows:

- Allows you as the provider to control the timing of your payments;
- Reduces the time it takes for payment processing; and
- Eliminates the time to receive mailed invoices.

Prior to registering as a user of the Child Care Online Invoice System, you must:

- Be a valid subsidy provider, and
- Have a current email account.
- To access CCOIS, go to the Department of Social Services home page at www.dss.mo.gov and click on the Child Care Online Invoicing icon in the lower right corner of the page.

Child Care Provider Relations Unit (CCPRU)

- CCPRU staff work with child care providers in the areas of contract and registration processes, payments, and serve as a liaison with the DSS staff to address any issues regarding authorizations that may be impacting provider payments.
- DSS staff is located in the local offices and work with the client (parent requesting child care services). They determine the parent's eligibility and type of care needed.
- You will receive payment approximately 10 to 15 days from the time your invoices are entered into the payment system by your CCPRU. If you sign up for direct deposit, you will receive your payments sooner. You can contact your local Child Care Provider Relations Unit for additional detail or for a direct deposit application.
- Anytime a provider has an issue with a payment or lack of payment, they will need to submit a Child Care Provider Payment Resolution Request (CD-147) form. The Child Care Provider Payment Resolution Request form can be requested from the Child Care Provider Relations Unit (CCPRU) office, or can be obtained online. The provider will need to submit the request with their attendance records and the reason a review is being requested.

For a copy of the Direct Deposit Form (CD-122) or Child Care Provider Payment Resolution Request Form (CD-147) visit the Children's Division Form site at:

www.dss.mo.gov/cd/info/forms/index.htm

Child Care Provider Relations Unit's (CCPRU) offices:

- LINC CCPRU will cover Cass, Clay, Jackson, Platte and Ray counties.
- St. Louis City Prince Hall CCPRU will cover St. Louis City providers.
- St. Louis County Page CCPRU will cover St. Louis County and St. Charles providers.
- CCPRU in Jefferson City Office covers the remaining 107 counties.

To view a Child Care Provider Relations Unit Statewide Map:

<http://dss.mo.gov/cd/childcare/pdf/ccpru-expansion.pdf>

How the Amount of Your Pay is Determined

Four things determine the Base Rate the State can pay you as a child care provider.

- The **county** where you live: There are varying rates for areas with big cities (urban) and rural parts of the State.
- The **type of child care facility** that you operate
 - Family Home
 - Group Home
 - Center
- The **age** of the child you care for:
 - Infant - birth up to 2nd birthday
 - Pre-school - age 2 up to 5th birthday
 - School - age 5 up to the 13th birthday
- The **number of hours** you care for the child in a day:
 - **5 to 10 hours** counts as a **full day**
 - **3 up to, not including, 5 hours** counts as a **half day**
 - **30 minutes up to, not including, 3 hours** counts as a **part day**

You may view the State Base Rates at: <https://dssapp.dss.mo.gov/ccrate/>

You may also receive increases, called rate enhancements, to the daily Base Rates based on the following:

Child Specific Rate Enhancements

- **Evening/Weekend** - 15% increase for evening and weekend shift care for each child you care for during these times:
 - Evenings = 7:01 pm to 5:59 am
 - Weekends = 6:00 am Sat to 7:00 pm Sun
- **Special Needs** - 25% increase for caring for a child with special needs. Protective Services children are considered for the special needs rate enhancement. A special need is child specific.

Provider Specific Rate Enhancements

- **Accreditation** - 20% increase for becoming accredited by a State-recognized accrediting organization. Accreditation means a provider has successfully shown that she or he meets standards based on a national scale of professional quality child care or education. DSS recognizes six (6) accrediting bodies.
- **NOTE:** Effective April 7, 2011 accredited providers must complete an Accreditation Rate Enhancement Agreement (CD-149) and submit the form with a copy of their accreditation certificate in order to receive this rate enhancement.
- **Disproportionate Share** - 30% increase for licensed providers when 50% of the children they care for are from DSS subsidized families. This rate enhancement is called Disproportionate Share.
- **NOTE:** Applications for the Disproportionate Share rate enhancement are not being accepted due to budget constraints.
- You can receive more than one rate enhancement at a time if you qualify.

To view information about Accreditation: www.dss.mo.gov/cd/early/accorg.htm

For an Accreditation Rate Enhancement Agreement Form (CD-149) see the Children's Division Form site at: www.dss.mo.gov/cd/info/forms/index.htm

The Difference between the Sliding Fee and Co-Payment

- **Sliding Fee** – An FSD-eligible family's share of the childcare cost based on the family's income and household size. An FSD-eligible family's child care cost share is subtracted from the maximum base rate. The sliding fee is the portion the family must pay of their child care expense directly to the provider for all child care programs except for Protective Services Child Care.
- You are paid the State base rate or your established rate, whichever is lower. The sliding fee amount is subtracted from the amount the State pays you. It is your responsibility to collect the sliding fee from the parent. Your CCPRU office can answer your questions about payment amounts for each child in your care.
- **Co-Pay** – The portion of the childcare provider fee which exceeds the state maximum rate for childcare services. Households eligible for childcare services through the Family Support Division (FSD) must negotiate this fee directly with the childcare provider.
- The co-payment is considered when a provider's actual charges are more than the geographic maximum; the provider is permitted to collect this excess amount from the household in the form of a co-payment. This charge is in addition to the family's sliding fee.
- It is the providers responsibility to negotiate this with the parent and to collect the agreed upon amount. CCPRU will only assist in collection of the sliding fee and this would be through working with assigned DSS staff and parent.
- **NOTE:** Under contract, the provider is not permitted to charge a co-payment for Protective Services Child Care.

