SUSPECTED CHILD ABUSE OR NEGLECT REPORT		
FILL IN / CHECK BOXES THAT APPLY		
Program/Center Classroom	Classroom	
Child's Name	Sex	Birthdate
Witnesses	Incident Date	Time of Incident
Incident Description and Location     Name of Parent/Legal Guardian Notified	Date/Time Notified	
Mandated Reporter Name and Title		
Type of Report (X one) Specific Report (X one)   Center Related Suspected Child Abuse   Not Center Related Suspected Child Abuse		
How Situation was Discovered   Report from child Noticed during diapering   Report from parent Discovered while assisting child		
Part of Body Involved (Specify on diagrams on page 2)   Eye Nose Tooth Other part of head Arm/wrist/hand Trun   Ear Mouth Neck Other part of face Leg/ankle/foot Geni		
Describe injuries or mark(s) on body		
SEE DIAGRAMS AND NOTES ON PAGE 2		

## 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 Date Signature

## DLA FORM 1846, FEB 2008