



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT LEE
3312 A AVENUE SUITE 208
FORT LEE, VIRGINIA 23801

IMLE-ZA

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Fort Lee Guide for Child Supervision

1. PURPOSE This document establishes policies and procedures concerning adult supervision of children on Fort Lee.

2. REFERENCES

- a. Army Regulation (AR) 608-10, Child Development Services, 11 May 2017.
- b. AR 608-75, Exceptional Family Member Program, 27 January 2017.
- c. AR 608-18, The Army Family Advocacy Program, 30 October 2007/Rapid Action Revision (RAR) 13 September 2011.
- d. AR 190-30, Military Police Investigation (MPI), 1 November 2005.
- e. Department of Defense Instruction (DODI) 6060.2, School-Age Care Program, 5 August 2014.

3. EXPLANATION OF ABBREVIATIONS AND TERMS

a. Abbreviations:

- (1) FAP: Family Advocacy Program
- (2) CYS: Child and Youth Services
- (3) FAP-Clinical: Family Advocacy Program-Clinical
- (4) PM: Provost Marshal
- (5) MTF: Medical Treatment Facility
- (6) CID: Criminal Investigation Division

IMLE-ZA

SUBJECT: Fort Lee Guide for Child Supervision

(7) MP: Military Police

(8) KAHC: Kenner Army Health Clinic

(9) RPOC: Report Point of Contact

b. Terms

(1) Child Abuse/physical maltreatment: Physical harm, mistreatment or injury of a child by parent, guardian, foster parent or caregiver, whether the caregiver is intrafamilial or extrafamilial, under circumstances indicating that the child's welfare is harmed or threatened. Such acts by a sibling, other Family member, or other person will be deemed to be abuse or maltreatment only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.

(2) Child Neglect: A type of child abuse/maltreatment where by a child is deprived of needed age-appropriate care by act or omission of the child's parent, guardian, or caregiver; an employee of a residential facility; or a staff person providing out-of-home care under circumstances indicating that the child's welfare is harmed or threatened. Child neglect includes abandonment, deprivation of necessities, educational neglect, lack of supervision, medical neglect, and/or non-organic failure to thrive.

(a) Abandonment: A type of child neglect in which the care giver is absent and does not intend to return or is away from the home for an extended period without having arranged for an appropriate surrogate caregiver.

(b) Deprivation of necessities: A type of neglect that includes the failure to provide age appropriate nourishment, shelter, and clothing.

(c) Educational neglect: A type of child neglect that includes knowingly allowing the child to have extended or frequent absence from school, neglecting to enroll the child in some type of home schooling or public or private education, or preventing the child from attending schooling or public or private education, or preventing the child from attending school for other than justified reasons.

(d) Lack of supervision: A type of child neglect characterized by the absence or inattention of the parent, guardian, foster parent, or other caregiver that results in injury to child, in the child being unable to care for himself or herself, or in injury or serious threat of injury to another person because the child's behavior was not properly properly monitored.

IMLE-ZA

SUBJECT: Fort Lee Guide for Child Supervision

(e) Medical neglect: A type of child neglect in which a parent or guardian refuses or fails to provide appropriate, medically indicated health (medical, mental health, or dental) for the child although the parent is financially able to do so or was offered other means to do so.

(f) Non-organic failure to thrive: A type of child neglect that manifests itself in an infants' or young child's failure to adequately grow and develop when no organic basis for this deviation is found. Usually such children register below the third percentile in height and weight.

(3) Child: An unmarried person under the age of 18 who is eligible for care through a DOD medical treatment program and for whom a parent, guardian, foster parent, caregiver, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term child means a biological child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable of self-support because of a mental or physical incapacity and for whom care in military medical treatment program is authorized.

(4) Unattended: Absence of direct responsible adult supervision.

(5) Adult: Any person over the age of 18.

(6) Caregiver: An individual or group of individuals in a position of responsibility for the temporary or permanent care and/ or supervision of a person of any age who is incapable of self-support due to incapacity. Such care and/ or supervision may be provided in the person's home, in a military-sanctioned caregiver's home, at a military-sponsored or military-sanctioned out-of-home care facility, or in an activity conducted at various locations. A caregiver may be-

(a) *A Family Member* - An individual who is related by blood or law to the child or incapacity adult for whom he or she is providing care.

(b) *Extra-familial* - An individual unrelated by blood or law to the child or incapacitated adult for whom he or she is providing care.

4. RESPONSIBILITIES

a. The FAP, Army Community Service will:

(1) Assume proponent over this guidance.