Calculation Example:

St. Louis child care provider licensed as a center that provides full time care to an infant.

Provider charges:	\$30.00 per full day
State Base Rate:	\$27.52 per full day
Parent Sliding Fee (SF):	\$5.00 per full day - Parent must pay the daily Sliding Fee

State Payment:	\$22.52 per full day
Calculation Method	Base Rate – Sliding Fee = State Payment Amount

Copayment: The payment difference between the state base rate and the rate the provider charges. Based on the above example, this would be \$2.48 per day. Calculation Method: Provider Rate minus State Base Rate minus the Sliding Fee ($\$30.00 - \$27.52 = \$2.48$).

So in this case the parent would pay a copayment of \$2.48 per day in addition to the \$5.00 per day sliding fee.

NOTE: It is the provider's responsibility to negotiate and collect the co payment from the parent. CCPRU will only assist in the collection of the sliding fee. **Reminder Co-Payments cannot be charged to Protective Services Child Care.**

Rules for Absences and Holidays

- You can only invoice units of care up to the amount authorized and what was actually provided. For example, if you provide 6 hours of care (full time) on a day, but the child is only authorized for half time units, you can only claim a half time unit of care for that day. The parent is responsible for any care you provide that was not authorized by DSS. If you provide 1 hour and 30 minutes of care (part time) on a day, but the child is authorized for half time care, you can only claim a part time unit of care on that day.
- You may only invoice a total of 5 absences and/or holidays each month for a child authorized for 20 or more units of care per month.
- You may only invoice a total of 3 absences and/or holidays each month for a child authorized for less than 20 units of care per month.
- If a child is authorized for fewer than 3 units of care per month, you may invoice up to the number of units authorized.
- You may only claim absences or holidays for days your child care facility is usually open for business.
- You may claim a maximum of 11 holidays in a year. A holiday can be any legal holiday or any "local holiday" you choose. A "local holiday" could be a day you close because of bad weather or a day of vacation for you.
- You can only claim a holiday or an absence for a day that the child would usually be in attendance at your facility.
- You cannot charge for any day following the last day that a child attends your facility.
- It is a good idea to keep a running calendar of attendance to track absences, vacation, and holidays of each child. Reporting more absences, vacation or holidays than allowed will cause delays in payments.

Record Keeping and Invoicing

- **Child Care Attendance Records (CS-109)** – A monthly Child Care Attendance Record (CS-109) must be maintained for each child in your care receiving State paid (subsidy) child care benefits. Every day, the provider must make sure the parent writes down the time you started caring for the child and the time you stop. The provider also must make sure the parent initials each day next to these times. The provider and the parent must sign the Child Care Attendance Sheet. If the provider chooses to do the invoices online

(CCOIS) they are still required to complete attendance records and maintain records for a period of 5 years after they close.

- **Child Care Invoice (FA-581)** – Each month CCPRU mails a Child Care Invoice (FA-581) to the provider to fill out and sign and return before getting paid. This invoice tells DSS the amount of time authorized to the provider the amount of time the provider cared for a child in one month and how much the provider should get paid. Some providers are required to send the Child Care Attendance Sheet for each child, along with the invoice, to the CCPRU for payment. CCPRU checks the invoice and the Child Care Attendance Sheets. The provider is paid if the invoice and Child Care Attendance Sheets are correct, which includes having the necessary signatures. To help avoid payment errors and delays, review the attendance records and invoices before mailing. Make a copy of everything for your records before sending. Return the invoice(s) to the address listed in the upper left hand corner of the invoice. The provider will receive payment approximately 10 to 15 days from the time your invoices are entered by CCPRU. If the provider signs up for direct deposit, they will receive the payments sooner. The provider can talk to CCPRU about direct deposit or download the direct deposit application at.

Compliance and Auditing

- As a child care provider you can be audited.
- As a child care provider you can be investigated for fraud.
- You are required to maintain your records for a period of five (5) years and make the records available upon request.
- You can only bill for actual services provided.
- You can have a claim placed against you for billing the state improperly or for receipt of monies not owed to you.
- You cannot forge a parent's signature.
- You cannot bill for children who have left your care.
- You are required to report a change in address.

For more information about Fraud view the attachment at the end of this document.

As a child care provider:

- You are not an employee of the state of Missouri,
- You are responsible for filing your own state and federal income tax returns, and

- You will receive tax form 1099 which reports your earnings from DSS.
- You are not an employee of the State of Missouri, so you are responsible to report your earnings to the Internal Revenue Service as a self-employed worker. You will receive a tax form called an IRS 1099 at the end of the tax year that reports the total payments made to you for the year. The IRS tax form 1099 is your proof of earnings, and you will need to use this form when you file your income taxes.

For an example of an IRS tax form 1099 see attachment at end of this document.

Child Abuse and Neglect (CA/N) Information

You Are a Mandated Reporter

- CALL THE HOT-LINE at **1-800-392-3738**. The Children's Division staffs this hot-line 24 hours a day, 7 days a week, 365 days a year. They will take information from you and respond. If you live outside Missouri and want to report the abuse or neglect of a Missouri child, call 573-751-3448.

Have Complete Information

- The Children's Division needs specific information to be able to respond to a complaint of abuse or neglect. **Be sure you have complete information such as:**
 - the name of the child,
 - the name of the parent(s),
 - the name of the alleged abuser, and
 - where the child can be located.
- You can call the local Children's Division office to discuss your concerns. They can advise you whether or not to call the hot-line.

