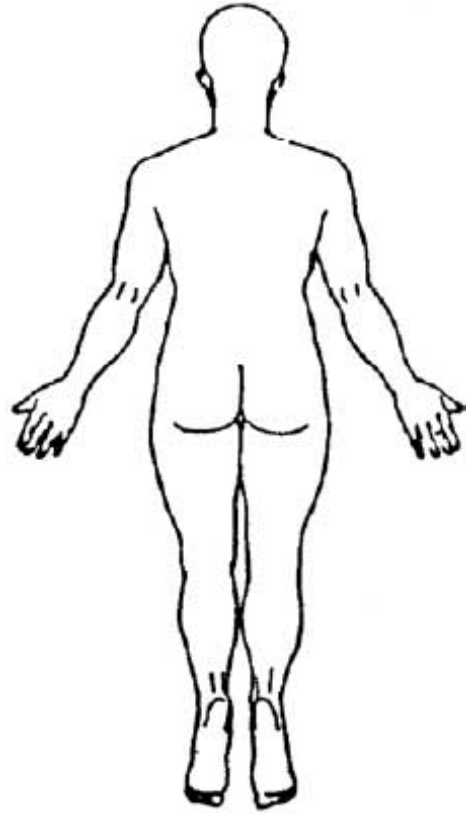
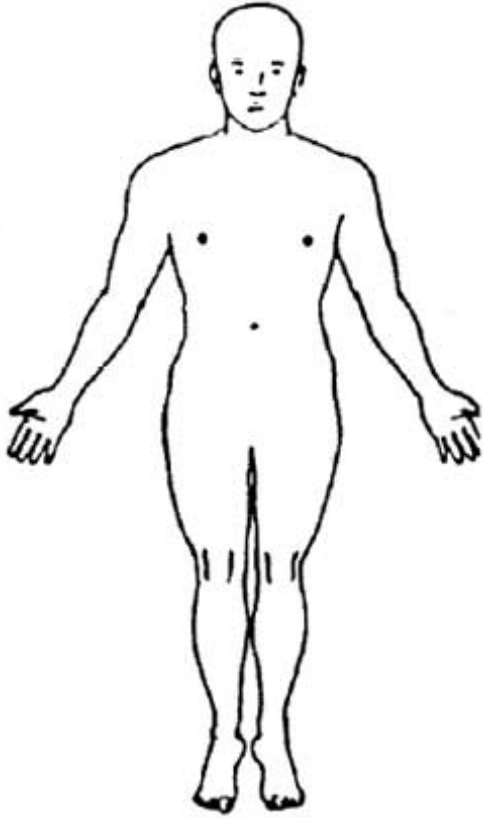


SUSPECTED CHILD ABUSE OR NEGLECT REPORT



Notification	N/A	Date & Time
Family Advocacy Program		
Child Protective Services		
Child Development Services Coordinator		
Emergency Services (Security, Fire, Medical)		
Public Affairs Office (PAO)		
HQ DLA CDP (Headquarters DLA Child Development Programs)		
HQ DLA FSP (Headquarters DLA Family Support Programs)		
Treatment provided, medication and further treatment (if known); include name/title of person providing treatment		
Doctor/Dentist	Hospitalized (overnight) # of days	
Child/Family Resource Team (CFRT) (if applicable)		
Mandated Reporter Name	Signature	Date
Center Director's Name	Signature	Date