



(Date)

(Provider Name)  
(Provider Address)  
(City, State, Zip)

Subject: Provider Notification of Adoption

Attention: **Confidential Information Enclosed**

Dear Provider:

This is to inform you that \_\_\_\_\_, date of birth \_\_\_\_\_,  
Pre-adoptive Name DOB

has been adopted and is now known as \_\_\_\_\_.  
Adoptive Name

The child's Early Steps pre-adoptive record will be sealed and can only be opened by court order. Please amend your records accordingly. If there are any pertinent records that you wish to have included in the child's Early Steps pre-adoptive record, please forward those documents as soon as possible.

If you have any questions, I can be contacted at \_\_\_\_\_.  
Telephone Number

Thank you for your attention to this matter.

Sincerely,

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Service Coordinator  
Early Steps