DECEMBER 2009 CHILD CARE FAMILY ELIGIBILITY INCOME GUIDELINES AND SLIDING FEE CHART

										SLIDING FEE CHART		
										DAILY COST PER CHILD IN CARE		
NUMBER OF PERSONS PER CHILD CARE FAMILY										FULL	HALF	PART
1	2	3	4	5	6	7	8	9	10	DAY	DAY	DAY
0-417	0-545	0-674	0-802	0-930	0-1058	0-1082	0-1106	0-1130	0-1154	\$1.00 Per Year*		
418-500	546-654	675-808	803-962	931-1116	1059-1270	1083-1299	1107-1328	1131-1356	1155-1385	\$0.50	\$0.35	\$0.25
501-583	655-763	809-943	963-1122	1117-1302	1271-1482	1300-1515	1329-1549	1357-1582	1386-1616	\$0.75	\$0.50	\$0.35
584-667	764-872	944-1078	1123-1283	1303-1488	1483-1693	1516-1732	1550-1770	1583-1808	1617-1847	\$1.00	\$0.65	\$0.45
668-750	873-981	1079-1212	1284-1443	1489-1674	1694-1905	1733-1948	1771-1991	1809-2034	1848-2078	\$2.00	\$1.30	\$0.90
751-834	982-1090	1213-1347	1444-1604	1675-1860	1906-2117	1949-2165	1992-2213	2035-2261	2079-2309	\$3.00	\$1.95	\$1.35
835-917	1091-1199	1348-1482	1605-1764	1861-2046	2118-2328	2166-2381	2214-2434	2262-2487	2310-2539	\$4.00	\$2.60	\$1.80
918-1212	1200-1584	1483-1960	1765-2333	2047-2704	2329-3077	2382-3146	2435-3218	2488-3287	2540-3356	\$5.00	\$3.25	\$2.25

11	12	13	14	15	16	17	18	19	20	FULL	HALF	PART
										DAY	DAY	DAY
0-1179	0-1203	0-1227	0-1251	0-1275	0-1299	0-1323	0-1347	0-1371	0-1395	\$1.00 Per Year*		
1180-1414	1204-1443	1228-1472	1252-1501	1276-1529	1300-1559	1324-1587	1348-1616	1372-1645	1396-1674	\$0.50	\$0.35	\$0.25
1415-1650	1444-1684	1473-1717	1502-1751	1530-1784	1560-1818	1588-1852	1617-1885	1646-1919	1675-1953	\$0.75	\$0.50	\$0.35
1651-1886	1685-1924	1718-1962	1752-2001	1785-2039	1819-2078	1853-2116	1886-2155	1920-2193	1954-2232	\$1.00	\$0.65	\$0.45
1887-2121	1925-2165	1963-2208	2002-2251	2040-2294	2079-2338	2117-2381	2156-2424	2194-2467	2233-2511	\$2.00	\$1.30	\$0.90
2122-2357	2166-2405	2209-2453	2252-2501	2295-2549	2339-2598	2382-2646	2425-2694	2468-2742	2512-2790	\$3.00	\$1.95	\$1.35
2358-2593	2406-2646	2454-2698	2502-2751	2550-2804	2599-2857	2647-2910	2695-2963	2743-3016	2791-3068	\$4.00	\$2.60	\$1.80
2594-3426	2647-3497	2699-3567	2752-3637	2805-3707	2858-3777	2911-3847	2964-3915	3017-3987	3069-4056	\$5.00	\$3.25	\$2.25

*FAMILIES AT THE LOWEST INCOME LEVEL SHALL PAY \$1.00 PER YEAR WITH CONSTITUTES THE PERIODIC PAYMENT FOR THE ELIGIBILITY PERIOD

FAMILIES WITH INCOMES HIGHER THAN THIS SCALE ARE INELIGIBLE FOR CHILD CARE ASSISTANCE

PART TIME CARE IS ONE HALF HOUR UP TO THREE HOURS OF CARE

HALF TIME CARE IS THREE HOURS UP TO FIVE HOURS OF CARE

FULL TIME CARE IS FIVE HOURS UP TO TEN HOURS OF CARE

0063910587 000321
 DONALD DUCK
 123 ANY STREET
 COLUMBIA MO 65202

ACTION NOTICE	Page 01	DATE 03/14/2011
HEAD OF EU DONALD DUCK		DCN 0063910587

The following action(s) was/were taken for eligibility unit number
 CC0063910587CHC001:

The child(ren) listed below are eligible for child care assistance from
 03/11/2011 thru 02/29/2012. The Family Support Division will pay your child
 care provider for a portion of your child care expenses. In order to receive
 this payment, your child care provider must send us child care invoices on a
 monthly basis. Invoices must be signed by your child care provider. Certain
 providers must also send in attendance sheets which track the hours and days
 when care is provided. You must sign these attendance sheets on a daily basis.
 Sliding fee amounts are based on your child care household's size and income.

Sliding fee amounts for your household are listed below. If the sliding fee
 amount listed below is \$0.00, your required sliding fee amount is actually \$1.00
 per year. This amount is automatically withheld from the first check issued
 each year. Sliding fee amounts are based on your child care household's size and
 income. Sliding fee amounts do not apply to children with defined special needs.
 Sliding fees are subject to change based on your family's circumstances.

If your provider charges more than the state maximum, it is your responsibility
 to pay this excess amount to your provider.