IMLE-ZA

SUBJECT: Fort Lee Guide for Child Supervision

- (2) Act as overall point of contact on the procedures relating to this guidance.
- (3) Monitor implementation of guidance procedures.
- (4) Publicize guidelines set forth in this guidance.

b. Provost Marshal (PM) will respond to reports of child neglect. In accordance with (IAW) AR 608-18, Chapter 1; Section 1-8(j), PM will conduct preliminary inquiries or investigation involving allegations of spouse or child abuse in accordance with AR 190-30. Child neglect should be reported by calling the Military Police (MP) at 734-7400. The MP will take action, contingent upon the degree of danger to the child. The MP will contact the parent and request that care be provided for the child. If the parent cannot be contacted, the MP will contact FAP-Clinical. If necessary, the MP's or medical emergency services will then transport the child to FAP-Clinical at Kenner Army Health Clinic or to the Emergency Room after hours.

c. Criminal Investigation Division (CID) will notify the installation Reporting Point of Contact (RPOC) and FAP - Clinical of all reports of child and spouse abuse in order to obtain support and services for the victims. CID will conduct investigations into allegations of assault, and aggravated assault, sexual assault and sexual abuse of a child under the age of 16 years in accordance with AR 195-2.

d. The Chief of FAP – Clinical, KAHC will comply with this guidance as it relates to child neglect. FAP – Clinical will then contact the Prince George County Department of Social Services (PGDSS) depending upon the degree of neglect or danger to the children. If incident occur within an installation facility the call will be made by staff

e. Child and Youth Services Coordinator – will ensure child abuse and neglect identification and reporting criteria training is provided to all caregivers, childcare providers, and volunteers. The training will also include the protocols to follow if an alleged neglect case should occur within the facility or Family Child Care home. In addition to their facility protocols, would be an immediate call to Prince George County Department of Social Services.

f. Medical Examinations. The Commander, MTF, is responsible for medical examination and protective custody IAW AR 608-18, paragraphs 3-16 (a), which states that the MTF commander will ensure that a physician or other health care professional (including, when appropriate, a dental officer) is made available to examine all victims of alleged spouse or child abuse as soon as possible after receiving the initial report of abuse. Depending on the circumstances of the particular case, the medical examination may occur before, during, or after the time the victim provides information

IMLE-ZA

SUBJECT: Fort Lee Guide for Child Supervision

about the abuse. With child victims, the medical examination may constitute the only evidence of abuse.

5. SUPERVISION OF CHILDREN

a. A finding of neglect is usually appropriate in any situation where a child, under the age of 11, is left unattended (or left attended by a child under the age of 13) for an inappropriate amount of time in a home on the installation.

b. Further, a finding of neglect is also appropriate when a child, regardless of age, is left unattended under circumstances involving potential or actual risk to the child's health or safety.

c. Findings of neglect are determined on the totality of the circumstances. The parent must be aware of the child's maturity level and ability to deal with emergencies. The child should have the following information available:

(1) His or her name, address and phone number. (He or she should be able to use the phone, depending on the child's age).

(2) The caregiver's or other responsible adult's name, location and telephone number.

(3) What to do in case of emergency; such as injury, fire and severe weather.

6. EXCEPTIONAL FAMILY MEMBER: for children undefined as having special needs as defined in AR 608-75, their disability is the primary factor in determining the need for supervision. Age is a secondary factor.

7. OUT OF SCHOOL CHILD SUPERVISION

a. Self care. A child must be mature and competent in home alone skills, and be able to contact a parent or designated adult in case of an emergency. Competence in home alone skills includes possessing the necessary physical, emotional, intellectual, and social skills to respond appropriately to a small crisis (such as being locked out of the house or losing electricity) or an emergency (fire, severe weather, accident requiring first aid). It also includes possessing a level of maturity and discipline to follow rules or guidelines established by a parent.

b. Kindergarten and elementary children in grades K-5 will not be in self-care or home alone during weekday, school-out, vacation and/or summer out-of-school time.

IMLE-ZA

SUBJECT: Fort Lee Guide for Child Supervision

c. Middle school youth in grades 6 thru 9th may be in self or monitored care.

d. Children age 16-17 may be under self-care overnight in their assigned quarters. "Overnight" is defined as 2200-0600, Sunday through Thursday and 2300-0500, Friday and Saturday.

e. To minimize the conflict between parental responsibilities and unit mission requirements, child/youth services offers the following activity option for both school-aged children and middle school youth on a regular basic.