CHILD NAME	DCN
LOUIE DUCK	0063910588
PROVIDER: ABC 123 CHILD CARE	SPECIAL NEEDS: N

BEGIN DATE: 03/11/2011 END DATE: 02/29/2012

22 full day units per month

SLIDING FEE/DAY:	FULL	HALF	PART	BEGIN DATE	END DATE
	\$4.00	\$2.60	\$1.80	03/11/2011	02/29/2012

Your child care net countable income is as follows:

BENEFIT MONTH	GROSS INCOME	- MEDICAL INSURANCE PREMIUM	- EARNINGS DISREGARD	= NET INCOME
03/2011	\$1,150.00	\$25.00	\$0.00	\$1,125.00
04/2011	\$1,150.00	\$25.00	\$0.00	\$1,125.00
05/2011	\$1,150.00	\$25.00	\$0.00	\$1,125.00

CHILD ATTENDANCE RECORD BY FAMILY UNIT

PURPOSE: Child care providers are required to maintain daily attendance records for subsidy eligible children in their care. The Child Attendance Record by Family Unit is a form child care providers can use to record daily attendance for children in care. Parents are required to sign their child in to care each day, by indicating the time the child begins care and signing the child out of care each day, by indicating the time the child ends care.

INSTRUCTIONS: The child care provider information, parent information, and child name/dcn information on this form may be typed or legibly handwritten by the child care provider. **The time the child enters care and the time the child leaves care must be indicated daily and these times must be initialed by the parent/designee daily.**

CHILD CARE PROVIDER NAME - Enter the name of the child care provider or the name of the child care facility.

PROVIDER DEPARTMENTAL VENDOR NUMBER - Enter the child care provider Departmental Vendor Number (DVN).

PROVIDER TELEPHONE NUMBER - Enter the telephone number of the child care provider or the child care facility.

PARENT OR DESIGNEE NAME - Enter the name of the parent or designee of the child(ren) in care.

PARENT OR DESIGNEE DCN - Enter the Departmental Client Number (DCN) of the parent or designee. This information is available on the Child Care Provider Approval/Change Notice (FA-155) you received indicating a child is eligible for care.

PARENT OR DESIGNEE ADDRESS - Enter the full address of the parent or designee.

PARENT OR DESIGNEE TELEPHONE NUMBER - Enter the telephone number, including the area code, of the parent or designee.

MONTH/YEAR - Enter the month and the year for the reported month of attendance.

CHILD # 1 NAME (FIRST/LAST) - Enter the first and last name of the child in care. Use only one column per child. Use only one form per family unit.

CHILD #1 DCN - Enter the DCN of the child in care. This information is available on the Child Care Provider Approval/Change Notice (FA-155) you received indicating a child is eligible for care. Use only one column per child.

CHILD # 2 NAME (FIRST/LAST) - Enter the first and last name of a 2nd child in care if the child is in the same family unit. Use only one column per child. Use only one form per family unit.

CHILD # 2 DCN - Enter the DCN of the 2nd child in care. This information is available on the Child Care Provider Approval/Change Notice (FA-155) you received indicating a child is eligible for care. Use only one column per child.

DAY OF THE MONTH - This column lists each day, from 1-31, of the month.

TIME CARE BEGAN AM OR PM - List the time care began, indicating am or pm, for each day of the month the child is in care. This information must be entered by the parent/designee, the same day care is provided.

TIME CARE ENDED – CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY - List the time care ended, indicating am or pm, in this column, for any time a child is in care, but intends to return to care or ends care when a parent or designee is not available to sign the child out. The child care provider or staff may enter this time the child ends care, if no parent or designee is available. This information must be entered the same day care is provided.

TIME CARE BEGAN – CHILD RETURNING TO CARE SAME DAY ONLY - List the time care began, indicating am or pm, in this column, for any time the child returns to care, after having left care the same day. If a parent or designee is not available to sign the child in, the child care provider or staff may enter the time the child returns to care. This information must be entered the same day care is provided.

TIME CARE ENDED AM OR PM - List the time care ended, indicating am or pm, for each day of the month care is provided. This information must be entered by the parent/designee, the same day care is provided.

PARENT MUST INITIAL EACH DAY OF CARE - The parent/designee must initial each day of the month care is provided on the day care is provided. The parent/designee initial indicates the parent/designee has reviewed and verified the beginning and ending times of care. When the parent/designee initials the attendance record for the day of care, the parent/designee is responsible for reviewing and verifying any time the child care provider or staff member entered the time care began or ended.

PARENT SIGNATURE - At the end of the month that care has been provided, the parent will review and verify the Child Attendance Record by Family Unit. The parent will sign the record, indicating they have verified and agree with the attendance recorded.

CHILD CARE PROVIDER SIGNATURE - At the end of the month that care has been provided, the child care provider will review and verify the Child Attendance Record by Family Unit. The child care provider will sign the record, indicating they have verified and agree with the attendance recorded.

Note: Original child attendance records must be attached to original paper invoices for payment. All child care providers providing care to subsidy eligible children are required to maintain complete and accurate daily attendance records.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT AND CHILDREN'S DIVISION
CHILD ATTENDANCE RECORD BY FAMILY UNIT

CHILD CARE PROVIDER NAME	PROVIDER DEPARTMENTAL VENDOR NUMBER (DVN)	PROVIDER TELEPHONE NUMBER
PARENT OR DESIGNEE NAME		PARENT OR DESIGNEE DCN
PARENT OR DESIGNEE ADDRESS		
PARENT OR DESIGNEE TELEPHONE NUMBER		

MONTH/ YEAR	CHILD # 1 NAME (FIRST/LAST)				PARENT MUST INITIAL EACH DAY OF CARE	CHILD # 2 NAME (FIRST/LAST)				PARENT MUST INITIAL EACH DAY OF CARE
	CHILD # 1 DCN					CHILD # 2 DCN				
DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE ENDED - CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY	TIME CARE BEGAN - CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM		TIME CARE BEGAN AM OR PM	TIME CARE ENDED - CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY	TIME CARE BEGAN - CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM	
1										
2										
3										
4										
5										
6										
7										
8										
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I certify that the hours and days of care listed above were provided to the above named children.

PARENT SIGNATURE	CHILD CARE PROVIDER SIGNATURE
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PROVIDER NOTE: All child care providers are required to maintain daily attendance records for subsidy eligible children. Daily attendance records must include the time care began and the time care ended, initialed by the parent/designee, on each day of care. Attendance must be recorded on the same day care is provided. Complete and legible, original attendance records must be submitted with original invoices, for payment.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT AND CHILDREN'S DIVISION
CHILD ATTENDANCE RECORD BY FAMILY UNIT

PROVIDER NAME <i>MY CHILD CARE BUSINESS</i>
PROVIDER VENDOR NUMBER <i>001234567</i>
PROVIDER TELEPHONE NUMBER <i>314-555-1234</i>

INSTRUCTIONS: Please list the parent or designee's name and address in the top lines as labeled. List the child's name in the first column. If there is another child in this family unit for which you provide care, list the other child in the remaining column. Use only one column per child. Use another Child Attendance Record form for additional children in this same family unit. **THE PARENT/DESIGNEE RECORDS THE CHILD'S TIME IN AND OUT OF YOUR FACILITY ON A DAILY BASIS. YOU AND THE PARENT/DESIGNEE MUST SIGN THIS FORM PRIOR TO SUBMITTING IT TO FSD/CD.** The parent/designee's initials are required daily. The parent/designee signature and your signature are required on each form monthly. Staple these attendance records to your invoice when submitting to FSD/CD for payment. Please include your name or business name, your provider number and phone number of the top of each form.

PARENT OR DESIGNEE NAME <i>MARY POPPINS</i>	PARENT SOCIAL SECURITY NUMBER <i>123-45-6789</i>
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PARENT OR DESIGNEE ADDRESS
123 N MAIN ST, JANTOWN, MO 65555

PARENT OR DESIGNEE TELEPHONE NUMBER
314-555-9876

MONTH/YEAR <i>03/2007</i>	CHILD #1 (FIRST NAME, LAST NAME) <i>CORY POPPINS</i>				PARENT/DESIGNEE MUST INITIAL EACH DAY OF CARE	CHILD #2 (FIRST NAME, LAST NAME) <i>JANE POPPINS</i>				PARENT/DESIGNEE MUST INITIAL EACH DAY OF CARE
DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM		TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM	
01	<i>7:30 am</i>	<i>8:30 am</i>	<i>3:30 pm</i>	<i>5:30 pm</i>	<i>MP</i>	<i>7:30 am</i>			<i>5:30 pm</i>	<i>MP</i>
02	<i>7:35 am</i>			<i>5:40 pm</i>	<i>MP</i>	<i>7:35 am</i>			<i>5:40 pm</i>	<i>MP</i>
03										
04										
05	<i>7:45 am</i>	<i>8:35 am</i>	<i>3:35 pm</i>	<i>5:50 pm</i>	<i>MP</i>	<i>7:45 am</i>			<i>5:50 pm</i>	<i>MP</i>
06	<i>7:15 am</i>	<i>8:35 am</i>	<i>3:40 pm</i>	<i>5:15 pm</i>	<i>MP</i>	<i>7:15 am</i>			<i>5:15 pm</i>	<i>MP</i>
07	<i>7:30 am</i>	<i>8:30 am</i>	<i>3:25 pm</i>	<i>5:25 pm</i>	<i>MP</i>	<i>7:30 am</i>			<i>5:25 pm</i>	<i>MP</i>
08	<i>7:35 am</i>	<i>8:25 am</i>	<i>3:30 pm</i>	<i>5:30 pm</i>	<i>MP</i>	<i>7:35 am</i>			<i>5:30 pm</i>	<i>MP</i>
09	<i>7:30 am</i>	<i>8:30 am</i>	<i>3:25 pm</i>	<i>5:25 pm</i>	<i>MP</i>	<i>7:30 am</i>			<i>5:25 pm</i>	<i>MP</i>
10										
11										
12	<i>7:50 am</i>	<i>8:30 am</i>	<i>3:30 pm</i>	<i>5:45 pm</i>	<i>MP</i>	<i>7:50 am</i>			<i>5:45 pm</i>	<i>MP</i>
13	<i>7:45 am</i>	<i>8:35 am</i>	<i>3:45 pm</i>	<i>5:35 pm</i>	<i>MP</i>	<i>7:45 am</i>			<i>5:35 pm</i>	<i>MP</i>
14	<i>7:15 am</i>	<i>8:30 am</i>	<i>3:35 pm</i>	<i>5:20 pm</i>	<i>MP</i>	<i>7:15 am</i>			<i>5:20 pm</i>	<i>MP</i>
15	<i>7:30 am</i>	<i>8:25 am</i>	<i>3:40 pm</i>	<i>5:25 pm</i>	<i>MP</i>	<i>7:30 am</i>			<i>5:25 pm</i>	<i>MP</i>
16	<i>7:20 am</i>	<i>8:30 am</i>	<i>3:30 pm</i>	<i>5:20 pm</i>	<i>MP</i>	<i>7:20 am</i>			<i>5:20 pm</i>	<i>MP</i>
17										
18										
19	<i>7:30 am</i>	<i>NO SCHOOL</i>		<i>5:25 pm</i>	<i>CT</i>	<i>7:30 am</i>			<i>5:25 pm</i>	<i>CT</i>
20	<i>7:40 am</i>	<i>NO SCHOOL</i>		<i>5:10 pm</i>	<i>CT</i>	<i>7:40 am</i>			<i>5:10 pm</i>	<i>CT</i>
21	<i>8:20 am</i>	<i>SPRING BREAK</i>		<i>4:10 pm</i>	<i>RW</i>	<i>8:20 am</i>			<i>4:10 pm</i>	<i>RW</i>
22	<i>8:30 am</i>	<i>NO SCHOOL</i>		<i>4:15 pm</i>	<i>RW</i>	<i>8:30 am</i>			<i>4:15 pm</i>	<i>RW</i>
23	<i>7:45 am</i>	<i>NO SCHOOL</i>		<i>3:20 pm</i>	<i>CT</i>	<i>7:45 am</i>			<i>3:20 pm</i>	<i>CT</i>
24										
25										
26	<i>7:45 am</i>	<i>8:40 am</i>	<i>3:45 pm</i>	<i>5:50 pm</i>	<i>MP</i>	<i>7:45 am</i>			<i>5:50 pm</i>	<i>MP</i>
27	<i>7:40 am</i>	<i>8:35 am</i>	<i>3:40 pm</i>	<i>5:30 pm</i>	<i>MP</i>	<i>7:40 am</i>			<i>5:30 pm</i>	<i>MP</i>
28	<i>7:25 am</i>	<i>8:30 am</i>	<i>3:35 pm</i>	<i>5:20 pm</i>	<i>MP</i>	<i>7:25 am</i>			<i>5:20 pm</i>	<i>MP</i>
29	<i>7:30 am</i>	<i>8:30 am</i>	<i>3:30 pm</i>	<i>5:25 pm</i>	<i>MP</i>	<i>7:30 am</i>			<i>5:25 pm</i>	<i>MP</i>
30	<i>ABSENT</i>					<i>ABSENT</i>				
31										