(1) CDC = 6 weeks - 5 years old

(2) School-Age Services = KG - 5th grade

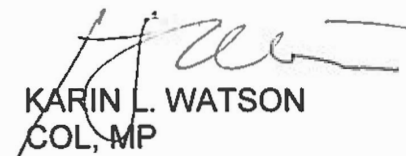
(3) Middle School/Teen Program = 6th - 12th grades

(4) Family Child Care = 4 weeks - 12 yrs

f. Parents should assess the physical and emotional capabilities of their child(ren) (Appendix A) and the potential risks or advantages to their child(ren) in selecting the most appropriate supervision/care option (Appendix B).

g. A violation of this guidance will be referred to the Case Review Committee for a determination as to whether the circumstances constitute child neglect. In addition, parents may face administrative and/or punitive action for child neglect or endangerment under Article 119b, UCMJ.

8. Point of contact for this document is the FAPM at (804) 734-7585.


KARIN L. WATSON
COL, MP
Commanding

Enclosures

DISTRIBUTION:
LEEKEY

Appendix A

Self Care / Care Determination

Four steps parents will use in determining if their youth is able to provide self-care or care for other children are listed below:

Step 1: Youth must know the following:

a. Identifying information. Your youth must know the information below if lost, in danger or trying to contact the police or fire department. Remember, some homes are difficult to locate.

1. Full name
2. Complete address and directions to the home
3. Telephone number

b. Important telephone numbers. These numbers will be posted directly by the telephone. Your child must always have someone to call in case of emergency.

1. Military Police
2. Fire Department
3. Poison control center
4. Parent's telephone numbers (work and cellular)
5. Alternate person in case of emergency (friend, neighbor, etc)

c. Use of the telephone.

1. Your youth must be able to properly use the telephone.
2. Your youth should know how and when to call the operator.

3. Your youth should know what to say when someone ask's if his/her parents are at home.

d. Locks and Keys. If your youth carries a key to the residence, ensure that it is not visible. Youth wearing keys around their neck is an obvious sign that they let themselves into the house. It also makes them vulnerable to strangers.

1. Your youth should be able to lock and unlock the door to the home.

2. Your youth should be able to gain entry to the home.

Step 2: Youth must be able to respond to the following situations:

- a. What to do in case of fire.
- b. What to do if injured.
- c. If cooking on the stove is permitted, know what to do if there is a cooking accident.
- d. Know the perimeters of "outside" play in the housing area.
- e. Know what to do/say if a stranger approaches.
- f. Know what to do if the electricity goes off in the home.
- g. Must notify a parent immediately after arriving from school.
- h. Follow guidelines if he/she is allowed to leave the home and visit friends or have friends over.

Step 3: If teen is caring for younger children, guidelines must be established and enforced.

- a. Authority must be given to the teen to act as the leader. The children for whom care is provided must accept the teen caregiver as a leader and obey accordingly.
- b. A form of guidance will be used to maintain order, however, must be safe.

Step 4: The following must be addressed if applicable.

- a. Is the youth/teen afraid to stay home alone?
- b. Has your youth/teen ever played with fire or dangerous objects?
- c. Does your youth/teen have a history of uncontrolled seizures, blackouts or violent, aggressive behavior.
- d. Does your youth/teen have a disability that requires special care and supervision?
- e. Are you accessible by telephone?
- f. Does your youth/teen go easily with strangers?

Appendix B
Out of School Child Supervision Criteria During Parental Duty Day

Supervision Levels	Definition	School Grade/Age Range	Supervision Options
Direct supervision at all times	<p>Adult supervision on a regular basis during out of school hours during parental duty day.</p> <p>Child must be mature and competent in home alone skills and be able to contact a parent or designated adult in case of emergency.</p>	<u>0 years to 5th Grade</u>	<ul style="list-style-type: none"> ○ CYS Sponsored: ● School-Age Services (SAS) ● Child Development Center (CDC) ● Family Child Care (FCC) ● Community Resources: ● In-home babysitter ● Nanny ● Civilian CDC/SAC Programs
Monitored	An adult is aware of Child's location and activities during out of school hours. An emergency contact is available at all times.	<p>6th Grade (at least 11 years of old)</p> <p>2 consecutive hours</p>	<p>CYS Sponsored: Middle School (MS) Programs</p> <ul style="list-style-type: none"> ● Team Sports ● Clubs/Volunteer Activities ● Open Recreation ● Special event/trips <p>Community Resources</p> <ul style="list-style-type: none"> ● Designated adult ● Schools ● Churches ● YMCA ● Youth Centers
Self Care	Parents assess child's ability to be in self-care	<p>7th thru 8th Grade 4 consecutive hours</p> <p>9th thru 10th Grade 6 consecutive hours</p> <p>11 thru 12th Grade 10 consecutive hours (Ages 16-17)</p>	N/A