I certify that the hours and days of care listed above were provided to the above named child/ren.

PARENT/DESIGNEE SIGNATURE <i>Mary Poppins</i>	CHILD CARE PROVIDER SIGNATURE <i>My Childcare Business</i>
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Provider: Use this form to track times and days of care on a daily basis. This form is designed to assist you in completing your monthly invoice from FSD/CD. Attach this form to your completed invoice and return it to the FSD/CD office listed at the top of your invoice. You are required to keep a copy of this form for your records and to make it available for review for five (5) years.

SERVICE MONTH: This is the month that child care was provided.

RETURN BY: The date the invoice should be returned to the address at the top of the invoice.

RATE ENHANCEMENTS: This field shows your eligibility for increased rates.

INVOICE NUMBER: The number assigned to this invoice.

CONTRACT NUMBER: If you are licensed and have a contract with the state, this is your contract number.

INVOICE DATE: The date the invoice was printed.

PROVIDER NUMBER: The number assigned to you by the state to identify you as the child care provider

STATE MAXIMUM REIMBURSEMENT RATES: These are the maximum rates that the state will pay you. Rates are determined by your facility type, child's level of care, and your location.

CHILD CARE VENDOR INVOICE		INVOICE DATE 09/20/2005	INVOICE NUMBER D2006115010000001	SERVICE MONTH SEPT 2005
HOLIDAYS CLAIMED	PROVIDER NUMBER 001234567	CONTRACT NUMBER DC123456	RETURN BY 10/10/2005	DISP N ACRO N

STATE MAXIMUM REIMBURSEMENT RATE IN YOUR AREA FOR CHILD CARE FAMILY

	DAYTIME			EVENING/WEEKEND		
	FULL-DAY	HALF-DAY	PART-DAY	FULL-DAY	HALF-DAY	PART-DAY
INFANT	\$15.00	\$ 9.75	\$ 5.00	\$17.25	\$11.21	\$ 5.75
PRESCHOOL	\$13.00	\$ 8.00	\$ 5.00	\$14.95	\$ 9.20	\$ 5.75
SCHOOL-AGE	\$12.00	\$ 8.00	\$ 5.00	\$13.80	\$ 9.20	\$ 5.75

CHILD CORY POPPINS	CHILD'S ELIGIBILITY DAY: F23/H00/P00	CHILD SUBSIDY ENDS 10/31/2005	PAYMENT RATES FOR THIS CHILD DAY: F \$13.00 H \$ 8.00 P \$ 5.00
DCN 0012345678	EW: F00/H00/P00		EW: F \$14.95 H \$ 9.20 P \$ 5.75
DAY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	FL	HF
EW		PT	HT

CHILD SUBSIDY ENDS: The date that state payment ends for care of this child.

PAYMENT RATES FOR THIS CHILD: Daily rates that we pay you for the time child is in your care. These rates do not include the sliding fee amount that you must collect from the parent.

CHILD'S ELIGIBILITY: The number of times per month that this child is eligible for state paid services.
DAY: Daytime care during the hours of 6:00a.m. to 7:00p.m.
EW: Evening/Weekend care during the hours of 7:00p.m. to 6:00a.m.

DCN: Child's Departmental Client Number

INSTRUCTIONS FOR COMPLETING YOUR CHILD CARE BILLING INVOICE

GENERAL INSTRUCTIONS: The children's names printed on this invoice are the children who are eligible for child care assistance from the Department of Social Services (DSS). This billing invoice is for you to record the care you provided to each child during the month. The days of the service month are indicated for each child as 1 through 31. Enter the code that matches the number of hours you provided care for that day for each child. Use the row labeled **DAY** or **EW**, or both depending on the child's eligibility. **F** = Full-time care is five hours up to ten hours in one calendar day. **H** = Half-time care is three hours up to 4 hours and 59 minutes in one calendar day. **P** = Part-time care is thirty minutes up to 2 hours and 59 minutes in one calendar day. If a child was absent on a day that you were open for business, put an 'X' in that day's box. If none of the children were in care because you were not open for business, put a 'V' in that day's box. If a child in your care is not shown on the invoice, that child was not approved for care at your facility at the time this invoice was printed. Total the number of Full, Half, and Part time care at the end of each row. Sign and date this form before submitting it to the DSS office printed on the front of this invoice. The suggested Return Date of this invoice is printed in the upper right side of the boxes. Contact your local DSS office about information on this invoice or payment resulting from submission of this invoice.

INFORMATION THAT IS PREPRINTED ON THIS INVOICE

Each invoice has an invoice date, invoice number, and service month. You may receive multiple invoices for a service month depending on the number of eligible children approved for care at your facility. A computer selected provider number (DVN) is assigned to each child care provider. Your DVN is printed on every invoice. Caregivers, who are licensed by the Department of Health and Senior Services/Section for Child Care Regulation, must also have a Contract Number in order to be eligible for subsidy reimbursement. A computer selected number (DCN) is assigned to each child that is eligible for Child Care assistance payments. The child's name and DCN is printed on each invoice. When you contact your local DSS office, they may ask you for your provider number (DVN), the child's number (DCN), the service month, or the invoice number to assist them in responding to your question.

STATE MAXIMUM REIMBURSEMENT RATES FOR YOUR AREA-These base rates are determined by your physical location, your facility type, the age category of the child, and the amount of care per day. Your facility type is determined by the number of children in your care, the location of care, or the designation assigned to you by Department of Health and Senior Services/Section for Child Care Regulation. These rates are also the base rates from which rate enhancements are determined. If you are approved to provide care during non-traditional hours, and the family's eligibility for Child Care assistance supports that care is needed for non-traditional hours, the child's rate includes the evening/weekend rate enhancement plus the regular rate for care. The state pays enhanced rates based on current appropriations and family eligibility. Provider eligibility for any rate enhancements is based on policy guidelines at the time this invoice was printed. A signed contract or registration agreement does not constitute eligibility for any rate enhancement. Certain child care providers are eligible for rate enhancements according to the number of subsidy children in care or their status with a recognized accrediting organization. Provider eligibility is indicated by a 'Y' or 'N' in the fields labeled as 'DISP' and 'ACRD'. When a 'Y' is printed in either or both of these fields, the printed child rates include the indicated enhancements.

CHILD'S ELIGIBILITY INFORMATION-The maximum amount of care per day that the state will reimburse you for each child is printed in the child's eligibility and subsidy end date fields. Children are approved for care based on the parent's verified schedule. You may not collect payment from the state for any care you provide outside of the approved hours. A child may have an eligibility for daytime care, evening/weekend care or both. A Provider Notice was mailed to you that states begin- and end- dates of care and the maximum amount of care the state will pay for this child.

**An example of a service authorization is D-F10/H02/P05 EW-F10/H02/P00. This means that the child is authorized for D (daytime) care at Full-time care-10 times per month, Half-time care of 2 times per month, and Part-time care 5 times per month. The child is also eligible for EW(evening/weekend) care at full-time care 10 times per month, Half-time care 2 times per month. The child is not authorized for Part-time EW care. When the Special Needs indicator of 'SN' is printed within the child's eligibility field, this child does not have a sliding fee and the rate for this child includes the Special Needs rate enhancement.

**The child's eligibility field prints the date that the child will no longer be eligible for state paid child care services. The family may have their eligibility re-established which may or may not result in a lapse in the family's child care services.

CHILD RATES-The printed rates in the child fields are the state maximum base rates plus any rate enhancements minus the child's sliding fee. When a child is eligible for evening/weekend care, these enhanced rates are displayed below the daytime rates. You must collect the sliding fee from the family as part of their compliance with the child care assistance program. As stated in your payment agreement, you shall not collect any additional funds for Children's Division children. These children are indicated as such by a "CD" in the same box as the "SN" indicator. All "CD" children are eligible for the special needs rate enhancement.

INFORMATION THAT YOU SUBMIT TO US

ATTENDANCE BOXES-These boxes represent days of the month in which you provided care to the child named in that section. You must mark a code in these boxes to tell us when the child was in your care, was eligible for care but absent, or when you were not open for business. Definitions for Full, Half, and Part-time care are in the **GENERAL INSTRUCTIONS** box above. Example: If a child was in your care during the day for 6 hours on the 10th, 11th, 12th, and 13th of the service month, you should print an 'F' in the daytime row of boxes labeled 10, 11, 12, and 13. Six hours of care=full-time for one day. (Please be advised that if the child is not approved for evening care, you will not be paid at the evening care rates.) Write the total of Full, Half, Part, Holidays, and Absences at the end of each row.

ABSENCES/HOLIDAYS/VACATION DAYS-The state pays up to 5 days in a service month for any combination of absences, holidays, or vacation days. Non-care days may be paid for fewer than five days per month based on the number of days a child is approved for care. A maximum of eleven provider holidays/vacation days shall be paid in the state fiscal year of July 1 through June 30.

**Absences are days when CHILDREN are absent on a day that you usually provide care to them. Mark these days with an 'X' on your invoice.

**Vacation and Holidays refer to days your business is closed when you would otherwise provide care. Examples of these days are the state defined holidays: New Year's Day, Birthdays of Martin Luther King, Abraham Lincoln, George Washington, Harry Truman, Memorial Day, Independence Day, Labor Day, Veteran's Day, Columbus Day, Thanksgiving Day, and Christmas Day. You may claim any combination of these holidays or eleven other days in the fiscal year that you select as your vacation days. Mark these days with a 'V' on your invoice. All children in your care must have the same days marked with a 'V' indicating that YOU were not open to provide care. Weekends are not vacation days unless you are eligible to provide care on the weekends.

YOU WILL NOT RECEIVE PAYMENT FOR ANY PROVIDER HOLIDAYS/VACATION DAYS OR CHILD ABSENCES FOR DAYS AFTER THE CHILD LEFT YOUR CARE.

0000032

RETURN UNDELIVERABLE MAIL TO:
 DEPT OF SOCIAL SERVICES-CHILDREN'S DIVISION
 EARLY CHILDHOOD & PREVENTION SERVICES SECTION
 PO BOX 88
 JEFFERSON CITY, MO 65102-0088



STATE OF MISSOURI
 DEPARTMENT OF SOCIAL SERVICES

2010 FORM 1099-MISC MISCELLANEOUS INCOME OMB NO. 1545-0115

YOUR CHILD CARE PROVIDER TAX ID/SSN _____ **YOUR CHILD CARE VENDOR #** _____

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns (Forms 1098, 1099, 3921, 3922, 5498 and W-2G).

1. \$.00	4. Federal Income Tax Withheld \$.00	6. \$.00	7. Non Employee Compensation	14. \$.00
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INSTRUCTIONS TO RECIPIENTS

The amount shown on this form may be subject to self-employment tax. If your net income is \$400 or more, you must file a return and compute your self-employment tax on Schedule SE (Form 1040). See Publication 334, Tax Guide for Small Business, for more information. If no income or Social Security and Medicare taxes were withheld, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040-ES, Estimated Tax for Individuals.

If you are an individual, report taxable amounts shown on Form 1040, as explained below. For corporations, fiduciaries, or partnerships, report the amounts on the proper line of your tax return.

Box 7: This box shows non-employee compensation. Payments reported in this box are income from self-employment. Report income on schedule C, C-EZ, or F (Form 1040) and complete Schedule SE (Form 1040).

The amount shown in this box represents payments made to you from the Department of Social Services for child care services. You received these payments in the months of January 2010 through December 2010. Income on this form is counted because it was received in the 2010 tax year. If you provided child care services in December 2009, you were paid in the 2010 tax year. This payment is included in Box 7.

You received this form because you are considered self-employed and not an employee of the Department. Income reported on this form is based on child care invoices you submitted to the Department for child care services that you provided at the request of eligible families. The amount shown above represents a total of all payments made to you in 2010. The Department did not withhold Social Security or Medicare taxes on your behalf. Contact the IRS for information about how to report any Social Security or Medicare taxes. Failure to supply current and valid proof of your tax identification number, for the purpose of DSS to report your child care income to the IRS, may result in you being charged \$50.00 by the IRS for not supplying necessary tax identification information to the Department. The Department may suspend all child care payments to you until the necessary tax information is received and validated with the IRS.

If you believe the amount shown in Box 7 is incorrect, you must send an explanation and proof of the correct payment amount to the address below. We will compare the payment information that you send to us with our records of payments made to you in the months of January through December 2010. **If your tax identification number or payee name is in error, send proof of the correct name and/or number to:**

Missouri Department of Social Services
 Children's Division, Early Childhood Section/1099 Corrections
 PO Box 88
 Jefferson City, MO 65102-0088
 (573) 522-1385
 DSS FEDERAL EIN: 43-1754897

REPORTING CHILD CARE FRAUD

The Child Care Assistance Program is supported with both federal and state funds. These funds are available to assist in moving families towards self-sufficiency. After eligibility has been determined, help is provided through Child Care and possibly other public assistance programs to the family. When an applicant becomes eligible for child care, he/she agrees to follow certain rules. Also, child care providers serving families on behalf of the Department of Social Services are expected to abide by their contract or registration agreement with DSS. Failure to abide by those rules, contracts and or agreements could result in either an applicant, DSS child care provider or both violating a state and/or federal law!

Cases of suspected fraud should be reported IMMEDIATELY!

Remember! Everyone suffers from Public Assistance Fraud.
Please help preserve the integrity of these programs.

To report suspected fraud, contact the office nearest you by mail, phone, or fax.
You can also use e-mail to report your concerns,
DLS.ReportFraud@dss.mo.gov

Division of Legal Services - Investigative Offices

<p>DLS Investigations Central Region PO Box 1527 Jefferson City, MO 65102</p> <p>(573) 751-2711 - Voice (573) 751-0196 - Fax (877) 770-8055 - Toll Free</p>	<p>DLS Investigations Eastern Region 111 N. 7th, Room 303 St Louis, MO 63101</p> <p>(314) 340-7460 - Voice (314) 340-3468 - Fax</p>	<p>DLS Investigations Southeast Region 106 Arthur Drive, Suite G Sikeston, MO 63801</p> <p>(573) 472-5210 - Voice (573) 472-5249 - Fax</p>
<p>DLS Investigations Western Region 103 North Main, Suite 201 Independence, MO 64050</p> <p>(816) 325-5900 - Voice (816) 325-5906 - Fax</p>		<p>DLS Investigations Southwestern Region 149 Park Central Square, Rm 925 Springfield, MO 65806</p> <p>(417) 895-6494 - Voice (417) 895-6122 - Fax</p>